

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118667504

Date In: 24/5/18-12:40	Job description	Date & Time Completed	Done by
Ref No: NA/ 17218009305/24	SAS e-filing		
Veh No: XE4034A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 23/5/18-10:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JPR9598	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1803276	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile 30		
Ref 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/05/2018 12:40
Date Of Accident	23/05/2018 20:30
Exact Location Of Accident	ALONG PIE (TUAS) TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4074A
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64874646

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AROCS 3336K 6X4 3300 (AUTO, ABS)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1814731800
Cover Note Number	

Driver

Name of Driver	LIU MINGAN
Passport No/FIN	G6455578U
Date Of Birth	07/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83219636
Fax Number	
Contact Number	OFFICE-83219636
EMail Address	NOEMAIL

Address	BLK 510 OLD CHOA CHU KANG ROAD #09-104
Postcode	698904
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JPR9598 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180523/2167.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPR9598
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/20180523/2167.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PLEASE COMPLETE FORM IN **FULL**

68410055

Date of Accident : 23/05/2018

Accident Time : 20:30 HRS.

Accident Place : PIE TOWARDS BKE

Vehicle Reg No : XE 40TH A No. of Passengers (Including Driver) : 1

Vehicle Make / Model : MERCEDES BENZ AROCS

Insurance Company : CHINA TAI PING INS (S'PORE) P. L.

Policy Number : DMCVSN 1814731800

Name Of Owner : KOK TONG TRANSPORT & ENGINEERING WORKS P L ROC No. : 199904117E

Contact No of Owner : 6487 4646 (HP) --- (ALT NO.) -> MANDATORY

Name of Driver : LIU MINGAN IC No. : G6455578U

Contact No of Driver : 8321 9636 (HP) - (ALT NO.) -> MANDATORY

Driver's Date of Birth : 07/10/1968 Driver's License Pass Date : 21/04/2016

Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daughter or Others : EMPLOYEE

Driver's Address : 27 PANDAN CRESCENT (S) 128476

Occupation : Indoor \ Outdoor (e.g. Indoor : work in a building)

Fax No \ Email Add : kinhoe.ng@ktcgroup.com.sg

Weather & Road Surface : DRIZZLING
Clear \ Raining \ Wet \ Dry

Reporting Type : Reporting Only \ Claiming Other Party \ Claim Own Ins

Was there any video captured by car camera : Yes \ NO

Exact purpose for which vehicle was being used at the time of accident : Private \ Official

Other Party Driver's Particulars (if Any)

Vehicle Reg. No. : <u>JPR 9598</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC No. DRIVER : _____	IC No. DRIVER : _____
DRIVER's contact & add : _____	DRIVER's contact & add : _____



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2018 23:19	Vide Report No.: E/20180523/0124	Station Diary No.: 107
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Informant's Particulars

Name of Informant: LIU MINGAN			Address: APT BLK 510 OLD CHOA CHU KANG ROAD #09-104 SUNGEI TENGAH LODGE SINGAPORE 698904		
ID Type / ID No.: NRIC NO / G6455578U			Contact No.: Home/Office: Mobile: 83219636		
Nationality: CHINESE			Email:		
Sex: Male	Age: 49	Date of Birth: 07/10/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2018 20:30	Type of Location: curve road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards BKE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPR9598	Car	MERCEDES BENZ	AROCS 3336K 6X4 3300 (AUTO, ABS)	White	Seriously Damaged	0
XE4074A	Truck				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180523/2167

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Report No. T/20180523/2167

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU MINGAN	ID No.	G6455578U
Related Vehicle	XE4074A (Truck)	Contact No.	83219636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 18/09/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/05/2018 at about 2030hrs, I was driving my vehicle bearing XE4074A at Lane 3 along PIE (Tuas) towards Bukit Timah Expressway. There was a car bearing JPR9598 along Lane 1 suddenly swerved into my lane which resulted me to jam my brake and hit the car.

I wish to highlight that the footage already sent to the TP IO and I was driving on slow speed.



**SINGAPORE
POLICE FORCE**



T/20180523/2167

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180523/2167

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 LIM CEHANG HERMAN

Signature : _____

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

[Handwritten signature]

Date/Time:

23/05/2018 23:19

Classification Of Case:

Authentication Stamp

NP168

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
KOK TONG CONSTRUCTION PTE LTD

Sector: **SERVICE**

Name
LIU MINGAN

Occupation
LORRY DRIVER

S Pass No.
0 73930170

Date of Application
29-08-2016

Date of Issue
13-09-2016

Date of Expiry
13-09-2018

L7217301

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6455578U**

Name
LIU MINGAN

Birth Date: **07 Oct 1968**

Issue Date: **18 Sep 2015**

Valid Till: **17/09/2020**

002474099K

SG 50

VISIT PASS
Immigration Regulations

Name
LIU MINGAN

Date of Birth: **07-10-1968** Sex: **M** Nationality: **CHINESE**

FIN: **G6455578U** Date of Issue: **13-09-2016** Date of Expiry: **13-09-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until	Points
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	22 Jul 2019	0
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	22 Jul 2019	0
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	21 Apr 2018	15

S / No. 9000247103

NP 428A

Licence No: **G6455578U**

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia)

PLM 313510

ORIGINAL

CERTIFICATE No.	DUCVSN1814731800	Engine No : 470513C0357849
		Chassis No: WDE96421620215311
1. Index Mark and Registration Number of Vehicle	XE4074A	
2. Name of Policy Holder	FOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD	
3. Effective date of the Commencement of insurance for the purpose of the Regulatory, Ordinance or Enactment	26 April 2018	Excess Sect 1 S\$1,500.00 EX ON WINDSCREEN S\$200.00
4. Date of Expiry of Insurance	25 April 2019	
5. Excesses or Classes of Excesses (if any)		

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

5. Limitations as follows:

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover:
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIKE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

[We hereby Certify] that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Officer

Authorised Signatory