

**NATIONAL Assessment Centre Services** (part 1 Jan 2015) **MMA 118074376.**

Date In: <b>8/6/18 11:05</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/CTI18010455 1/4</b>	SAS e-filing		
Veh No: <b>XD 5387X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>7/6/18 16:00</b>	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: <b>SKN7C</b>	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

**MA1803633**

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		<b>30.00</b>	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2015)			
6) TR: Re-inspection \$75			
7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services -			
Q1*			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

**Claimant's Particulars:-**

**Driver/Owner:**

**Contact No:**

**Damaged Portion:**

**QC Checked by (Engr-In-Charge):**

**Auditors' Comments:-**

**Dat 1:**

**Dat 2/3:**

## 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 willful 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	08/06/2018 11:05
Date Of Accident	07/06/2018 16:00
Exact Location Of Accident	JUNC OF FORD RD & TANJONG RHU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5387X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	19904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64874646

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX370
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1806101800
Cover Note Number	-

### Driver

Name of Driver	CHITHAMBARAM MUTHUKUMAR
NRIC No	S7765665J
Date Of Birth	27/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92244844
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 809 WOODLANDS ST 81 #05-169
Postcode	730809
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN7C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH MEI FONG EILEEN
NRIC/Passport Number	S7408969J
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:

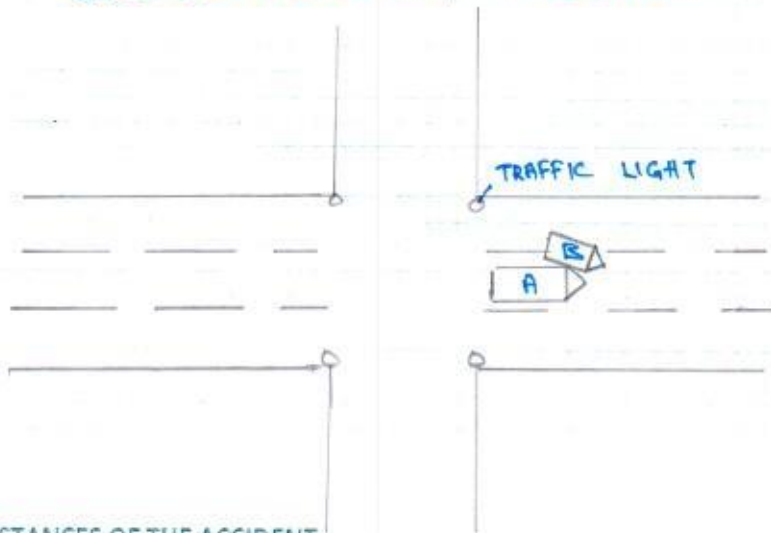
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# JUNCTION FORD RD / TANJONG RHEU

A) XD 5387X

B) SKN 7C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/06/2018 at about 16:00 hrs, I was driving along junction of Ford road and Tanjong Rhu. While travelling I felt an impact on my left. vehicle B had collided on my left front.

No injury involved.



## 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

Date of Accident : 07/06/2018  
 Accident Time : 16:00 HRS  
 Accident Place : JUNCTION OF JORD RD / TANJONG RHU  
 Vehicle Reg No : XD 5387X No. of Passengers (Including Driver) : 1  
 Vehicle Make / Model : VOLVO FMX 370  
 Insurance Company : CHINA TAIPING INS (S'PORE) PTE LTD  
 Policy Number : DMCVSN1806101800  
 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 : CHITHAMBARAM MUTHUKUMAR IC No. : 87765665J  
 Contact No of Driver : 92244844 (HP) - (ALT NO.) -> MANDATORY  
 Driver's Date of Birth : 27/01/1977 Driver's License Pass Date : 13/10/2008  
 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 : 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>SKN 7C</u>	Vehicle Reg. No. :	_____
Vehicle Make \ Model :	_____	Vehicle Make \ Model :	_____
Name DRIVER :	<u>SEAH MEI TONG EILEEN</u>	Name DRIVER :	_____
IC No. DRIVER :	<u>87408969J</u>	IC No. DRIVER :	_____
DRIVER's contact & add :	_____	DRIVER's contact & add :	_____

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7765665J**

Name: **CHITHAMBARAM MUTHUKUMAR**

Birth Date: **27 Jan 1977**

Issue Date: **04 Jun 2008**

001609702J

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7765665J**

Name: **CHITHAMBARAM MUTHUKUMAR**

சிதம்பரம் முத்துக்குமார்

Race: **INDIAN**

Date of birth: **27-01-1977** Sex: **M**

Country of birth: **INDIA**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	11 Dec 2008
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Dec 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Oct 2008

S/No: 9000103243

Licence No. **S7765665J**

NP 4/28A

8332673

NRIC No. **S7765665J**

Nationality: **INDIAN**

Date of issue: **23-05-2008**

APT BLK 809 WOODLANDS STREET 81 #05-169  
SINGAPORE 730809

NRIC No: **S7765665J** Date: **18/05/2012** No: **7087208**





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200206364E

MZ300/C  
N SN  
BR0072A  
Cov.Type: C

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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DNCVSN1806101800

Engine No :D11244361

Chano:YV2J1E1D8CA725012

1. Index Mark and Registration  
Number of Vehicle

XD5387X

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

09 March 2018

Excess Sect I ..... S\$1,500.00

EX ON WINDSCREEN ..... S\$200.00

4. Date of Expiry of Insurance

08 March 2019

5. Persons or Classes of Persons entitled to drive\*

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.

6. Limitations as to use:

(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.

\* Limitations rendered inoperative by Section 8 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.

**I/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 TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

LIM SHU MIN

Authorised Officer

Authorised Signatory