

NATIONAL Assessment Centre Services

Ref: 1 Jan 05

MWA 118095776

Date In: 2417118 11:36	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 180 13391 /hr	SAS e-filing		
Veh No: XD 5595L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2417118 08:50	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: Vch No: SLW 9094G. 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

NA1804709

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

- 1) AR: Accident Reporting (\$30);
- 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
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
QJL*
- 9) N12: Idac Mobile \$30

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	24/07/2018 11:36
Date Of Accident	24/07/2018 08:50
Exact Location Of Accident	PUNGGOL RD TWDS TPE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5595L
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	VOLVO
Model	FMX37064R SLEEPER CAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1804781800
Cover Note Number	-

Driver

Name of Driver	YU DAOFA
NRIC No	G8193791K
Date Of Birth	16/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97332582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	27 PADAN CRESCENT
Postcode	128476
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	SIDE SWIPE
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	SLW9094G
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)	

IMPORTANT NOTICE

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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

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

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

PLEASE COMPLETE FORM IN **FULL**

Date of Accident : 24/07/2018
 Accident Time : 08:50 AM
 Accident Place : PUNGGOL RD TOWARDS TPE (CHANGI)
 Vehicle Reg No : XD 5595L No. of Passengers (Including Driver) : 1
 Vehicle Make / Model : VOLVO FMX 37064 R
 Insurance Company : CHINA TAIPING INS (S'PORE) P. L.
 Policy Number : DMCVSN1804781800
 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 : YU DAO FA IC No. : G8193791K
 Contact No of Driver : 97332582 (HP) - (ALT NO.) -> MANDATORY
 Driver's Date of Birth : 15-01-1977 Driver's License Pass Date : 09-05-2008
 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>SLW9094G</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 : _____

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of SingaporeEmployer:
LOK TONG CONSTRUCTION PTE LTD

Sector: SERVICE

Name:
YU DAOFA
Occupation:
TRUCK DRIVERS Pass No:
D 72144309Date of Application:
27-10-2017Date of Issue:
06-12-2017Date of Expiry:
05-12-2019

L8489634

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: GB193791K

Name:

YU DAOFA

Birth Date: 16 Jan 1977

Issue Date: 05 Mar 2018

Valid Till: 06/03/2023



002779180G

VISIT PASS

Immigration Regulations

Name:
YU DAOFA

Date of Birth	Sex	Nationality
16-01-1977	M	CHINESE
FIN	Date of Issue	Date of Expiry
G8193791K	06-12-2017	06-12-2019

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 CLASS(ES)

EFFECTIVE DATE

- | | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Class 3: | Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 07 Mar 2008 |
| Class 4: | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg
Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg | 09 May 2008 |

Licence No: G8193791K

NP 428A

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCEMotor 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.

DMCVSN1804761800

Engine No. D11244228

ChasNo: YV2J1E1D0CA725005

1. Index Mark and Registration
Number of Vehicle

XD5595L

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

07 February 2018

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).

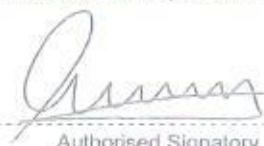
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Officer



Authorised Signatory