

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA118134044

Date In: 15/10/18-17:48

Ref No: NA/CT21808684/24

Veh No: X05361V

D.O.A: 12/10/18-14:35

OD: TP: Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: JB53960K

Tel:

Fax:

Owner / Driver: (

INC ( ) / Non-INC ( )

Policy No: (

Period: (

Tel:

Confirmed by: (

Cover Type: (

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

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

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:

QD\*

\*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

Invoice dated

Fee Charged

Fee Charged

## Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 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 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. 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	15/10/2018 17:48
Date Of Accident	13/10/2018 14:35
Exact Location Of Accident	UPP EAST COAST RD TWDS BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5361U
<b>Insured/Policyholder</b>	
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	FMX370 64R 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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1760201801
Cover Note Number	

### Driver

Name of Driver	ZHANG HAO
Passport No/FIN	G5390101N
Date Of Birth	13/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94994614
Fax Number	
Contact Number	OFFICE-94994614
Email Address	NOEMAIL

Address	27 PANDAN 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	3
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

REFER TO 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	SBS3960K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY4472U
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

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

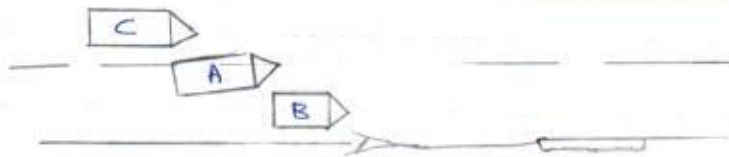
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

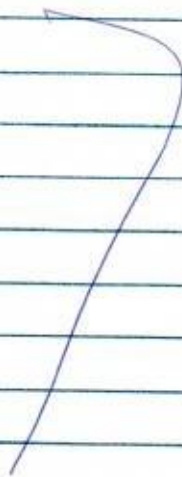
- A) KD 5361 U
- B) SJY 4472 U
- C) SBS 3960 K

UPPER EAST COAST RD (BEDOK SOUTH AVE 1)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/18 at about 1435 hrs, I was driving along Upper East Coast road towards Bedok South Ave 1. Vehicle B in front of me stop to turn right, I immediately swerved to my right and collided with vehicle C.



## 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 : 13-10-2018

Accident Time : 14:35 HRS

Accident Place : UPPER EAST COAST RD (BEDOK SOUTH AVE 1)

Vehicle Reg No : XD 5361 U No. of Passengers (Including Driver) : 1

Vehicle Make / Model : VOLVO FMX370 GAR SLEEPER CAB

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

Policy Number : DUCVSN F60201801

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 : ZHANG HAO IC No. : G5390101 N

Contact No of Driver : 9499 4614 (HP) - (ALT NO.) -> MANDATORY

Driver's Date of Birth : 13-08-1985 Driver's License Pass Date : 08-12-2015

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>SJY 11724</u>	Vehicle Reg. No. : <u>883 3960K</u>
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : _____	Name DRIVER : _____
IC No. DRIVER : _____	IC No. DRIVER : _____
DRIVER's contact & add : _____	DRIVER's contact & add : _____

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

G5390101N

ZHANG HAO

13 Aug 1985

14 Mar 2018

Valid Till 24/03/2023

002782676E

**S PASS**

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

Employer  
KOK TONG CONSTRUCTION PTE LTD

5118

Name  
ZHANG HAO

S Pass No.  
0 75438826

Sector  
CONSTRUCTION

K0488414

**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	25 Mar 2013
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	08 Dec 2015

NP 428A



**VISIT PASS**

Immigration Regulations

13-06-2018

Name  
ZHANG HAO

FIN  
G5390101N

Date of Birth  
13-08-1985

Sex  
M

Nationality  
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

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



PLM 317801

ORIGINAL

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)

CERTIFICATE No.

DMCVSN1760201801

Engine No : D11243172

ChaN0: YV2J1ELD2CA724535

1. Index Mark and Registration  
Number of Vehicle

XD5361U

2. Name of Policy Holder

KOK TONG TRANSPORT &amp; ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment22 September 2018 Excess Sect I ..... S\$1,500.00  
EX ON WINDSCREEN ..... S\$200.00

4. Date of Expiry of Insurance

21 September 2019

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

- (1) Whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes  
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

\* 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

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory