

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA18134301

Date In: 16/10/18-12:12	Job description	Date & Time Completed	Done by
Ref No: NA/07218018809/24	SAS e-filing		
Veh No: X08519M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/18-19:20	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: X08519M 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%; P: 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)

Remarks:-	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

Date/Time	Actions

NA1806604

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

## Invoice Preparation Checklist

Amf (\$) / Bill

Amf (\$) / Add Bill

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: Idao 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: Idao 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 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	16/10/2018 12:12
Date Of Accident	15/10/2018 19:20
Exact Location Of Accident	PIE (TUAS) BEFORE EXIT 17
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8519M
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### 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	FMX420 84RT SC
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	THIRD PARTY
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	DMCVSN1801401800
Cover Note Number	

### Driver

Name of Driver	WANG RUICHUN
Passport No/FIN	G8209515U
Date Of Birth	20/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96155910
Fax Number	
Contact Number	OFFICE-96155910
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	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	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?	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	SKQ4346G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANEL DING MEIQIAN
NRIC/Passport Number	S9446336Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**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:

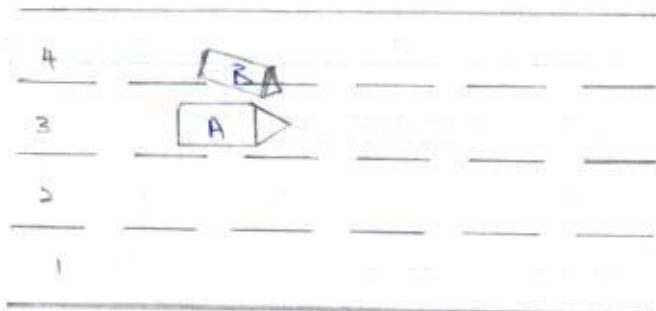
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS TUAS (B/F EXIT 17)

A) XD8519M

B) SKQ 4346 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/2018 at about 1930 hrs, I was driving along PIE towards Tuas (before exit 17). Suddenly I felt an impact on my left, vehicle B had cut into my lane and hit on my truck.

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 : 15-10-2018

Accident Time : 1920 HRS

Accident Place : PIE TOWARDS THAS (BEFORE EXIT 17)

Vehicle Reg No : XD 8519M No. of Passengers (Including Driver) : 1

Vehicle Make / Model : VOLVO FHX420 8ART SC

Insurance Company : CHINA TAIPING INS (S'FORE) P. L.

Policy Number : DMCVSN1801401800

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 : WANG RUYCHUN IC No. : G82095154

Contact No of Driver : 9615 5910 (HP) - (ALT NO.) -> MANDATORY

Driver's Date of Birth : 20-05-1979 Driver's License Pass Date : 05-06-2008

Relationship bet. Owner & Driver : Spouse \ Father \ Mother \ Son \ Daugther 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>SKQ4346G</u>	Vehicle Reg. No. : _____
Vehicle Make \ Model : _____	Vehicle Make \ Model : _____
Name DRIVER : <u>CHANEL DING MEIQIAN</u>	Name DRIVER : _____
IC No. DRIVER : <u>59446336Z</u>	IC No. DRIVER : _____
DRIVER's contact & add : _____	DRIVER's contact & add : _____

**S PASS**  
Employment of Foreign Manpower Act (Chapter 81A)  
Republic of Singapore

Employer  
**KOK TONG CONSTRUCTION PTE LTD**

Sector: **CONSTRUCTION**

Name  
**WANG RUICHUN**

Occupation  
**LORRY DRIVER**

S Pass No.  
**0 72210336**


Date of Application  
**26-07-2017**

Date of Issue  
**21-08-2017**

Date of Expiry  
**09-10-2019**

**2439**

**L8237795**



**VISIT PASS**  
Immigration Regulations

Name  
**WANG RUICHUN**

Date of Birth  
**20-05-1979**

Sex  
**M**

Nationality  
**CHINESE**

File  
**G6209515U**

Date of Issue  
**21-08-2017**

Date of Expiry  
**09-10-2019**

**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.**



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8209515U**

Name:

**WANG RUICHUN**

Birth Date: **20 May 1979**

Issue Date: **17 Oct 2013**

Valid Till **16 Oct 2018**



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

### EFFECTIVE DATE

- |         |   |             |
|---------|---|-------------|
| Class 3 | Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg | 27 Mar 2008 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg                 | 05 Jun 2008 |
|         | *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg                           |             |

NP 428A





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)

PLM 307522

ORIGINAL

CERTIFICATE No. **DMCVSN1801401800** Engine No : **D13446165**  
ChasNo: **YV2JG10G8EA757867**

1. Index Mark and Registration **XD8519M**  
Number of Vehicle

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 **06 February 2018** Excess Sect I ..... **S\$1,500.00**  
**EX ON WINDSCREEN** ..... **S\$200.00**

4. Date of Expiry of Insurance **05 February 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.

HIRE PURCHASE CO. : MAYBANK AS HF OWNER

\* 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