

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MW118143866**

| | | | |
|-------------------------------|--|-----------------------|---------|
| Date In: 7/11/18-19:11 | Job description | Date & Time Completed | Done by |
| Ref No: NA1803264 | SAS e-filing | | |
| Veh No: XD7022K | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 7/11/18-19:30 | 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: YP69794 | 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) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|-----------------------|-----------------------|
| NA1803264 | Invoice Preparation Checklist | | Am't (\$) 1st 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): | Q1: | | | |
| | *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 (Non INC) against INC | | | |
| | 9) N12: Idac Mobile \$0 | | | |
| | 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 | 07/11/2018 14:11 |
| Date Of Accident | 05/11/2018 19:30 |
| Exact Location Of Accident | TANAH MERAH COAST RD ALONG TANAH MERAH FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | XD7022K |
| 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 | DMCVSN1804891800 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ZHAO JUNLIANG |
| Passport No/FIN | G8230879U |
| Date Of Birth | 21/02/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/10/2008 |
| Driving Experience | 10 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90365563 |
| Fax Number | |
| Contact Number | OFFICE-90365563 |
| 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 - HEAD TO REAR |
| 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 POLICE REPORT - T/20181105/2182.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | YP6939Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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.

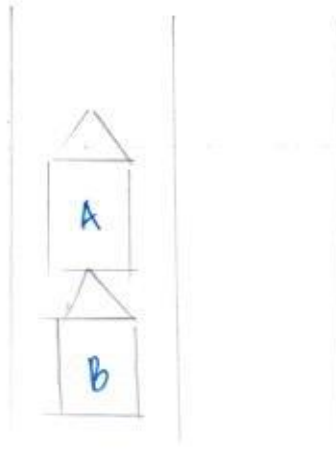


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - XD7022K
B - YP6939Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Report No. T/2018110512182.

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 : 5/11/2018
 Accident Time : 1930Hrs
 Accident Place : Tanah Merah Coast Road along Tanah Merah Flyover
 Vehicle Reg No : XD7022K No. of Passengers (Including Driver) : 1
 Vehicle Make / Model : Volvo FMX42084RTSC
 Insurance Company : China Taiping Insurance (Singapore) Pte Ltd
 Policy Number : DMCVSN1804891800

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 : Zhao Junliang IC No. : G82308794
 Contact No of Driver : 90365563 (HP) (ALT NO.) -> MANDATORY
 Driver's Date of Birth : 21/02/1969 Driver's License Pass Date : 14 Oct 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>YP6939Y</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 : _____ |



SINGAPORE POLICE FORCE



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20181105/2182

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made: 05/11/2018 23:35 | | Vide Report No.: G/20181105/0187 | | Station Diary No.: 148 | |
| Informant's Particulars | | | | | |
| Name of Informant: ZHAO JUNLIANG | | | Address: C/O 27 PANDAN CRESCENT SINGAPORE 128476 | | |
| ID Type / ID No.: FIN NO / G8230879U | | | Contact No.: Home/Office: Mobile: 90365563 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 49 | Date of Birth: 21/02/1969 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Chinese | | Institution / School Name: |
| Occupation: TIPPER LORRY DRIVER | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 05/11/2018 19:30 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 XILIN AVENUE TANAH MERAH COAST ROAD along Tanah Merah Flyover | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|-------|-------|-------|------------------|-----------------|
| XD7022K | Lorry | VOLVO | | White | Slightly Damaged | 0 |
| YP6939Y | Lorry | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|-------------------|------------|-------------|
| XD7022K | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMCVSN18048918 00 | 07/02/2018 | 09/04/2019 |



SINGAPORE POLICE FORCE



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20181105/2182

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ZHAO JUNLIANG | ID No. | G8230879U |
| Related Vehicle | XD7022K (Lorry) | Contact No. | 90365563 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SIDDIQUI MD RUBEL | ID No. | G8112723P |
| Related Vehicle | YP6939Y (Lorry) | Contact No. | 91665141 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 05/11/2018 at about 1927hrs, I was driving my company Tipper lorry, XD7022K, along Xilin Avenue towards Tanah Merah Coast Road when I met up with an accident involving another vehicle YP6939Y along Tanah Merah Flyover. I was on the left lane behind 2 moving buses when I noticed that the buses were signaling to their right. When the bus in front of me started to move into the right lane then I noticed that there was a breakdown vehicle, SKM218R parking on the left lane of the road with the boot opened up and a triangular breakdown sign placed behind the car. As there were oncoming vehicles on the right thus I signal to the right waiting to cut into the right lane. While waiting within a few seconds, I felt an impact from the rear of my vehicle. After which, I alighted from my vehicle and realized that the accident vehicle is a lorry ferrying workers. The driver and some passengers of the other party were injured and conveyed to the hospital by ambulance. I do not know how many passengers were there in the other vehicle involved. There is a front CCTV inside my vehicle.



**SINGAPORE
POLICE FORCE**



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20181105/2182

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:

G /
SI SAW KIAN HOCK

Signature Of Informant:

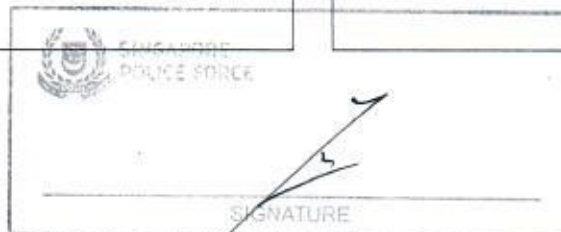
Signature Of Interpreter:
Not applicable

Date/Time:
05/11/2018 23:35

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Classification Of Case:

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8230879U**

Name: **ZHAO JUNLIANG**

Birth Date: **21 Feb 1969**
 Issue Date: **26 Jun 2018**
 Valid Till **03/07/2023**

002816948A



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

Employer: **KOK TONG CONSTRUCTION PTE LTD**

Sector: **SERVICE**


Name: **ZHAO JUNLIANG**
 Occupation: **TRUCK DRIVER**

S Pass No.: **0 72273443**

Date of Application: **16-06-2017**
 Date of Issue: **11-07-2017**
 Date of Expiry: **20-07-2019**

3260

L8109893



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

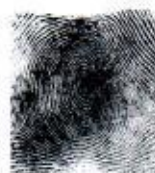
| | | EFFECTIVE DATE |
|---------|---|----------------|
| Class 3 | Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 04 Jul 2008 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg | 14 Oct 2008 |

NP 428A



VISIT PASS
 Immigration Regulations

Name: **ZHAO JUNLIANG**



| | | |
|---------------|---------------|----------------|
| Date of Birth | Sex | Nationality |
| 21-02-1969 | M | CHINESE |
| FIN | Date of Issue | Date of Expiry |
| G8230879U | 11-07-2017 | 20-07-2019 |

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.





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

HZ300/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)

PLM 309189

ORIGINAL

CERTIFICATE No.

DMCVSN1804891800

Engine No :D13379246

ChasNo:YV2JG10G7DA740282

1. Index Mark and Registration
Number of Vehicle

XD7022X

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 Excess Sect I S\$1,500.00
EX ON WINDSCREEN S\$200.00

4. Date of Expiry of Insurance

09 April 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. : DBS BANK LTD AS HP 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