NATIONAL Assessment Centre Services. [well January] Date In: /2/11/18 Done by Date &Time Completed Jeb description Rel No. NA/CFI 18-020404/1 SAS e-filing Veli No: X E 1706 & E-mail (within Shrs, AIC 2hrs) DOA: 11/11/18 i-Motor Claim Form I-Motor W/O (Within: OD 2hrs, TP 4brs) TP\! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: Tol: INC (TP Particulars: Veh No:)/Non-INC (SMA176.9A Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: () Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks: SA Sas A) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Invoice: YES (Drive-In () / Towed-In () ; Towing Co: (Remarks:- (INC hothars 6788 6616) \$25.000 (INC) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time? NA1807443 1) AR : Assident Reporting (330); Claumant's Particulars :-INC (\$80) 2) DA : Damage Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 530 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wof 10 Jan 2003) 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): *NS: Courlesy Car / Tpt Allowance 55 510 *N6: Repair Co-ordination *N7; Post Repair Inspection \$25 Anditors' Comments: *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 at 1: 9) N12: Idno Mobile Pee Charged Involve dated 2/3: Fee Charged Involce dated

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 witholding 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.
- 5. 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.

建设设施设施	ACCIDENT STATEMENT
Date Of Report	12/11/2018 10:49
Date Of Accident	11/11/2018 07:15
Exact Location Of Accident	JUNC OF MAXWELL RD/SHENTON WAY
Country/State of Loss	SINGAPORE
建 基 的基础操作工作的产品。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE1706E
nsured/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	MITSUBISHI
Model	FUSO
xact Purpose for which vehicle was being used a me of accident	t OFFICIAL USE
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
éhicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	DMCVSN1811141800
over Note Number	
Driver	
ame of Driver	THIRUNAVUKKARASU BASKARAN
assport No/FIN	F7755522Q
ate Of Birth	10/04/1973
ccupation	OUTDOOR
ate Of Driving Pass	17/02/2012
riving Experience	6 YEARS AND 8 MONTHS
ender	MALE
obile Number	(LOCAL) +65-98867951
ax Number	
ontact Number	

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

Was any body injured in the Accident? NO Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MARINA BAY N.P.C

ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: Police Station Address

SINGAPORE

NO

YES

NO

1

YES

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181111/2033

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 SMA1769A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver CHIH HUI LI NRIC/Passport Number S7657919I Contact Number 91811976

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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:

ym 12/11/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(5 174. (SHEWTON WAY	
CE ITOLE		XWELL ROAD
MA 1769A	1	
→	A	
	* B	, , , , , , , , , , , , , , , , , , ,
	/ \	
SCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
		1
As per 1	Police Report No! T 20181	111 2033 .
	7	
	L	

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Myn 12/11/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



T/20181111/2033

1 of 3

Report No. T/20181111/2033

Police Station Of Origin: Marina Bay N.P.C

70 Marina View SINGAPORE 018962

Tel No: 1800-2229999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 1/11/2018 09:50		Vide Report No.: A/20181111/0077	Station Diary No.: 21	
Informa	nt's Partic	ulars			
	f Informant: IAVUKKAR	ASU BASKARAN	Address: 11 DEFU LANE 1 SINGAPORE 539486		
	/ ID No.: / F7755522	Q	Contact No.: Home/Office:	Mobile: 98867951	
National INDIAN	ity:		Email:		
Sex: Male	Age:	Date of Birth: 10/04/1973	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: TIPPER LORRY DRIVER		RIVER	Driving Licence Information: Class: 3,4	Date of Expiry: 14/12/2018	

General Infor	mation of the Accident	Part And Color	Same Street Street	
Type of Accident: Non-Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 11/11/2018 07:15	Type of Location:
Location: Junction of R MAXWELL R SHENTON W	\$2.555T			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: Traffic Light - Working				Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head To Sid	e		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMA1769A	Car				Seriously Damaged	7,0000
XE1706E	Lorry				Seriously Damaged	0 .

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			



T/20181111/2033

2 of 3

Report No. T/20181111/2033

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

N.L.	OUT II III		124 112 113	107504000	The Advantage of the Comment
Name	Chih Hui Li		ID No		\$76579191
Related Vehicle	SMA1769A (Car)		Contact No.		91811976
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: 19/04/2016
Date Treatment	NIL Date Disc		arge	NIL	
No. of Days gran		Degree of Injury NIL			
Driver	Later the state of				
Name	THIRUNAVUKKARASU BASKARAN		ID No.		F7755522Q
Related Vehicle	XE1706E (Lorry)		Contact No.		98867951
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: 14/12/2018
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I		NIL	

Brief Details.

On 11/11/2018, I had reported for work at about 0630hrs and headed to Defu Lane carpark to pick up my tipper truck bearing registration number (XE1706E). I had left the carpark and drove away with the truck at about 0635hrs. I was headed for Sri Layan Sithi Vinayar Temple located at 73 Keong Saik Rd before heading back to Hougang Ave 3 Bus Depot. After exiting MCE tunnel, I was driving along Straits Boulevard towards Maxwell Road in the middle lane and as I was approaching the junction of Shenton Way, I spotted a Toyota CHR yellow car bearing registration number (SMA1769A) trying to make a right turn towards Shenton Way. I had sounded my horn and at the same time applied the brakes to my vehicle however the car did not stop thus colliding into the right side of my truck. Subsequently me and the said driver stopped our vehicle and check for our damages. The said driver and myself has no injury. My right headlight and fork light was damaged and the said car front engine compartment was badly damaged. I wish to state that nobody was injured, no government property damage and no pedestrian involve. That's all.



T/20181111/2033

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

3 of 3 Report No. T/20181111/2033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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: A / Sgt 2 NUR FARHANA BINTI ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	11/11/2018 09:50
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI NORASHIKIN BINTE DAUD	
Contact No.: 65476439	
Authentication Stamp SN 173	

PLEASE COMPLETE FORM IN FULL

Date of Accident	8100/11/11:		
Accident Time	: 04:15		
Accident Place	: JUNCTION OF MA	IXWELL RD / SHEN	YAW NOTU
Vehicle Reg No Vehicle Make / Model	: XE ITOGE : MITSUBISHI FUSC	No. of Passengers (Includi	ng Driver):
Insurance Company	: CHINA TAIPING IN	E (S'PORE) P. L.	
Policy Number	: DHCNZN18111 4180	70	
Name Of Owner	: KOK TONG TRANSPORT 8	& ENGINEERING WORKS P L	ROC No. : 199904117E
Contact No of Owner	: 6487 4646	(HP)	(ALT NO.) -> MANDATORY
Name of Driver	: THIRWAN VUKKARASU	BASKARAN	ICNO : 7 77555 22 Q
Contact No of Driver	13973889:	(HP)	(ALT NO.) -> MANDATORY
Driver's Date of Birth	EFF1 HO/01:	Driver's License Pass Date	: 17 02 2012
Relationship bet. Owner & Driver	: Spouse \ Father \ Mothe	r \ Son \ Daugther or Other	S: 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	n.sg	
Weather & Road Surface	: Clear \ Raining \ Wet \	DEV	
Reporting Type	: Reporting Only \ Claim	ning Other Party \ Claim C	Own Ins
Was there any video o	captured by car carmera : Ye	s \ No	
Exact purpose for whi	ch vehicle was being used at	the time of accident : Private	\ Official
	Other Party Driv	ver's Particulars (if Any)	
Vehicle Reg. No.	: SMA 1769A	Vehicle Reg. No.	4
Vehicle Make \ Model	:	Vehicle Make \ Model	
Name DRIVER	: CHIH Hui Li	Name DRIVER	:
IC No. DRIVER	: 87657919 I	IC No. DRIVER	
DRIVER's contact & add	: 918119IL	DRIVER's contact & add	



S PASS

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

Employer KOK TONG CONSTRUCTION PTE LTD



THRUNAVUKKARASU BASKARAN

0 31046637

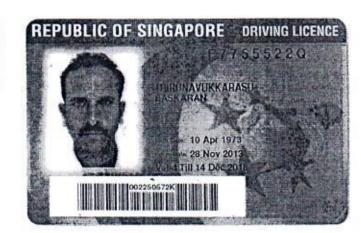
CONSTRUCTION





K0312050

2760



VISIT PASS Immigration Regulations

Download SGWorkPass App to check status

Name THIRUNAVUKKARASU BASKARAN



F7755522Q

Date of Birth 10-04-1973

INDIAN

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=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
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 and the unladen weight < 7250kg

NP 428A



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Co. Reg. No. 200208384E

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, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN1811141800 Engine No :0M457LA457972C0326969
Chano:Fv51sJa20017

1. Index Mark and Registration XE1706E
Number of Vehicle

2. Name of Policy Holder KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

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

4. Date of Expiry of Insurance

1. Index Mark and Registration XE1706E

SET ON WINDSCREEN S\$1,500.00

EX ON WINDSCREEN S\$200.00

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

I IM SHI

Authorised Signatory