NATIONAL Assessment Cent	re Services por	I BILALIM ISONEL	sq 78°			
Date In: 2/1/13 - 12/14	Jeb description	Date &	Time Completed	Don	e by	
Rei No: Na/17218 0217 35 fry	SAS e-filing	i				
Veli No: XEVV 69 E	E-mail (within Shrs, A	IC 2hrs)				
D.O.A : 2/12/8 - 17:45	i-Motor Claim For	rm .				
MITCHES IN CHECK AND THE WORKS AND ADDRESS OF THE WORK AND THE WORK AN	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)				
OD : TP ' Reporting Only	i-Photo Uploaded	1			5 (PA)	
TP Insurer:	Assessment/Survey I	Report				
Tr insuler.	Ass't Report by Fax	/ Hand to Owner/	Vksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	c;)	
TP Particulars: Veh No: JCH 3	, 447R.	INC()/No	ı-INC()	¥11		
Owner / Driver: (Tel:	1.02)		
Policy No: () Po	eriod: () Cover T	ype: ()		
Confirmed by : (Dat	te:	Time:)		
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 2	I-79%. F: 80-100	0%]		
Year of Registration: ()	Warranty: YES ()/?	()0				
Excess: (\$) Loading: \$1,	000()/\$2,000()				
General Remarks:		120	ASSESSED AND AND ADDRESS OF THE PARTY OF THE	and the		
() Walk-In Customer : Customer's info						
() Total Loss Case : to e-mail Insur						
Drive-In ()/ Towed-In (); Invoic) ; Towing Co	1		1	
					Zio isi vis	
Remarks: (INC hotline: 6788 6616)		Date&T	ms Completed	Don	eby	
	Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ()					
Injury:						
Date/Time Actions			Suic to your sp	DAG ST. P. S	y 14 825	
Time Actions	Harrison (A. Company)			affichtes		
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298C081A/	lnyo	ice Preparation (Checklist	fa Bill	Add Bill	
aimant's Particulars :-		The second secon	(\$30); (\$100); INC (\$80)			
iver/Owner:		Damege Assessment Towing Fee	\$40/\$4	15		
		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30				
ntact No:		laiming against INC O				
maged Portion:		Re-inspection	\$77 ev \$16	-		
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Checked by (Engr-In-Charge):	OD.					
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ulitors! Comments :-	•N7	Fost Repair Inspection DV / Collect Excess C	\$2	-		
1:		N11): TP (Non INC) a	The second secon	the state of the s		
2/3:	9) N12	Idna Mobile		0	united from	
<u></u>	Involce	-	Fee Charged	MATTER		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>accurate</u> 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.
- 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	03/12/2018 12:44			
Date Of Accident	02/12/2018 17:45			
Exact Location Of Accident	JUNC JALAN HAJI SALEM			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	XE4269E			
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	MERCEDES-BENZ			
Model	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS)			
Exact Purpose for which vehicle was being used at time of accident	CONTROL DE DECENDA LA TRES DE COMPANION DE COMPANION DE COMPANION DE COMPANION DE COMPANION DE COMPANION DE CO L'EXECUTE DE COMPANION DE COMPA			
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMCVSN1827601800			
Cover Note Number				
Driver				
Name of Driver	MYO MIN KHAING			
Passport No/FIN	G8298052R			
Date Of Birth	29/04/1976			
Occupation	OUTDOOR			
Date Of Driving Pass	29/12/2010			
Driving Experience	7 YEARS AND 11 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-91094855			
Fax Number				

OFFICE-91094855

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

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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.

YES 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

ON SATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE, MY VEHICLE SOIL OVERFLOW AND SPILLED ONTO VEHICLE B.

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

SLH3447R

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)

2

Passenger 1

NAME:

GENDER:

Page 2 of 16

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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
- 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)

Lunderstand, 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)
 - (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
- 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

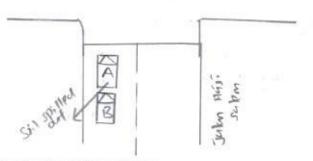
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.		

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signatuke

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

S PASS

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

Republic of Singapore Employer KTC CIVIL ENGINEERING & CONSTRUCTION PTE LTD

Testor CONSTRUCTION



MYO MIN KHAING LORRY DRIVER

0 92236706

08-09-2017

10-11-2017 23-12-2019



VISIT PASS Immigration Regulations

MYO MIN KHAING



29-04-1976 M

G8298052R 10-11-2017

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.

MYANMAR

Oate of Expiry 23-12-2019



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

EFFECTIVE DATE

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive 12 Jul 2010 of the driver; and other motor vehicles =< 2500kg 29 Dec 2010 load or passengers and the unladen weight > 2500kg

Class 4

29 Dec 2010

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, 1960

Road Transport Act, 1967 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

Engine No :470913C0407538 DMCVSN1827601800 CERTIFICATE No. ChaNo:WDB96421620270446 XE4269E 1. Index Mark and Registration Number of Verscie 2. Name of Policy Holder KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24 August 2018 Excess Sect I \$\$1,500.00 d. Date of Expiry of Insurance 23 August 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 ose:
 - (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. : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

* Limitations rendered inoperative by Section 8 of the Motor Volvicles (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

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