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| Res No: Na (12/2022796)24 | SAS e-filing | | | | - | |
| Veh No XD GAT IX | E-mail (within Shrs, A | IC 2hrs) | | | | |
| D.O.A: 17/17/18-1270 | i-Motor Claim Fo | rm | | | | |
| OD TP Reporting Only | i-Motor W/O (win | - | P 4hrs) | | | 1.4.4 |
| | Assessment/Survey | Report | | | - | |
| TP Insurer: | Ass't Report by Fax | **** | Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | - | |
| TP Particulars: Veh No: PA | 15619M | INC (|)/Non-INC(|). | | |
| Owner / Driver: (| | | Tel: | |) | |
| Policy No: () | Period: (|) (| Cover Type: (| |) | |
| Confirmed by : (| Da | - | Time: | |) | |
| Insured/Driver Liability: (%) |) [Note-Est. Status (WO): | N: 0-20% | 6; P: 21-79%. P: | 80-100% | 6] | |
| Year of Registration: () | | NO() | | | | |
| Excess: (\$) Loading: \$ | |) | | | | |
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| () Walk-In Customer: Customer's in | nformation strictly Confiden | tial & Stric | tly NO refer of repa | irer. | | |
| () Total Loss Case : to e-mail Ins | urer URGENTLY. | E ENTERONIN | 100 | 17 | | |
| Drive-In ()/ Towed-In (); Invo | ice: YES () / NO (|); Tov | ving Co: (| | |) |
| | | | • | 8078/E2779 | NAME OF THE | |
| Remarks:- (INC horline: 6788 6616) | | | Date&Time Comple | od . | Done | by |
| | / Courtesy Car () | | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | | |
| Upload Resurvey Photo [Repair Cost > | \$3000] () | | | | | |
| Injury: | | | | | | |
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| A1808249,: | | | ation Checklist | | Ant (S) | |
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| nimant's Particulars :- | 1) AR 2) DA 3) TF | : Accident Re : Damage Ass Towing Fee | porting (\$30); essment (\$100); IN | NC (\$80) \$40/\$45 | 200 | |
| nimant's Particulars :- iver/Owner: | 1) AR 2) DA 3) TF 4) FT | : Accident Re : Damage Ass Towing Fee Follow-Throa | porting (\$30); essment (\$100); IN | \$40/\$45 \$120 | 200 | |
| nimant's Particulars :- iver/Owner: | 1) AR 2) DA 3) TF 4) FT 5) FT | : Accident Re : Darnage Ass Towing Fee Follow-Thron | porting (\$30); essment (\$100); IN | \$40/\$45 \$120 \$30 | 200 | |
| numant's Particulars :- iver/Owner: ntact No: | 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR | : Accident Re : Darnage Ass Towing Fee Follow-Throu Follow-Throu claiming again Re-juspection | porting (\$30); essment (\$100); IN agh Survey agh Survey (Resurvey) st INC Only (wef 10 Jan | \$40/\$45 \$120 \$30 \$2005) \$75 | 200 | |
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| iumant's Particulars :- iver/Owner: ntact No: maged Portion: | 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NTI ODD *NS | : Accident Re : Darriage Ass Towing Fee Follow-Through Follow-Through Englishing Seains Re-inspection Idae DA + SI JC Additional : Courtesy Car | porting (\$30); essment (\$100); In igh Survey igh Survey (Resurvey) igh INC Only (wef 10 Jan MRT Survey Services:- | \$40/\$45 \$120 \$30 \$30 \$75 \$160 | 200 | |
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| MIS 082 MO Inmant's Particulars :- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Illiant's Comments:: 1: 2/3: | 1) AR 2) DA 3) TF 4) FT 5) FT F01 6) TR 7) N1 3 8) NTI OD *N5 *N6 *N7 *N8 TP (| : Accident Re : Darriage Ass Towing Fee Follow-Throw Follow-Throw claiming again Re-impection Idae DA + SI JC Additional : Courtesy Con : Repair Co-on : Fost Repair I : DV / Collect N11): TP (N- : Idae Mobile | porting (\$30); essment (\$100); In Ingh Survey Ingh Survey (Resurvey) Ingh Survey (Resurvey) Ingh Survey (Resurvey) Ingh Survey (Resurvey) Ingh Survey | \$40/\$45 \$120 \$30 \$200\$) \$75 \$160 \$5 \$10 \$25 \$25 \$20 30 | Tie Bill | Amt (3) |

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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.
- 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

| BEAT DESCRIPTION OF THE STATE O | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 14/12/2018 11:31 |
| Date Of Accident | 13/12/2018 17:30 |
| Exact Location Of Accident | TANAH MERAH COAST RD TWDS TANAH MERAH COUNTRY CLUB |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | XD6751X |
| 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 ime of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| f No, Please state action to be taken | THIRD PARTY |
| /ehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1800301800 |

Cover Note Number Driver

| Name of Driver | SONG GUANGHUA | | |
|----------------------|----------------------|--|--|
| Passport No/FIN | G6844340M | | |
| Date Of Birth | 09/11/1973 | | |
| Occupation | OUTDOOR | | |
| Date Of Driving Pass | 13/07/2011 | | |
| Driving Experience | 7 YEARS AND 5 MONTHS | | |
| Gender | MALE | | |
| Mobile Number | (LOCAL) +65-83186534 | | |
| Fax Number | | | |
| Contact Number | OFFICE-83186534 | | |
| 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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

NO

1

NO

NO

Vehicle Registration Number PA5619M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver ANTHONY TAN WEI QIANG

NRIC/Passport Number S9023187A

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.
- 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.
- 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, admowledge, agree and consent that:

- (a) My insurer, my worl shop 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 dalms;
 - (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:
 - 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 Signatyre Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| SKETCH PLAN | | | |
|--|-----------------------------------|---------------|-----------------------------|
| | TANAH HERAH CO | AST RD -> THI | cc |
| | | | \ / |
| A) XD GASIX | | | |
| | | | |
| 8) PA 5619M | | | \ \ \ \ - |
| 3,11, -3,1,1,1 | → | B | AA |
| | -> | | |
| | | - 7 | |
| | | | 4 |
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | | 1 |
| | | 420 111 4 | 4 |
| ON 12112 | soil at about | 1430 MIZ, 1 | L was valling |
| along Tanah | Merah Coast roo | ad towards | Tanah Merah |
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| commy cons. | Suddenly 1 | lett an impe | C) ON MY |
| rear, vehicle | B had calli | ded outo | the rear |
| | | | |
| of my true | k. | | |
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| DECLARATION | | | |
| I/We declare the foregoing partic | culars are true in every respect. | | -01 |
| The state of the s | - 4 | | |
| Policyholder's Signature | Driver's Signature | Reporting C | antra Personnel's Signatura |

Date & Time:

(If driver is not the policyholder)
Date & Time:

Name:

NRIC/FIN No.:

PLEASE COMPLETE FORM IN FULL

| Date of Accident | 15 12 9018 | | | | |
|--|-----------------------------------|-----------------------------|------------------------|--|--|
| Accident Time | 1730 MRS | | | | |
| Accident Place | TANAH MERAH COAST | > TMCC | | | |
| Vehicle Reg No Vehicle Make / Model | : XD GABIX : VOLVO AMKADO 81 | No. of Passengers (Includin | g Driver): | | |
| Insurance Company | : CHIMA TAI PING IN | S (S'PORE) P. L | | | |
| Policy Number | : DHCAZN 1800301800 | | | | |
| Name Of Owner | : KOK TONG TRANSPORT & EN | GINEERING WORKS P L | ROC No. : 199904117E | | |
| Contact No of Owner | : <u>6487 4646</u> (HP) | | (ALT NO.) -> MANDATORY | | |
| Name of Driver | SONG GUANGHUA | | ICNO : GERUTZHO M | | |
| Contact No of Driver | : 8318 6534 (HP) | | (ALT NO.) -> MANDATORY | | |
| Driver's Date of Birth | E # 11 199 : | Driver's License Pass Date | 1106 70 51 | | |
| Relationship bet. | 4 | | | | |
| Owner & Driver | : Spouse \ Father \ Mother \ S | on \ Daugther or Officers | EMPTOLEE | | |
| Driver's Address | : 27 PANDAN CRESCENT | | (S) 128476 | | |
| Occupation | : Indoor \ Outdoor (e.g. Indo | oor: work in a building) | | | |
| Fax No \ Email Add | : kinhoe.ng@ktcgroup.com.sg | | | | |
| Weather & | 10-44- 10 to 500 0000-000 0000- | | | | |
| Road Surface | : Clear \ Raining \ Wet \ 📆 | 1 | | | |
| Reporting Type | : Reporting Only \ Claiming | Other Party \ Claim O | wn Ins | | |
| Was there any video ca | ptured by car carmera : Yes \ | (Ap | | | |
| Exact purpose for which | h vehicle was being used at the t | ime of accident : Private | \ Official | | |
| | Other Party Driver's | Particulars (if Any) | | | |
| Vehicle Reg. No. | : PA 5619H | Vehicle Reg. No. | 3 | | |
| Vehicle Make \ Model | : | Vehicle Make \ Model | : | | |
| Name DRIVER | DUALD ISW WAT YMOHEMA: | Name DRIVER | 1 | | |
| IC No. DRIVER | A 781260P2: | IC No. DRIVER | : | | |
| DRIVER's contact & add | | DRIVER's contact & add | : | | |



SPASS

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

Employer KOK TONG CONSTRUCTION PTE LTD



SONG GUANGHUA

0 74322212

CONSTRUCTION





K0374158



VISIT PASS

Immigration Regulations

14-05-2016

Download SGWorkPass App to check status

Name SONG GUANGHUA



G6844340M

09-11-1973

Nationality

CHINESE

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 4

Motor cars with unladen weight =< 3000kg with =< 7 20 May 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 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 =< 7250kg

Licence No:G6844340M

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

PLM 306533

ORIGINAL

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN1800301800

Engine No : D13371673

ChaNo: YV2JG10G5DA738000

1. Index Mark and Registration

Number of Vehicle

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

22 January 2018

Excess Sect I S\$1,500.00

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

21 January 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.

* 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.

Authorised Signatory

Issued By:

Authorised Officer