

NATIONAL Assessment Centre Services. [ver 1 Jan'06] **MAINT/6608**

Date In: <b>26/12/2008 19:32</b>	Job description	Date & Time Completed	Done by
Ref No: <b>XIBA/21P/8023137/Y</b>	SAS e-filing		
Veh No: <b>XO 16824</b>	E-mail (w/ins 3hrs, AIC 2hrs)		
D.O.A: <b>26/12/2008 14:20</b>	I-Motor Claim Form		
OID: TP <b>Reporting Only</b>	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <b>Fax / Hand to Owner/Wkan</b>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Veh No: **QBB9519C** 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%. F: 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	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

**NA 8470**

Claimant's Particulars	Invoice / Charge	Amount	Added/Blk
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Dat. 1:	6) TR: Re-inspection	\$75	
2 / 3:	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q1):		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	*N9: DV / Collect Excess Coordination	\$20	
	TP (N11): TP (Non INC) against INC	\$0	
	9) N12: Idao Mobile		
	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	26/12/2018 18:59
Date Of Accident	26/12/2018 14:20
Exact Location Of Accident	NO: 51 KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1682U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	-
Email Address	KOCKLIANG_BONG@TIONGWOOM.COM
Mobile Phone No	(LOCAL) +65-83281029
Alternative Phone No	OFFICE-90856928

### Vehicle Particulars

Manufacturer	MAN
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V00004/VCH/R03
Cover Note Number	

### Driver

Name of Driver	CHEN CHAO
Passport No/FIN	G8210084P
Date Of Birth	16/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281029
Fax Number	
Contact Number	OTHERS-90856928
Email Address	KOCKLIANG_BONG@TIONGWOOM.COM

Address	15 PANDAN CRESCENT
Postcode	128470
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

#### 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	GBB9519C
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NARAN SINGH
NRIC/Passport Number	S1677592D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

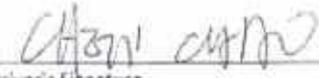
### IMPORTANT NOTICE

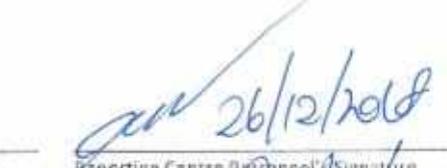
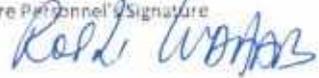
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

X   
Policyholder's Signature  
Date & Time: 20/Dec/18

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

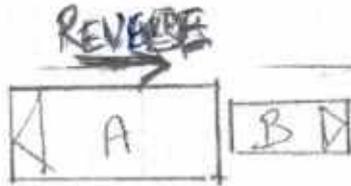
 26/12/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN

No 51 KEPPEL ROAD.

A) XD1682U

B) GBB9519C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/12/2018 AT ABOUT 14:19 HRS I WAS AT 51 KEPPEL ROAD TO DELIVER GOODS AFTER THAT I GOT INTO MY LORRY & START TO REVERSE MY LORRY & DID NOT NOTICE A VAN GBB9519C PARKED BEHIND MY LORRY & MY LORRY BANG THE REAR OF THE SAID VAN THAT ALL.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 26/Dec/18



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

Reporting Centre Personnel's Signature  
 Name: Res L. Wong  
 NRIC/FIN No.: 26/12/2018

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/12/2018 (DD/MM/YYYY), TIME: (14:19) (HH:MM)

LOCATION: Koppei SI

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 1682U  
b) INSURANCE COMPANY: LIBERTY /  
c) POLICY NUMBER: SD18V0004/VCH/R03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MAN  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: TIONG WOOD CRANK & TRANSPORT P. LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9085-6928  
c) ADDRESS: 838 8328/029

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHEN CHAO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 19216084P CONTACT: 9085-6928  
c) ADDRESS: 15, HONGKONG (PUS) (MKT) 7  
1284/10

\*d) DATE OF BIRTH: (16/08/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 5/12/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: W

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: NLU

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G1B9S19C MODEL: TOYOTA HIACE  
b) DRIVER'S NAME: NARAY SINGH  
c) NRIC/FIN/PASSPORT: S167A592D CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = kockliang\_boss@tiongwood.com  
VIDEO

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

Employer  
**TIONG WOON CRANE & TRANSPORT (PTE) LTD**

Sector: **SERVICE**



Name:  
**CHEN CHAO**

Occupation:  
**TRAILER-TRUCK DRIVER**

Work Permit No.  
**0 72211545**

Date of Application  
**31-01-2008**

Date of Issue  
**06-10-2017**

Date of Expiry  
**25-09-2019**




**L8363338**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License No: **G8210084P**



**CHEN CHAO**

Birth Date: **16 Aug 1977**

Issue Date: **31 Mar 2018**

Valid Till: **09/04/2023**

**0027883338**



**VISIT PASS**  
Immigration Regulations

Name:  
**CHEN CHAO**



Date of Birth	Sex	Nationality
<b>16-08-1977</b>	<b>M</b>	<b>CHINESE</b>
PRN	Date of Issue	Date of Expiry
<b>08210084P</b>	<b>06-10-2017</b>	<b>25-09-2019</b>

**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)**

CLASS	VEHICLE CLASSIFICATION	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	10 Apr 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	15 Jul 2008
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	05 Dec 2008
	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 428A

License No: **G8210084P**



## 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)

<b>Certificate No</b>	SD18V00004 /VCH /R03
<b>Form</b>	MZ301A
<b>Date Of Issue</b>	26-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	XD1682U
<b>2.Chassis number of Vehicle:</b>	WMAH49ZZ97M480252
<b>3.Name of Policyholder:</b>	TIONG WOON CRANE & TRANSPORT (PTE) LTD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	01-JAN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<p>A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<b>7.Limitations as to use:</b>	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
<b>8.The Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> 	
<p>_____ Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Third Party Only,Airside (Singapore Changi Airport)
<b>SUM INSURED:</b>	
<b>EXCESS:</b>	Section II - S\$1000,Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000
<b>FINANCE COMPANY:</b>	MAYBANK
<b>PRODUCER NAME:</b>	JARDINE LLOYD THOMPSON PTE LTD

PLSL/26-DEC-17

S1\_CI\_T1\_T3\_OE\_Template2-Ver1

26-DEC-17

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA11816608P Vehicle Registration No: XD 1682U  
 Name (as shown in NRIC) : CHEN CHAO NRIC/FIN/Passport No : G8210084P  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 90856928  
 Email Address : \_\_\_\_\_  
 Date of Accident : 26/12/2018 Time of Accident : 14:20  
 Place of Accident : NO. 51 KEPPEL ROAD  
 Insurance Company : LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number to XD1682U

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rachel Martins  
NRIC/FIN No.:  
Date: 26/12/2018