NATIONAL Assessment Centre Services. wel 1 Jan'03] MNA 119002299. Done by Date & Time Completed Job description Date in: 7 11/19 10:18 SAS c-filing Ref No: NA1 CTZ19000295/h4. E-mail (within ahrs, AIC 2hrs) Vch No XD 8519 M i-Motor Claim Form D.O.A. 4/1/19 10:35. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: GBH 9741U. Tcl: Owner / Driver: () Cover Type: (Period: (Policy No: () Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mall Insurer URGENTLY.) ; Towing Co: () / NO (); Invoice: YES (Drive-In ()/ Towed-In (itemineles:- 🦿 (IS/C hailme) 6788 66IGN) / Courtesy Car (1) Apply for Transfort Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Cime / Actions MA1900193 1) AR : Accident Reporting (530); Chumau's Particulars is the INC (\$30) 2) DA : Damego Assessment (\$100) \$40/\$45 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey \$30 5) PT : Follow-Through Survey (Resurvey) For claiming against ING Only (wof 10 Jan 2003) Contact No: \$75 6) TR : Re-inspection \$160 7) NI : Idao DA + SMRT Survey Damaged Portion: 5) NTUC Additional Services:-OD. \$5 * NS: Courlesy Cor / Tpt Allowerse OC Checked by (Engr-In-Charge): 510 * NG: Repair Ca-ordination \$25 * N7: Post Repair Inspection 35 *NR: DV / Collect Excess Coordination Auditors Comments: TP (N11): TP (Non INC) against INC \$20 30 Cat. 1: 9) N12: Idao Mobile Fee Charged Involve dated **CHARLES** at 2/3; Fee Charged Involce dated

a special trans

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

- Any false reporting may be referred to the Police for investigation.
 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 ladgement 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	07/01/2019 10:18
Date Of Accident	04/01/2019 10:35
Exact Location Of Accident	XILIN AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD8519M
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	Entered budgered, in an origination of the contrastive was account on the contrastive of
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX42084RT 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	REPORTING ONLY
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	DMCVSN1801401800
Cover Note Number	
Driver	
Name of Driver	WANG RUICHUN
NRIC No	G8209515U
Date Of Birth	20/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96155910
Fax Number	
Contact Number	

NOEMAIL

27 PANDAN CRES Address

128476 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

1

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG XILIN AVE ON THE CENTER LANE, WHEN I NOTICED VEH INFRONT OF ME BRAKE, AS SUCH I MANAGE TO BRAKE, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBH9741U) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment?

YES Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH9741U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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 <u>accurate as 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)

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) 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:
 - 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:

Oriver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN			
		1	
	A	<u> </u>	
	B	41-	
		- 1	

B = SBH 97416

Xilin Ave

DESCRIBE CII	RCUMSTANCES OF	THE ACCIDENT
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Please	Refer	to Statement
		1
	/	

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 .:





VISIT PASS Immigration Regulations WANG BUICHUN Date of Birth See Nationality CHINESE 20-05-1979 M Date of Expery FIN Date of Issue G8209515U 21-08-2017 09-10-2019 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.

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

EFFECTIVE DATE

Class 3

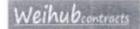
Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

NP 428A



Yuan Zhi Qiang

表志强 Director M: 9006 4913



Weihub Contracts Pte Ltd

196 Pandan Loop #05-18 Pantech Business Hub Singapore 128384 Tel: 6778 1943 Fax: 6778 1944 Email: qiang.weihub@gmall.com

bitSAFE.

Settlement Form:

Wy Copy

Details of Accident:

Date/Time:

4-1-2019 1035hrs

Location:

Xilin Avenue

Agreed terms:

- Neither party will make a police report as there are no personal injuries or death involved.
- 2. This matter is settled amicably as follows:

Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

Without any admission of liability, Party A has paid a which Party B hereby aum of \$0/acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Party A: -Vehicle No.:

GBH9741U

Driver/Owner's Name: WEIHUB CONTRACTS PTE LTD

NRIC No.: G8427962K

Tel; BELLAL MD MASUM

Signature;

Party B:

XD8519M

Vehicle No.:

Driver/Owner's Name: WANG RUICHUN

NRIC No.: G8209515U

Tel: 96155910

Signature:



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, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

PLM 307522

ORIGINAL

CERTIFICATE No.

DMCVSN1801401800

Engine No : D13446165 ChaNo: YV2JG10G8EA757867

1. Index Mark and Registration

XD8519M

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

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

05 Pebruary 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. : MAYBANK 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

Enquire Vehicle Registration Details

Owner Particulars	talis
NRIC/Passport/Company Cert No.:	199904117E
Owner ID Type :	Company
Owner Name :	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Registered Address :	27 PANDAN CRESCENT SINGAPORE 128476
Mailing Address :	27 PANDAN CRESCENT SINGAPORE 128476
Birth Date :	
Vehicle Particulars	•
Vehicle No.:	XD8519M
Previous Vehicle No.:	
Effective Date of Ownership:	06 Feb 2014
Original Regn Date :	06 Feb 2014
Registration Date :	06 Feb 2014
Year of Manufacture :	2013
Vehicle Type:	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme :	*
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2 :	The Charles of the Control of the Co
Vehicle Attachment 3:	₩ To the same and
Vehicle Make :	VOLVO
Vehicle Model:	FMX420 84RT SC
Primary Colour :	White
Secondary Colour :	A STATE OF THE STA
Passenger Capacity:	THE STATE OF
Chassis No. :	YV2JG10G8EA757867
Engine No.:	D13446165
Engine Capacity / Power Rating:	12777 cc/-
Maximum Power Output :	
Propellant:	Diesel
Max Unladen Weight:	14680 kg
Maximum Laden Weight:	34000 kg
Open Market Value :	\$145,351.00
PARF Eligibility:	No
PARF Eligibility Expiry Date :	·
Minimum PARF Benefit:	
No. of Transfers :	0
IU Label No.:	2010464797
COE No.:	2014020105000141N
COE Expiry Date :	05 Feb 2024
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing	\$48,889.00 /-
Quota Premium :	
Actual QP Paid:	\$48,889.00
QP (Regn Cat):	\$48,889.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise :	\$48,889.00
Additional Registration Fee Rate :	5.00 %
Actual ARF Paid :	\$7,268.00
Vehicle Lifespan Expiry Date:	05 Feb 2034
CO2 Emission:	THE REPORT OF THE PROPERTY OF THE PARTY OF T
CO Emission:	
HC Emission:	
NOx Emission:	The state of the s
PM Emission:	The second was a second and a s
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category C.