NATIONAL Assessment Centre Services. [WHI 1 JUNOS]. MNA 11900 3279. Done by Date & Time Completed Jeb description Date In: 8/1/19 13:54 SAS c-filing Ref No: NA/ CTI 190004221 h4. E-mall (within Shes, AIC 2hrs) Vch No: XE 4500L I-Motor Claim Form D.O.A 8 11 119 10:45. I-Motor W/O (Within: OD 2hrs, TP 4brs) OD / TP / Perorung Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: SDE 4422 R. 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: YBS ()/NO(Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks of the state of the control of) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: () / NO ()/Towed-in (); Invoice: YES (Drive-In (Remarks: # (INCALORME: 6798 (616)) 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dute/Lime MA 1900225 1) AR : Accident Reporting (530); Chamant's Particulars be INC (\$50) 2) DA : Damege Assessment (\$100); \$40/\$4 3) TI' : Towing Pee Driver/Owner: \$120 4) FT : Pollow-Through Survey 5) PT : Follow-Through Survey (Resurvey) 230 For elaiming against INC Only (wor 10 Jan 2005) Contact No: 6) TR : Re-Impention \$160 Damaged Portion: 7) NI : Idau DA + SMRT Survey 5) NTUC Additional Services:-*NS: Courlesy Car / Tpt Allowanse 22 QC Checked by (Engr-In-Charge): 510 * N6: Repair Co-ordination \$25 * N7; Post Repair Inspection Auditors Comments: *NR: DV / Collect Excess Coordination 33 TP (NII): TP (Non INC) against INC \$20 lat. 1: 30 9) N12: Idao Mobile Fee Charges Involve dated 81 2 / 3: Address I.A. Fee Charged Invoice dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- 3. Information provided must be as <u>truthful and 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.
- 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	08/01/2019 13:54
Date Of Accident	08/01/2019 10:45
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE4500L
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	Section Control of the Control of th
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1839361800
Cover Note Number	Mills
Driver	
Name of Driver	LIM YONG SOON
NRIC No	S1236585C
Date Of Birth	10/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96910340

NOEMAIL

Address BLK 210 SERANGOON CENTRAL #07-252

Postcode 550210

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 - CHANGE/CROSS LANE

2

NO

1

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

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? 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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SDE4422R

PRIVATE CAR

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- 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 and 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.
- 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 aforesald.
- S. 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 fall 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

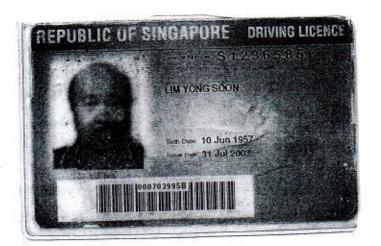
Name:

NRIC/FIN No.:

PLEASE COMPLETE FORM IN FULL

Date of Accident	· 08/01/2019					
Accident Time	1045 +IRS					
Accident Place	: PIE > CHANGI BIF	LORNIE EXIT				
Vehicle Reg No Vehicle Make / Model	: KE 4500L MERCEDES BENZ	No. of Passengers (Including	Driver):			
Insurance Company	CHIMIS IN	NS (3) P. L.				
Policy Number	DHCVSN 1839361	800				
Name Of Owner	KOK TONG TRANSPORT & E	AND 100000	ROC No. : 199904117E (ALT NO.) -> MANDATORY			
Contact No of Owner	: <u>6487 4646</u> (H	P)	(2) per (2) ((2) ((2)			
Name of Driver	: Sun Yould 5000 : 9691 0340 (H		IC No.: 81286585 C. (ALT NO.) -> MANDATORY			
Contact No of Driver		Driver's License Pass Date :	26-06-1980			
Driver's Date of Birth	: 10-06-1957	Direct 5 Electrica 1 and 5				
Relationship bet. Owner & Driver	: Spouse \ Father \ Mother \	Son \ Daugther or Others	: ENPLOYEE			
Driver's Address	: 27 PANDAN CRESCENT		(S) 128476			
Occupation	: Indoor \ Outdoor (e.g. I	ndoor: work in a building)				
Fax No \ Email Add	: kinhoe.ng@ktcgroup.com.	sg				
Weather & Road Surface	: Cl∰ \ Raining \ Wet \		7			
Reporting Type	: Reporting Only \ Claiming Other Party \ Claim Own Ins					
Was there any video	captured by car carmera : Yes	\ No				
Exact purpose for wh	ich vehicle was being used at ti	he time of accident : Private	\ Official			
	Other Party Driv	er's Particulars (if Any)				
Vehicle Reg. No.	SNE 4422 R	Vehicle Reg. No.	:			
Vehicle Make \ Model	1	Vehicle Make \ Model	:			
Name DRIVER		Name DRIVER	:			
IC No. DRIVER	i	IC No. DRIVER				
DRIVER's contact & ad	ld :	DRIVER's contact & add				

449----



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1236585C





Name

LIM YONG SOON

林 永 順 Race CHINESE

10-06-1957

SINGAPORE

и тамбеньс

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CEASSIES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc 10 Oct 1975
Class 2A Motorcycles between 201 cc and 400 cc. 10 Oct 1975
Class 2 Motorcycles exceeding 400 cc. 10 Oct 1975
Class 3 Motor Cars and Motor Tractors the weight of 25 Oct 1974
which unladen does not exceed 2500 kilograms
Class 4 Heavy Motor Cars and Motor tractors the 23 May 1980
weight of which unladen exceeds 2500 kilograms
Class 5 Motor Vehicles which are not constructed 26 Jun 1990
It emissives to carry any load and the weight of which unladen exceeds 7250 kilograms

NP 428A



NRIC No. S1236585C

0 ate of Issue 15-12-2008

ADD BLK 210 SERANGOON CENTRAL #07-252 SINGAPORE 550210



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

CERT	IF	ICA1	ſΕ	No.

DMCVSN1839361800

Engine No :470913C0415579 ChaNo: WDB96421620279438

 Index Mark and Registration Number of Vehicle

XE4500L

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

27 November 2018 Excess Sect I 5\$1,500.00 EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

26 November 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 used

(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 Molor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Melaysia), 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

MIN

Authorised Signatory