

NATIONAL Assessment Centre Services. Part 1 Jan 2009 MMA 119007385

Date In: 16/1/19 14:58	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ19000978/64	SAS e-filing		
Veh No: XD 5337R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 12/1/19 17:00	I-Motor Claim Form		
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: Pedestrian	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% P: 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: ()

Reminders:	INC Hotline: 6788 6616	Date & Time 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

MA1900455	Invoice/Refundation Charge	Amount (\$)	Remarks
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q11:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel. 1:

Tel. 2/3:

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	16/01/2019 14:58
Date Of Accident	12/01/2019 17:00
Exact Location Of Accident	MARSILING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5337R
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX37064R SLEEPER CAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1804761800
Cover Note Number	-

Driver

Name of Driver	AZHARI BIN SALLEH
NRIC No	S6944659J
Date Of Birth	04/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91999510
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 514 WOODLANDS DR 14 #01-111
Postcode	730514
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 PEDESTRIAN
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	1
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.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
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.
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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.



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.:

SKETCH PLAN

Marsiling Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

rs are true in ev

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



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____



SINGAPORE POLICE FORCE



T/20190115/2080

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190115/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2019 14:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AZHARI BIN SALLEH		Address: 514 WOODLANDS DRIVE 14 #01-111 SINGAPORE 730514	
ID Type / ID No.: NRIC NO / S6944659J		Contact No.: Home/Office: Mobile: 91999510	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 04/12/1969	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: LORRY DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/01/2019 17:00	Type of Location:
Location: Along Road 1 MARSILING LANE			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision:	Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5337R	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20190115/2080

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190115/2080

CONTINUATION OF REPORT

Brief Details.

ON 12/01/2019 @ AROUND 5 PM, I WAS DRIVING MY LORRY(XD5337R) ALONG MARSILING LANE AND I WAS TRAVELLING ON A UPWARD SLOPE AREA OF THE ROAD. WHEN I GOT ACROSS THE UPWARD SLOPE, I SLOWED DOWN FOR A WHILE AND LOOKED AROUND. WHEN I SAW NOTHING, I CONTINUED ON MY WAY. WHILE I WAS TRAVELLING AROUND MARSILING AREA, I DID NOT FEEL NOR HEAR ANYTHING THAT WOULD HAVE MADE ME AWARE OF ANY ACCIDENT. THE NEXT FEW DAYS LATER, I RECEIVED A CALL FROM TP TO MAKE A REPORT.



**SINGAPORE
POLICE FORCE**



T/20190115/2080

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190115/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /

MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/01/2019 14:32

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079



Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S6944659J

Name: AZHARI BIN SALLEH

Date of Birth: 04 Dec 1969

Expiry Date: 17 Sep 2004

061350633F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6944659J

Name: AZHARI BIN SALLEH

Race: JAVANESE

Date of Birth: 04-12-1969

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Class 2	Motor cars < 2000 kg with < 1 passenger, exclusive of the driver, and motor tractors/vehicles < 2500 kg	23.2
Class 4	Heavy motor cars and motor tractors > 2500 kg	18.8
Class 5	Motor vehicles > 1250 kg not constructed to carry any load	00.2

S/No. 001

NP 428A

25/01/1990
10/05/2000
09/01/2007

4302154

NRIC No. S6944659J

Date of Issue: 23-01-2009

APT BLK 514 WOODLANDS DRIVE 14 #01-111
SINGAPORE 730514

NRIC No: S6944659J Date: 26/08/2012 No: 7200032



中国太平
CHINA TAIPING

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: T

PLM 309176

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)

ORIGINAL

CERTIFICATE No.

EMCVSN1804761800

Engine No :D11244192

ChaNo:YV2J1E1D6CA724943

1. Index Mark and Registration
Number of Vehicle

XD5337R

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

07 February 2018

4. Date of Expiry of Insurance

05 March 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.

Issued By:

Authorised Officer

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

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: -

Birth Date: -

Vehicle Particulars

Vehicle No.: XD5337R
 Previous Vehicle No.: -
 Effective Date of Ownership: 06 Mar 2012
 Original Regn Date: 06 Mar 2012
 Registration Date: 06 Mar 2012
 Year of Manufacture: 2011
 Vehicle Type: Goods (Open) Tipper/Dumper Truck

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: VOLVO

Vehicle Model: FMX370 64R SLEEPER CAB

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 1

Chassis No.: YV2J1E1D6CA724943

Engine No.: D11244192

Engine Capacity / Power Rating: 10837 cc / -

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight: 12260 kg

Maximum Laden Weight: 28000 kg

Open Market Value: \$120,556.00

PARF Eligibility: No

PARF Eligibility Expiry Date: -

Minimum PARF Benefit: -

No. of Transfers: 0

IU Label No.: 2010418843

COE No.: 2012030105000019D

COE Expiry Date: 05 Mar 2022

COE Category: C - Goods Vehicle & Bus

COE Registration Category: C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing: \$49,801.00 / -

Quota Premium: -

Actual QP Paid: \$49,801.00

QP (Regn Cat): \$49,801.00

OPC Cash Rebate Eligibility: No

QP during COE Bidding Exercise: \$49,801.00

Additional Registration Fee Rate: 5.00 %

Actual ARF Paid: \$6,028.00

Vehicle Lifespan Expiry Date: 05 Mar 2032

CO2 Emission: -

CO Emission: -

HC Emission: -

NOx Emission: -

PM Emission: -

Message: To renew the COE, the Prevailing Quota Premium payable is that of Category C.