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TP Insurer:	Ass't Report by Fn		er/Wksp			
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070	116423	INC( )/	Non-INC( ).			
Owner / Driver: (	4 LOLDE	To		)		
	d: f	) Cove	er Type: (		) .	
Policy No: ( ) Perio		ate:	Times	)		
Insured/Driver Liability: ( %) [No	te-Est. Status (WO)		P: 21-79%. P: 80	0-100%]		
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Execus: (\$ ) Loading: \$1,000		)				
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( ) Walk-In Customar : Customer's Inform	nation strictly Confidence	ential & Strictly I	O refer of repair	or.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		` · .a			
Drive-In ( )/Towed-In ( ); Invoice:		) ; Towing	Co: ( ·		)	
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )					
Injury:			• • • • • • • • • • • • • • • • • • • •			
Date/Time / Actions 2	(2) (1) (4) (4) (4) (5)		15 T 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		CNE:	
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Driver/Owner:	(4)	PT : Follow-Throng	Character Clinative Very	330		
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QC Checked by (Engr-In-Charge):		*NS: Courlesy Car / *NS: Repair Co-ord	Tpt Allowance	510		
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[at. 1].	9	) N17: Ideo Mobile	Fee Cho		ALL REAL PROPERTY.	
1 2/3		nvoice dated	Per Che			

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number 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.
- 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.
- 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

	ACCIDENT STATEMENT	
Cata Of Record	09/02/2019 15:19	
Date Of Report		
Date Of Accident	09/02/2019 10:10  JUNCTION OF LOWER DELTA ROAD/JALAN BUKIT MERAH	
Exact Location Of Accident		
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD6754M	
nsured/Policyholder		
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD	
Co Reg No	199904117E	
Email Address	KINHOE.NG@KTCGROUP.COM.SG	
Mobile Phone No	(LOCAL) +65-96155910	
Alternative Phone No	OFFICE-96155910	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	MB ACTROS-11.9 3336K 6X4 3300 ABS (A)	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN1835561800	
Cover Note Number		
Driver		
Name of Driver	WU SHUANGQUAN	
NRIC No	G8261559N	
Date Of Birth	16/08/1973	
Occupation	OUTDOOR	
Date Of Driving Pass	21/05/2008	
Driving Experience	10 YEARS AND 8 MONTHS	
Gender	MALE	

(LOCAL) +65-96155910

KINHOE.NG@KTCGROUP.COM.SG

OTHERS-96155910

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

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

SJN4643B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

VISVANA KARTHIKEYAN

NRIC/Passport Number

G5407163P

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 <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.
- 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)

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:
  - 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 Signatu

Name:

NRIC/FIN No.:

#### 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.:

# ACCIDENT STATEMENT

ACCI	DENT DATE: 19 12 12019 (DD/MM/YYYY), TIME: 10: 10 1(HH:MM)BGKIT.
LOCA	Jungtion of Laure Dette Rd and Jaken Merat
LOCA	NON:
1.	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: XD G+54 M
	b)INSURANCE COMPANY: China Tapery Jaiping
	CIPOLICY NUMBER: DM CVSN 18355611800'
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: Mercedis Benz
	f)TYPE: (SALOON / COUPE / MPV /V AN / 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 & Engineery wites for Lid
	ANAME
	CIADDRESS: 27 Pandon Crascert
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
the of passenga	DRIVER (1) OI (2)
	giname: Nu Shyang Quan (MALE/FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: 68261959N CONTACT: 96155910
(1)	CJADDRESS: 27 Pandan Chescent.
	1/ 2 1/27
	*d)DATE OF BIRTH: (_/6/_8/1945_)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR /OUTDOOR)
v	f)YEARS OF DRIVING EXPRERIENCE:
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES'/ NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
3.0	b)ROAD SURFACE: (DR)/ WET / OTHERS
Α.	WAS ANYBODY INJURED (YES ANO)
	GIREPORTED TO POLICE IVES VINO
\$200 cc	IF YES, PLEASE STATE WHICH POLICE STATION:NA
8.	TUIDD BADTY VEHICLE
He of passenger	a) VEHICLE NUMBER: SIN 4643 B MODEL:
Including driver)	b) DRIVER'S NAME: VISV and Karthi Keyan
7 1	c) NRIC/FIN/PASSPORT: 6570 + 705   CONTACT:
9.	THIRD PARTY VEHICLE
the of passenger	d) VEHICLE NUMBER:MODEL:
Industran delegal	e) DRIVER'S NAME:
THE OWNER	f) NRIC/FIN/PASSPORT:CONTACT:
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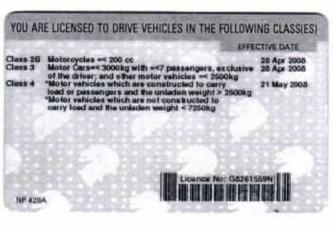
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VIDEO =











### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

ME300/C M SM BR0072A

Cov. Type: C PLM 321347

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 (Molayala)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Melayala)

ORIGINAL

CERTIFICATE No.

DMCVSN1835561800

Engine No :541972C0848180 ChaNo: WDB9321612L681954

1. Index Mark and Registration Number of Vehicle

XD6754M

Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

Effective date of the Commencement of

19 December 2016 Excess Sect I ...... 8\$1,500.00

Insurance for the purposes of the Regulations, Ordinance or Enactment

EX ON WINDSCREEN ........... \$\$200.00

4. Date of Expiry of Insurance

18 December 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 anactment 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:	ar Thirdy Shedelil Sharrone 120470
Birth Date:	
Vehicle Particulars	XT
Vehicle No.:	XD6754M
Previous Vehicle No.:	0=
Effective Date of Ownership:	19 Dec 2012
Original Regn Date :	19 Dec 2012
Registration Date :	19 Dec 2012
Year of Manufacture :	2012
Vehicle Type :	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme :	The state of the s
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	*
Vehicle Attachment 3:	
Vehicle Make :	MERCEDES BENZ
Vehicle Model:	MB ACTROS 3336K 6X4 3300 (AUTO, ABS)
Primary Colour:	White
Secondary Colour :	
Passenger Capacity:	1
Chassis No.:	WDB9321612L681954
Engine No.:	541972C0848180
Engine Capacity / Power Rating:	11946 cc/-
Maximum Power Output:	
Propellant:	Diesel
Max Unladen Weight:	12420 kg
Maximum Laden Weight:	28000 kg
Open Market Value :	\$134,307.00
PARF Eligibility:	No
PARF Eligibility Expiry Date :	
Minimum PARF Benefit:	· · · · · · · · · · · · · · · · · · ·
No. of Transfers :	0
IU Label No.:	2010409925
COENa.:	2012120105000321D
COE Expiry Date :	18 Dec 2022
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$60,235.00/-
Actual QP Paid:	\$60,235.00
QP (Regn Cat):	\$60,235.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise :	\$60,235.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid :	\$6,716.00
Vehicle Lifespan Expiry Date :	18 Dec 2032
CO2 Emission:	*
CO Emission:	
HC Emission:	*
NOx Emission:	
PM Emission;	
LAW OVERSOLD	

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

Message: