NATIONAL Assessment Con	ure Services	tant ( ga jest	3 - 1 5		
Date In 1/62/2019 15:2	The state of the s		Date & Time Completed	Done	e by
Rel No NA/CTI 19002387		,			
Veh No GBJ 20415	7777	n Slas, ADD Zhrsy	1		
DOA 02/02/2019 15:4	manage to be a second to the s		<del>                                     </del>	- 27	-
		O (Within: OD 2hr)	TP 4hrs)		
OD TP ' Reporting Only	i-Photo Upl				
TP Insurer	Assectment/S	Survey Report			
1 F thistrer		by Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol: Fa	x:	
TP Particulars: Veh No:	JJE 210	9 INC(	397		
Owner / Driver: (	3 3 2 2 10	1	Tel:	)	-
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est, Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-10	0%]	Comment of the Commen
Year of Registration: ( )	Warranty: VES (		)	Tearliannean.	
Excess: (\$ ) Loading: \$1	,000 ( ) / \$3,000	( )			-0.525-70
General Remarks:-	TOTAL HOUSE	uit Affair At	A-SSALPADAY CALL		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	. (	)			
Injury:	33000]	,			
Date/Time Actions		A827 CO	*	<del></del>	
NAIGO	1147	3 10 10 10 10 10 10 10 10 10 10 10 10 10	aration Checklist	Amt (S)	Amt (
aimant's Particulars :-			ssessment (\$100); INC (\$80)		
iver/Owner:		3) TF : Towing Fe 4) FT : Follow-Th	rough Survey \$12		
ntact No:		5) FT : Follow-Th	rough Survey (Resurvey) \$3 ninst INC Only (wef 10 Jan 2005)	0	W-1 - 14
maged Portion:		6) TR: Re-inspect 7) N1: Idne DA + 8) NTUC Addition	ion \$7 SMRT Survey \$16	-	
Checked by (Engr-In-Charge):		OD*	Car / Tpt Allowance \$		
uditors' Comments :-		* N7: Post Repni	r Inspection \$2	5	
. 10	Harry Virginia See Washington	<u>TP</u> (N11): TP(	Non INC) against INC S2	-	
2 / 3;		9) N12: Idae Mobi	le 3 Fee Charged	0	ty ter y
		Invoice dated	Fee Charged	- Miles	

## 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 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.

- 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	11/02/2019 15:22
Date Of Accident	02/02/2019 15:45
Exact Location Of Accident	MANDAI RD TURNING IN KJE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2041S
Insured/Policyholder	
Name Of Registered Owner	MR GOLD TAT LEE PTE LTD
Co Reg No	2
Email Address	GOLDTATLEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92375395
Alternative Phone No	OFFICE-92375395
Vehicle Particulars	
Manufacturer	TOYOTA
Model	20
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	DMCVSN3008931900
Cover Note Number	
Driver	
Name of Driver	KANG MENG HWEE ( JIANG MINGHUI )
NRIC No	S7000203E
Date Of Birth	09/01/1970
Occupation	OUTDOOR

OUTDOOR Occupation 21/09/1995 Date Of Driving Pass

Driving Experience 23 YEARS AND 4 MONTHS

MALE Gender

(LOCAL) +65-92375395 Mobile Number

Fax Number

OTHERS-92375395 Contact Number

JASONKANG228@GMAIL.COM EMail Address

BLK 18D CIRCUIT ROAD Address

#13-228 374018

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 SIDE SWIPE

Weather Conditions CLEAR DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

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) 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190202/2147

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

REVERT Remarks/ Reasons:

NO Was there any audio recorded?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JJE2109

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category SELAMAT BIN AHMAD

Name of Driver

NRIC/Passport Number

94481257 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:
  - 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.

金達利私人有限公司 GOLD TAT LEE PTE LTD

> 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	NAWOAI RD	TURNING	211/11/	L
	->-	3	le]/[A]/	
	<del></del>			
	STANCES OF THE ACCIDI	B- JJ	21402 E 2109	
DESCRIBE CIRCUM	STANCES OF THE ACCIDE	:NI	Capo,	TX.
		11 9	olice 1=	100
		to X/f	2020	
	als Cate	120		
	112	58 111		
			-69	
DECLARATION I/We declare the fore 利私人 DLD TAT LEE	going particulars are true in a 可限公司 PTE LTD	every respect.		112/2
Policyholder's Signature Date & Time:	Driver's Sig		Reporting Centre Personnel's S Name:	ignature

Date & Time:

NRIC/FIN No.:





Date of Expiry:

-1 -- 1 of 3

Report No. T/20190202/2147

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

Occupation:

DELIVERY DRIVER

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 02/02/2	me Report 019 18:51	Made:	Vide Report No.:	-11	Station Diary No.:
	ant's Partic				31
KANG I	of Informant MENG HWE		Address APT BLK 18D CIRCUIT RO	OAD #13-228 G	INCAPORE OF A
NRIC N Nationa	/ ID No.: O / S70002 lity: PORE CITIZ		Contact No.: Home/Office: 92375395 Email:	Mobile:	SINGAPORE 374018
Sex: Male	Age: 49	Date of Birth: 09/01/1970	Type of Informant:		14 (200)
Race: Chinese			Language:	Institution	/ School Name

Driving Licence Information:

Class: 2B,3,4

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/02/2019 15:45	Type of Location FILTER LANE INTO
Location: Along Road 1 KRANJI EXPI MANDAI ROA MANDAI RD Weather:				EXPRESSWAY
vveather.		Road Surface:	R	ond Chood I ! !
Clear		Dry		load Speed Limit:
Clear Traffic Flow One Way Type of Collisi	00%	Dry Traffic Control: Pedestrian Crossin	T	raffic Volume:

Vehicle No.	Type	Make	Model	Tou		SETHER SHAPE
GBJ2041S	Van	mano	iviodei	Color	Condition	No of Passange
	van				Slightly	0
JJE2109	Lorry				Damaged	
15	Long				Slightly	0
					Damaged	- 4507

Details of Person Involved	And the second control of the second control
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Toda of Federalian Crossing, NA





Report No. T/20190202/2147

2 of 3

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver	200 A 12 (0-1) (0-1) (0-1)	2. THIS WORLD NOT THE	DUVE	La SERVINE	The state of the s
Name	KANG MENG HWEE		ID N	0,	S7000203E
Related Vehicle	GBJ2041S (Van)	7	Cont	act No.	92375395
Hospital/Clinic	NIL -	e	Class Drivir Licen	ng	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver		- Edgice of	injury	IVIL	
Name	SELAMAT BIN AHMAD		ID No		691102016181
Related Vehicle	JJE2109 (Lorry)	121	Conta	ct No.	94481257
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
lo. of Days grant	ed Medical Leave NIL	Degree of		NIL	21/2

### Brief Details.

On the 02/02/2019 at 1545 hrs I was driving my van GBJ2041S along Mandaid Rd Going into Kranji Expressway. The road has two lanes, I am on the right hand lane. While I was moving along the bend going into the expressway just before the zebra crossing a Malaysian plate lorry JJE2109, made a wide turn along the bend and hit the rear left side of my van. My van suffered dents and scratches on the rear left side. We came out and exchanged particulars. No one was injured, no police or ambulance came.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

3 of 3 Report No. T/20190202/2147

Tel No: 1800-7479999

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:	Signature Of Informant:
Staff Sgt MOHAMMAD HAFEEZ ASHRAF BIN HARON	132
Signature Of Interpreter:	Date/Time:
Not applicable	02/02/2019 18:51
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
SSI 2 YEO GEAK ENG CECILIA	
Contact No.: 65476404	
Authentication Stamp	

## Enquire Vehicle Registration Details

#### Owner Particulars

NRIC/Passport/Company Cert No.:

201321151R

Owner ID Type:

Company

Owner Name:

GOLD TAT LEE PTE LTD

Registered Address:

60 LICHI AVENUE SENNETT ESTATE SINGAPORE 348835

Mailing Address:

Birth Date

Vehicle Particulars

Vehicle No.

GBJ2041S

Previous Vehicle No.:

Effective Date of Ownership:

29 Jan 2019 29 Jan 2019 29 Jan 2019

Registration Date: Year of Manufacture:

Original Regn Date

2018

Vehicle Type:

Goods (Closed) Van/Van Panel (Delivery)

Vehicle Scheme:

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2: Vehicle Attachment 3:

Vehicle Make:

TOYOTA

Vehicle Model:

HIACE DX 2.8 AUTO

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity:

Chassis No.:

GDH2012003374

Engine No.:

1GD8343671 2754 cc/-

Engine Capacity / Power Rating: Maximum Power Output:

Propellant:

Diesel

Max Unladen Weight

1800 kg

Maximum Laden Weight:

3205 kg

Open Market Value:

\$33,396.00

PARE Eligibility:

No

PARF Eligibility Expiry Date:

Minimum PARF Benefit:

No. of Transfers:

0

IU Label No.:

1043127819

COE No.:

2019012905001109W

COE Expiry Date:

28 Jan 2029

COF Category:

C Goods Vehicle & Bus

C - Goods Vehicle & Bus

COF Registration Category: Quota Premium (QP) / Prevailing Quota

-/\$28,1/1.00

Premium:

PQP Paid

\$24,163,00

QP (Regn Cat):

No

OPC Cash Rebate Fligibility: QP during COE Bidding Exercise:

\$0.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid

\$1,670.00

Vehicle Lifespan Expiry Date:

28 Jan 2039

CO2 Emission:

188.00 (g/km)

CFV/VES Rebate Utilised Amount:

CO Emission:

0.055000 (g/km)

HC Emission:

0.013000 (g/km)

NOx Emission:

0.093000 (g/km)

PM Emission:

0.200000 (mg/km)

Message:

The vehicle is registered under Early Turnover Scheme.

Print

OK

Save as PDF

×

GBJ 20415 COE 29/1/2019 28/1/2029\*

Reported on 7/2/2019 @ 15/04PS.

		13
	ACCIDENT STATEMENT	C 15
AC	CIDENT DATE: (02/02/2019) (DD/MM/YYYY), TIME: (15:45) (HH:M	
	CATION: Along ROAD   Kronj ExPRESSIVAY Manda, Road Tur	MJ
	Mand Land 14	ning "
	D) INSURANCE COMPANY:  C) POLICY NUMBER:  G) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  E) MAKE & MODEL:  (1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  Th) PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  (MALE / FEMALE)  D) NRIC/FIN/PASSPORT:  CONTACT:	ressum 11
	c)ADDRESS:CONTACT:	-0
9 5 5	Secretaria Control Secretaria Sec	20
All of	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
*Ho of passenga.	DRIVER MANGE	
(Including driver)	DINAME: KANG MENG HWER . (MALE / FEMALE)	
(01)	b)NRIC/FIN/PASSPORT:CONTACT: 92375395	
V	SPADDICESS.	_
4.	*d)DATE OF BIRTH: (	V .
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS GOOD	- 2
	DIROAD SURFACE (DRY) WET / OTHERS	12
6.	WAS ANYBODY INJURED (YES / NO)	_)
7.	a) REPORTED TO POLICE (YES)	
	IF YES, PLEASE STATE WHICH POLICE STATION: Kampone Ub; NPP	
8.	THIRD PARTY VEHICLE	Ř.
No of passenger	a) VEHICLE NUMBER: JJE 2109	
. Including driver)	b) DRIVER'S NAME: SEL AMAT RIN AHMAN	
(01)	C) NRIC/FIN/PASSPORT: 69110201618/ CONTACT: 916168/	257
27-77-78-78 X-2-14	THIRD PARTY VEHICLE	- /
	d) VEHICLE NUMBER:MODEL:	**
Including driver)	e) DRIVER'S NAME:	
	f) NRIC/FIN/PASSPORT:CONTACT:	
(01)		÷

Vemail = gold tatlee @ Yahoo-Com. //
fax = disson kange 28@ guiail, com &
VIDEO = Yes.







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

Class 28 Class 3

Motorcycles =< 200 cc
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



# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ300/C N SN AN0671A COMPREHENSIVE AUTOSAFE

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Componsation) 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)

CERTIFICATE No.

 Index Mark and Registration Number of Vehicle

DMCVSN3008931900

Engine No : 1GD8343671

Chassis No: GDH2012003374

GBJ2041/1

2. Name of Policy Holder

MR GOLD TAT LEE PTE. LTD.

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

29 JANUARY 2019 (09:56 HOURS)

Date of Expiry of Insurance

28 JANUARY 2020

5. Persons or Classos 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 REACON 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 BUGINERY. (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 randerest inoperative by Section 8 of the Motor Vehicles (Third-Party (eisks 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.

ountersigned By:

0 Authorised Officer

UFN 201801058

Authorised Signatory