

NATIONAL Assessment Centre Services. [wof 1 Jan 2005] MA 119019957.

Date In: 13/12/19 10:48	Job description	Date & Time Completed	Done by
Ref No: MA1 C7Z1900 2598/44	SAS e-filing		
Veh No: XE 4520D	E-mail (within 5hrs, AIC 2hrs)		
H.O.A: 13/12/19 07:30	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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 5GB 314B.. INC () / Non-INC () Tel: ()

Owner / Driver: ()

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: ()

Remarks:	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

Claimant's Particulars:	Invoice Registration Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	

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	13/02/2019 10:48
Date Of Accident	13/02/2019 07:30
Exact Location Of Accident	ALONG THOMSON RD NEAR NOVENA TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4520D
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	MERCEDES-BENZ
Model	AROCS 3336K
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	DMCVSN1839331800
Cover Note Number	-

Driver

Name of Driver	LU WENTAO
NRIC No	G6185574U
Date Of Birth	05/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85047888
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	535 BT BATOK ST 52 #02-627
Postcode	650535
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	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 THOMSON RD WHILE APPROACHING NOVENA TERRACE, VEH B (BEARING NO SGB314B) WHICH WAS IN FRONT OF ME WAS STOP BEFORE THE YELLOW BOX, WHILE I NOTICED VEH B STARTED TO MOVE AND I FOLLOW TO MOVE, SUDDENLY VEH B JAMMED BRAKE DUE TO A VEH COMING OUT FROM THE NOVENA TERRACE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGB314B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG TING HOCK TONY
NRIC/Passport Number	S1532409J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

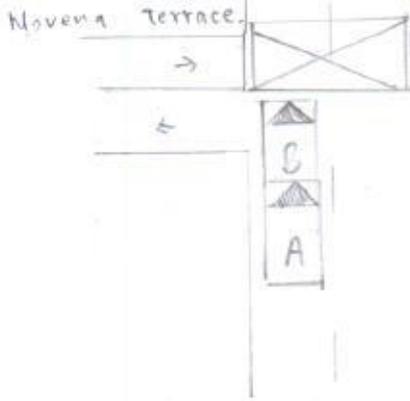


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = XE 4520 D.
 B = SGB 314 B.

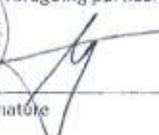
Thomson Rd

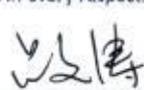
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **G 6185574U**
 Name **LU WENTAO**

Birth Date **05 Jan 1976**
 Issue Date **13 Jan 2014**
 Valid Till **23 Feb 2019**

002264877C



REPUBLIC OF SINGAPORE 

FIN **G6185574U**



Name **LU WENTAO**

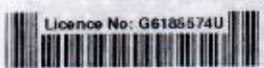
Date of Birth **05-01-1976** Sex **M**
 Nationality **CHINESE**

G6185574U

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	24 Feb 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	10 Aug 2011
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	02 Jul 2012

Licence No: G6185574U



NP 428A

FA2088642

VISIT PASS
 Immigration Regulations

FIN **G6185574U**

MULTIPLE JOURNEY VISA ISSUED

Date of Issue **09-05-2018** Date of Expiry **09-05-2019**



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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)

ORIGINAL

CERTIFICATE No.	DMCVSN1839331800	Engine No :470913C0403149 ChaNo:WDB96421620266253
1. Index Mark and Registration Number of Vehicle	XE4520D	
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	29 November 2018	Excess Sect I S\$1,500.00 EX ON WINDSCREEN S\$200.00
4. Date of Expiry of Insurance	28 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 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. : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		
* 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:

LIM SHU MIN

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.:	XE4520D
Previous Vehicle No.:	-
Effective Date of Ownership:	29 Nov 2018
Original Regn Date:	29 Nov 2018
Registration Date:	29 Nov 2018
Year of Manufacture:	2018
Vehicle Type:	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS)
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	1
Chassis No.:	WDB96421620266253
Engine No.:	470913C0403149
Engine Capacity / Power Rating:	10677 cc / -
Maximum Power Output:	-
Propellant:	Diesel
Max Unladen Weight:	12440 kg
Maximum Laden Weight:	28000 kg
Open Market Value:	\$109,746.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	2010558863
COE No.:	2018100105000466H
COE Expiry Date:	28 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$27,104.00 / -
Actual QP Paid:	\$27,104.00
QP (Regn Cat):	\$27,104.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$27,104.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$5,488.00
Vehicle Lifespan Expiry Date:	28 Nov 2038
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	-

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OK

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