

NATIONAL Assessment Centre Services.

[ver 1 Jan'05] MNA119021781

Date In: 16/02/09 14:57	Job description	Date & Time Completed	Done by
Ref No: NA/CTI1900217/Y	SAS e-filing		
Veh No: XE 4541T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/02/09 11:30	I-Motor Claim Form		
OB 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/Whisp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Veh No: SHC 6385P 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: ( )

Remarks	Date 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

NA190184	Invoice	
Claimant's Particulars:	1) AI: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	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	16/02/2019 14:57
Date Of Accident	16/02/2019 11:30
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4541T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	MRNGKINH0E@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96155910
Alternative Phone No	OFFICE-82244844

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	AROCS 3336K 6X4 3300 S-CAB (AUTO. ABS)
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	THIRD PARTY
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	DMCVSN1839411800
Cover Note Number	

### Driver

Name of Driver	CHITHAMBARAM MUTHUKUMAR
NRIC No	S7765665J
Date Of Birth	27/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96155910
Fax Number	
Contact Number	OTHERS-82244844
Email Address	MRNGKINH0E@GMAIL.COM

Address BLK 809 WOODLANDS STREET 81  
 #05-169  
 Postcode 730809  
 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  
 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? NO  
 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**

PLEASE REFER TO SKETCH PLAN

**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 SHC6385P ✓  
 Vehicle Make/Model/Colour KIA  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver NG SENG TECK  
 NRIC/Passport Number S0172846F  
 Contact Number 98263855  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (including Driver)

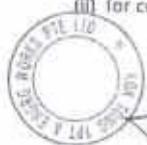
SKETCH PLAN

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.
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.



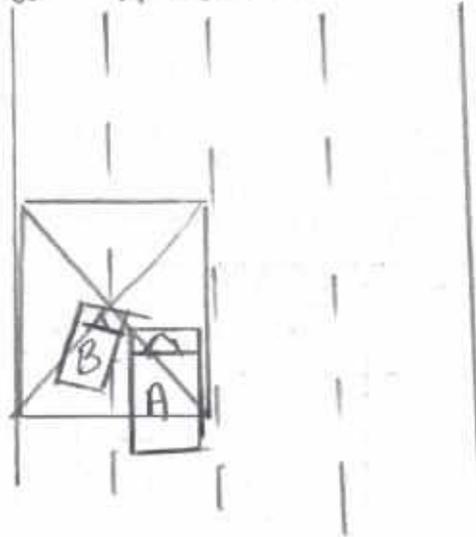
Policyholder's Signature  
Date & Time:

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

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

# ARUN THOMSON ROAD

SKETCH PLAN



A) XE 4541T  
B) SHC 6385P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

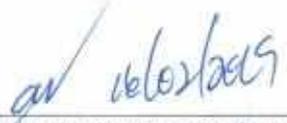
I am Arun Kumar driving the Worry XE4541T along Thomson Road in the 2nd lane. In my left side SHC 6385P taxi hitting. I came down on that time see my vehicle damage. I talk to the taxi driver and take the particulars.

## 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

ACCIDENT DATE: 16/02/2019 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Blonde Thompson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE 45417  
b) INSURANCE COMPANY: CTI  
c) POLICY NUMBER: DMCVSU183941800  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MAZDA 2 1.8i 2  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Kok Tomg TP. 9 AUGUST (MALE / FEMALE) 96155910  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98263855  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92248444  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUC 6385P MODEL: KIA (TAXI)  
b) DRIVER'S NAME: Ng Jany Jack  
c) NRIC/FIN/PASSPORT: S0192846F CONTACT: 98263855

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = MRNG

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7765665J



Name  
**CHITHAMBARAM MUTHUKUMAR**

சிதம்பரம் முத்துக்குமார்

Race  
**INDIAN**

Date of Birth  
**27-01-1977**

Sex  
**M**

Country of birth  
**INDIA**





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7765665J**

Name  
**CHITHAMBARAM MUTHUKUMAR**

Birth Date **27 Jan 1977**

Issue Date **04 Jun 2008**

001609702J




6932073



NRIC No. **S7765665J**



Nationality  
**INDIAN**

Date of issue  
**23-05-2008**

APT. BLK 808 WOODLANDS STREET 81 #05-169  
 SINGAPORE 730809

NRIC No. **S7765665J** Date: **18/05/2017** No: **7087208**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	EXPIRES
Class 2B	Motorcycles <= 200 CC	11 Dec 2008
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Dec 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Oct 2008

S / No. 9000103243

S7765665J

License No: S7765665J

NP 408A





中国太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ300/C  
N SN  
8R0072A  
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

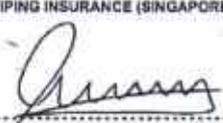
CERTIFICATE No.	DMCVSN1839411800	Engine No : 470913C0406679 ChaNo: W0896421620269013
1. Index Mark and Registration Number of Vehicle	XE4541T	
2. Name of Policy Holder	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 November 2016	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. :	XE4541T
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. :	WDB96421620269013
Engine No. :	470913C0406679
Engine Capacity / Power Rating :	10677 cc / -
Maximum Power Output :	-
Propellant :	Diesel
Max Unladen Weight :	12460 kg
Maximum Laden Weight :	28000 kg
Open Market Value :	\$107,746.00
PARF Eligibility :	No
PARF Eligibility Expiry Date :	-
Minimum PARF Benefit :	-
No. of Transfers :	0
IU Label No. :	2010558954
COE No. :	2018100105000415W
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 :	\$5,388.00
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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