1 . p/t il 1 /2" NATIONAL Assessment Centre Services. Fort 1 2003. MAIN 119023307 Done by Date & Time Completed Jeb description Date Inc 1912119 15154 SAS e-filing Ref No NA1 C73 19003073164 E-mail (within this, AIC this) Veh No XD 6016K I-Motor Claim Form DOA 1912/19 09:40. I-Motor W/O (Within: OD This, TP 4brs) OD ATP ! Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proformed Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (TP Particulars: Veh No: Lamp post.) Tcl: Owner / Driver: () Cover Type: (Policy No: (Period: (Time: Confirmed by: (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 ()/\$2,000 (Excess: (5 General Remarks as a second residence of the control of the contro) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer,) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: ()/Towed-In () / NO (Drive-In (); Invoice: YES ((Comurks: 2 (INC hothuce 6788 6616)); 1) Apply for Transport Allowance () / Courtesy Car (.) 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: MA 1901305 30.00 1) AR : Acaident Reporting Claimont's Particulars is 2) DA : Damego Assessment (5100); INC (580) \$40/\$45 3) TF : Towing Fee Driver/Owser: \$120 4) FT : Follow-Through Survey 230 5) PT : Follow-Through Survey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. 25 QC Checked by (Engr-In-Charge): *NS: Courlesy Cor / Tpt Allowance 510 • N6: Repair Co-ordination \$25 * N7: Post Repair Inspection Auditors! Comments : *NR: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC 9) N12: Idao Mobile

Involve dated

Involce dated

lat. 1:

- 2/3:

\$20

MARITY

Fee Charged

Fee Charged

ANTHER FRAN

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.
 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
Date Of Report	19/02/2019 15:54
Date Of Accident	19/02/2019 09:40
Exact Location Of Accident	JUNC OF TUAS SOUTH AVE 1 & TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD6016K
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	(2)
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 us- time of accident	ed at WORKING
Are you claiming under your own insurance po for repair to your vehicle?	NO NO
f 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	DMCVSN1818691800
Cover Note Number	1.5
Driver	
Name of Driver	LEOW AH CHUN
NRIC No	S1324853B
Date Of Birth	29/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84336316
ax Number	
Contact Number	
Mail Address	NOEMAIL

Address BLK 703 WEST COAST RD #07-397

Postcode

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 PROPERTY

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?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - 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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number LAMPPOST

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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)

Lunderstand, 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.

Policyholder's Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	v 1				
- 1		lamp post.		71	
7	<u> </u>				
South Ave 1	n A				
É.	/ 1	- XII-	Turas South	Ave 2	
= /	,				
S			48.00	A= x0 6	1/4
Lange I Lange				77- 40 6	ib.K.
۴					
ESCRIBE CIRCUMSTANG	ES OF THE ACCIDENT				
		110000000000000000000000000000000000000			
21					
Please	Refet	+0	Po lice	Report	1070
					77- 75-
-		1	Commence of the Commence of th		50711
		/			
				×	
ECLARATION	22.04			120	
We declare the foregoing p	orticulars are true in every re	espect.		1/	
11000/19		br .		that	1.00
dicyholder's Signatuke	Oriver's Signature (If driver is not the		Reporting Name:	Centre Personnel's Signature	
	Date & Time:	120 20 100	NRIC/FIN	No.:	





Report No. T/20190219/2082

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2019 14:03		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		A STATE OF THE RESIDENCE OF THE PARTY OF THE	
	f Informant: AH CHUN	2	Address: APT BLK 703 WEST COA 120703	AST ROAD #07-397 SINGAPORE	
ID Type / ID No.: NRIC NO / S1324853B			Contact No.: Home/Office: Mobile: 84336316		
National SINGAF	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 60	Date of Birth: 29/09/1958	Type of Informant: Driver		
Race: Chinese		- A ^r es	Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Informatio	n: Date of Expiry:	

General Inform	mation of the Accident	THE RESERVE OF THE PARTY OF THE	THE RESERVE AND ADDRESS OF THE PARTY.		
Type of Accident:	Non-Injury Government Proper	Drink Drive: No	Date/Time of Accident: 19/02/2019 09:4	Type of Location: T-Junction	
Location: Along Road 1 TUAS SOUTH	A AVENUE 1				
Weather: Clear				Road Speed Limit:	
Traffic Flow: Traffic One Way Traffic		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Lamp Post			5	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XD6016K	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD6016K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			Expiry Date





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20190219/2082

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	CHARLES THE COLUMN	CONTRACTOR OF THE PARTY OF THE		dootiidi	101033	sing. NA
Name	LEOW AH CHUN			ID No		S1324853B
Related Vehicle	XD6016K (Lorry)			Conta	ct No.	84336316
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the above mentioned date time and location, I was traveling long Tuas South Avenue 1 turning right towards Tuas South Avenue 2, driving my company lorry KTC vehicle XD6016K. While making the turn, my side mirror collided to the traffic light. No one was injured, no foreign vehicle involved. No traffic police attended.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Report No. T/20190219/2082

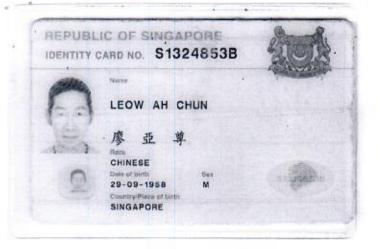
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

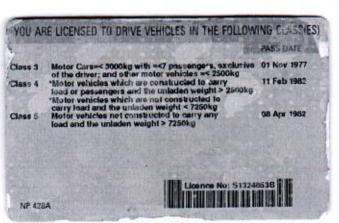
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Repo J / Sgt 2 EVELYN ONG PEI YING	frt:	Signature Of Informant:
Signature Of Interpreter: Not applicable	1	Date/Time: 19/02/2019 14:03
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076		Classification Of Case:
Authentication Stamp		











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

N SN BR0072A .

Cov. Type: C

PLM 315312

ORIGINAL

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)

CERTIFICATE No.

DMCVSN1818691800

Engine No :D11261486 ChaNo: YV2J1E1D4CA732555

1. Index Mark and Registration

Number of Vehicle

XD6016K

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of

Excess Sect I 3\$1,500.00

Insurance for the purposes of the Regulations, 13 July 2018 Ordinance or Enactment

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

12 July 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.:	XD6016K
Previous Vehicle No.:	•
Effective Date of Ownership:	13 Jul 2012
Original Regn Date :	13 Jul 2012
Registration Date :	13 Jul 2012
Year of Manufacture :	2012
Vehicle Type:	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme :	
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	MARKANIANANAN MARKATAN MARKATA
Vehicle Attachment 3:	Company of the company of the
Vehicle Make :	VOLVO
Vehicle Model :	FMX370 64R SLEEPER CAB
Primary Colour :	White
Secondary Colour :	
Passenger Capacity:	
Chassis No.:	YV2J1E1D4CA732555
Engine No.:	D11261486
Engine Capacity / Power Rating :	10837 cc/-
Maximum Power Output :	10637 CC/-
Propellant:	Diesel
Max Unladen Weight:	12240 kg
Maximum Laden Weight:	28000 kg
Open Market Value :	\$106,395.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
Minimum PARF Benefit:	
No. of Transfers :	0
IU Label No.:	2010550322
COE No.:	2012080105000005H
COE Expiry Date:	12 Jul 2022
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$55,556.00/-
Actual QP Paid:	\$55,556.00
QP (Regn Cat):	\$55,556.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$55,556.00
Additional Registration Fee Rate :	5.00 %
Actual ARF Paid:	\$5,320.00
Vehicle Lifespan Expiry Date :	12 Jul 2032
CO2 Emission:	AZ JULZOSZ
CO Emission:	
HC Emission:	The state of the s
NOx Emission:	The state of the s
PM Emission:	A STATE OF THE TAX AND A COURT BASE TRANSPORT IS NO 10 OCC.
Message:	To repeat the COE the Providing Quete De-
The same of the sa	To renew the COE, the Prevailing Quota Premium payable is that of Category C.