

**NATIONAL Assessment Centre Services.** [wef 1 Jan 05] *NA 11902833*

Date In: <i>12/19-16/16</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA 11902833/24</i>	SAS e-filing		
Veh No: <i>KEV217E</i>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <i>12/19-13/30</i>	i-Motor Claim Form		
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: *KEV217E* 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%, F: 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

NA 11902833	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF: Towing Fee	\$40/\$45		
Contact No:	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
Damaged Portion:	<i>For claiming against INC Only (wef 10 Jan 2005)</i>			
	6) TR: Re-inspection	\$75		
QC Checked by (Engr-In-Charge):	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
Auditors' Comments :-	9) N12: Idac Mobile	30		
	*N5: Courtesy Car / Tpt Allowance	\$5		
Cat. 1:	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
Cat. 2 / 3:	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	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	01/03/2019 16:16
Date Of Accident	01/03/2019 13:30
Exact Location Of Accident	JUNC ADAM RD & SIME RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4217E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### 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
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	DMCVSN1823981800
Cover Note Number	

### Driver

Name of Driver	HONG YEW LEUNG
NRIC No	S1654925H
Date Of Birth	03/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2001
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91294027
Fax Number	
Contact Number	OFFICE-91294027
EMail Address	NOEMAIL

Address	BLK 920 HOUGANG STREET 91 #10-05
Postcode	530920
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 - CHANGE/CROSS LANE
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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### 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	SKV1261K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHENG BOO
NRIC/Passport Number	S1747708J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

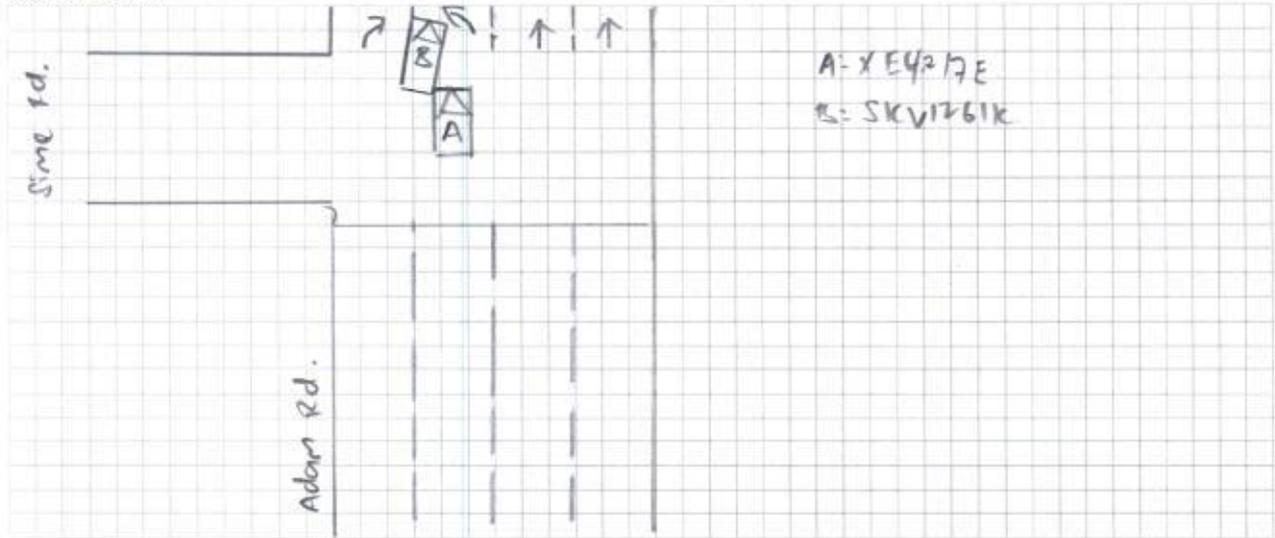


Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



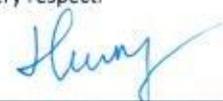
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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  
IDENTITY CARD NO. S1654925H



Name  
**HONG YEW LEUNG**

方友隆

Race  
**CHINESE**  
Date of birth  
**03-02-1964**  
Country/Place of birth  
**SINGAPORE**

Sex  
**M**

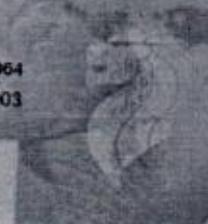


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1654925H**  
Name: **HONG YEW LEUNG**

Birth Date: **03 Feb 1964**  
Issue Date: **02 Jan 2003**

000001013D



6125315



NRIC No. **S1654925H**



Date of issue  
**15-02-2019**

Address  
**APT BLK 920 HOUGANG STREET 91  
#10-05  
SINGAPORE 530920**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Mar 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jan 1994
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Mar 2001
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	16 Apr 2001



Licence No: **S1654925H**

NP 428A



**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  
 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.	DMCVSN1823981800	Engine No : 470913C0406678	ChaNo: WDB96421620269397
1. Index Mark and Registration Number of Vehicle	XE4217E		
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	30 July 2018	Excess Sect I .....	S\$1,500.00
		EX ON WINDSCREEN .....	S\$200.00
4. Date of Expiry of Insurance	29 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.		
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:   
 LIN SHU-MEN  
 Authorised Officer

  
 Authorised Signatory