NATIONAL Assessment C	Centre Services	we! 1 Jan'05 M	14119028862		
Date In: yp)19 - 09:11	Job description		Date & Time Completed	Done	by:
Ref No: Ha C72 19004 15/24	SAS e-filing				
Veh No: KEYTEL	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 2/5/19-18:42	i-Motor Clai	m Form			
200000 000000 V07460	i-Motor W/C	(Within: OD 2hr	s, 7'P 4hrs)		
OD / TP / Reporting Only	i-Photo Uplo	aded			Provide and
TP Insurer:	Assessment/Su	irvey Report			
	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (Tel: F	Fax:	
TP Particulars: Veh No	Shwygers.	. INC()/Non-INC()	9.	
Owner / Driver: (Tel:)	-
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: () Warranty: YES ()/NO()		10 PS16
Excess: (\$) Loading	g:\$1,000()/\$2,000	()			
General Remarks:-			Maria Cara Cara	131 6	
Remarks: (INC horline: 6788 6) 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()	Date&Time Completed		
	(())			-963-95
Injury:					
Date/Time Actions	1			in the second	
		1 D	paration Checklist	Anit (S)	(t)
NA190 1670	9	1) AR : Accident		fir Biji	Add Bill
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$8		
river/Owner:		3) TF : Towing F 4) FT : Follow-T		0/\$45 \$120	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
amaged Portion:		6) TR: Re-inspec	goinst INC Only (wef 10 Jan 2005 ction	\$75	
amaged Fordon;		7) N1 : Idac DA	+ SMRT Survey	\$160	
C Cheeled by C Y C		8) NTUC Addition	onal Services:-		
C Checked by (Engr-In-Charge):		*NS: Courtesy	Car / Tpt Allowance	\$5	
National Community of the Community of t		*N6: Repair C *N7: Fost Rep		\$25	
uditors' Comments :-		*N8: DV / Col	lect Excess Coordination	53	
<u>.1:</u>		TP (N11): TP 9) N12: Idao Mol	(Non INC) against INC pile	30	
2/3:		Invoice dated	Fee Charged		动物产品
and the same		Invoice dated	Fee Charged	SECTION.	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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	04/03/2019 09:11		
Date Of Accident	02/03/2019 18:40		
Exact Location Of Accident	PIE (CHANGI) TWDS LORNIE RD		
Country/State of Loss	SINGAPORE		
C	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	XE4258L		
Insured/Policyholder			
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 ime of accident	WORKING		
Are you claiming under your own insurance policy or repair to your vehicle?	NO		
f No, Please state action to be taken	REPORTING ONLY		
/ehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN1827611800		
Cover Note Number			
Driver			
Name of Driver	RATHINAM SUBRAMANIYAN		
Passport No/FIN	F8422750K		
Date Of Birth	14/05/1975		
Occupation	OUTDOOR		
Date Of Driving Pass	26/11/2012		

6 YEARS AND 3 MONTHS

(LOCAL) +65-87121847

OFFICE-87121847

MALE

NOEMAIL

Address

27 PANDAN CRESCENT

Postcode

128476

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

ernesu.

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)

NO

soliciting/offering accident claims assistance. 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 ALONG THE STATED VENUE. AS MY VEHICLE AND VEHICLE B WAS TOO CLOSE TO EACH OTHER. AS A RESULT, MY VEHICLE LEFT PORTION INTACT WITH VEHICLE B RIGHT 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

SGW4682B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOSEPH G BENEDICT

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S8809621E

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 3. 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 invoive 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

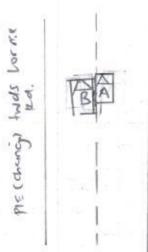
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A. XEYL38L.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hatemont.	
ACHE CONTRACTOR OF THE SAME SAME SAME	
- and the second	
DECLARATION	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

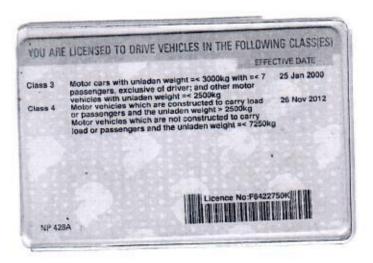
Policyholder's Signatuke Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:











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 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1827611800

Engine No :470913C0409321 ChaNo:WDB96421620270445

Index Mark and Registration

Number of Vehicle

XE4258L

2. Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24 August 2018

Excess Sect I \$\$1,500.00

EX ON WINDSCREEN 5\$200.00

4. Date of Expiry of Insurance

23 August 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.

5. 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:

Authorised Officer

CIM SHU MIN

Authorised Signatory