NATIONAL Assessment	Centre Servic	es (net lawre)					
Date In 08/03/19	Jeb desc		Date &Time Completed	Done	by		
Reino NA/CTI1960436.	SAS e-	filing	2.12				
Veh No X075877		l (within 8las, AIC 2hrs)					
	330 i-Moto	or Claim Form					
	i-Moto	or W/O (Within: OD 2hr.	s, TP 4hrs)				
OD TP (Reporting Only)		i-Photo Uploaded					
TP Insurer:	Assessn	Assessment/Survey Report					
TP Insulct.	Ass't R	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp /	QW: (KIN A	40 E	Tel: Fax	:			
TP Particulars: Veh N	o: SCL58	K INC()/Non-INC()				
Owner / Driver: (Tel:)			
Policy No: () Period: ()	Cover Type: ()			
Confirmed by : (Date:	Time:)	1005111		
Insured/Driver Liability: (0%; P: 21-79%. F: 80-100)%]			
Year of Registration: () Warranty: Y)				
Excess: (\$) Loadi	ng:\$1,000()/	\$2,000 ()					
General Remarks:-	Brad - Steph	darbera y y	Participant of the second				
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair (Injury:	n	r() ()					
	1 SOUTH THE THE THE THE THE THE THE THE THE T	Van Carl Inches					
Date/Time Actions							
NA1901	772	Invoice Pre	paration Checklist	Anit (\$)	Amt (
Claimant's Particulars :-		1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$80)				
river/Owner:	3) TF : Towing	Fee \$40/\$	45				
Ulasar Hamiltonia	4) FT : Follow-7 5) FT : Follow-7		30	1 10			
Contact No:	For claiming 6) TR : Re-inspe	against INC Only (wef 10 Jan 2005) ection 5	75				
		7) N1 : Idae DA 8) NTUC Additi	+ SMRT Survey \$1 onal Services:-	00			
Checked by (Engr-In-Charge):			*N5: Courtesy Car / Tpt Allowance \$5				
Auditors' Comments :-	*N7: Post Re	: Repair Co-ordination \$10 : Fost Repair Inspection \$25 : DV / Collect Excess Coordination \$5					
at, 1;		A CONTRACTOR OF THE PROPERTY O	P (Non INC) against INC S	20	Y		
at. 2 / 3;		Invoice dated	Fee Charged	U La Victoria	high)		
		t days	For Charged	100 SH 184 SH			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

ACCIDENT STATEMENT

	AGGIDENT STATEMENT
Date Of Report	08/03/2019 10:42
Date Of Accident	07/03/2019 23:30
Exact Location Of Accident	FORT RD TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD7587Y
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	KINHOE.NG@KTCGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	VOLVO
Model	(#3)
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	DMCVSN1804921800
Cover Note Number	
Driver	
Name of Driver	PONNUCHAMY VELMURUGAN
NRIC No	S7867382F
Date Of Birth	23/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84011008
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 7 JALAN BATU Address

#10-117

431007

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

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

NO 1

2

NO

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 FORT RD TWDS MOUNTBATTEN RD ON THE 2ND LANE OF A4-LANES RD.I SWERVED MY VEH TO MY LEFT LANE CAUSE I'M TURNING LEFT TO MOUNTBATTEN RD, WHILE CHANGE LANE MY VEH HIT ONTO THE REAR RIGHT SIDE OF VEH(B)BEARING REG NO SCL58K.

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

SCL58K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHAN CHEOW THIANG

NRIC/Passport Number

S1610511B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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
- 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)
 - (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
- 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.
- 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.:

/				
A- XD7587Y				R
B-SCLS8K		\	1	- R_
		10	-	W
				4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ALTER CARE CONTA	alegate (1990)						
PIS	regu	do	the	State	men			
	U				- 1000			
							empa no s	
		Section 1						
			are es					
							HITTORING	
			7			2000		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

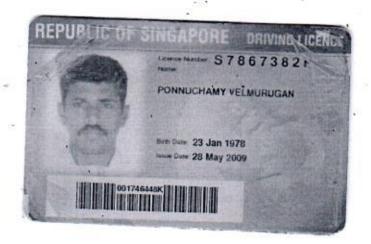
(If driver is not the policyholder)

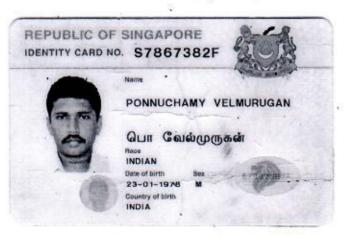
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











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 PLM 309192

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.

DMCVSN1804921800

ChaNo: D13380257

Engine No : D13380257

Index Mark and Registration
 Number of Vehicle

XD7587Y

Name of Policy Holder

KOK TONG TRANSPORT & ENGINEERING WORKS PTR LTD

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

07 February 2018 Excess Sect I S\$1,500.00

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

31 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. : DBS BANK LTD AS HP OWNER

* 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.

Authorised Signatory

Issued By:

Authorised Officer

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.: XD7587Y

Previous Vehicle No.:

 Effective Date of Ownership :
 01 Aug 2013

 Original Regn Date :
 01 Aug 2013

 Registration Date :
 01 Aug 2013

 Year of Manufacture :
 2013

Vehicle Type: Goods (Open) Tipper/Dumper Truck

Vehicle Scheme:

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2 : Vehicle Attachment 3 :

Vehicle Make : VOLVO

Vehicle Model: FMX420 84RT SC

Primary Colour: White

Secondary Colour : Passenger Capacity : 1

Chassis No.: YV2JG10G2DA740612

Engine No.: D13380257
Engine Capacity / Power Rating: 12777 cc/-

Maximum Power Output:

 Propellant :
 Diesel

 Max Unladen Weight :
 14740 kg

 Maximum Laden Weight :
 34000 kg

 Open Market Value :
 \$140,232.00

PARF Eligibility: No
PARF Eligibility Expiry Date: Minimum PARF Benefit: -

No. of Transfers : 0

IU Label No.: 2010468020

COE No.: 2013080105000386K

COE Expiry Date: 31 Jul 2023

COE Category: C - Goods Vehicle & Bus
COE Registration Category: C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing \$65,036.00 / -

Quota Premium:

 Actual QP Paid:
 \$65,036.00

 QP (Regn Cat):
 \$65,036.00

 OPC Cash Rebate Eligibility:
 No

 QP during COE Bidding Exercise:
 \$65,036.00

 Additional Registration Fee Rate :
 5.00 %

 Actual ARF Paid :
 \$7,012.00

 Vehicle Lifespan Expiry Date :
 31 Jul 2033

 CO2 Emission:

 CO Emission:

 HC Emission:

 NOx Emission:

 PM Emission:

Message: To renew the COE, the Prevailing Quota Premium payable is that of Category C.