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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

- 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 a report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a report will be report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for a report will be report wil

	ACCIDENT STATEMENT	
Date Of Report	16/03/2019 17:31	
Date Of Accident	16/03/2019 10:40	
Exact Location Of Accident	ALONG PUNGGOL ROAD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE4179G	
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	(LOCAL) +65-96155910	
Alternative Phone No	OFFICE-93973456	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	ACTROS-11.9 D 3336K 6X4 3300 (M)	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company	The state of the s	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCVSN1824001800	
Cover Note Number		
Driver		
CONTRACT REPARENCES	VILDING	

YU PING Name of Driver G6872467N Passport No/FIN 05/09/1979 Date Of Birth OUTDOOR Occupation 05/07/2012 Date Of Driving Pass

6 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96155910 Mobile Number

Fax Number

OTHERS-93973456 Contact Number

KINHOE.NG@KTCGROUP.COM.SG EMail Address

Address

27 PANDAN CRES

Postcode

128476

OWNER

Was driver an employee of the Insured's Company NO

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 PARKED VEHICLE

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

NO

Was any body injured in the Accident? 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD3137P

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

HMPORTANT NOTICE

- 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 Oriver.
- 3. Information provided must be as truthful and accurate as possible. Any willul 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
- 5. Any false reporting may be referred to the Police for investigation.
- 5. 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.
- S. 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 lirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, bandling 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 ma, 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 Signatur

Date & Time: 16-3-2019

Orlver's Signature

(If driver is not the policyholder)

Date & Time:

Reparing Centre Posonnel's Signature |
MARIC/FIM No.: KICA | MARICATION |
NRIC/FIM NO.: KICA | MARICATION |

1530hrs

Pungal Road SKETCH PLAN

A= XEAIT9 G B = XD3137+

work site DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16-3-2019 at around 1040hrs, I was at my work site which located at
Punngol Road, I stopped my lorry XE4179G behind another lorry XD3137P.
Sunddenlly my truck XE4179G rolled forwards and hit the rear of XD3137P.
No one injured.

DECLARATION

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

Policyholder's Signature

Date & Time:16-3-2019 1530hrs

Driver signature

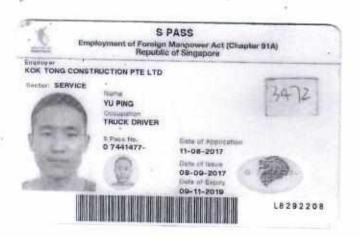
(If driver is not the policyholder)

Date & Time:

ACCIDENT STATEMENT

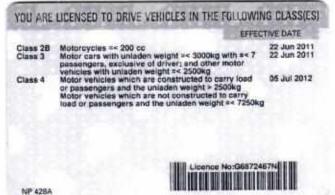
ACCIDENT DATE: 16,03, 500 HOD/MA	AMYYY), TIME: (10:40) (HH:MM)				
LOCATION: SWALL PURILYOR	loop				
1. DETAILS OF VEHICLE	0 -				
a) VEHICLE NUMBER: XE4179	· .				
DINSURANCE COMPANY: CHIALA 7	DI MILLS				
CIPOLICY NUMBER: DIMCVSM/824440	0/100				
d)POLICY TYPE: (COMPREHENSIVE / THIR					
DIMAKE & MODEL: MICKELIONZ &	tou2				
/)TYPE:(SALOON / COUPE / MPV /VAN /					
GIVEHICLE CATEGORY (PRIVATE / COM	LORKI / MOTORCYCLE / OTHERS)				
D) PURPOSE OF USING AT ACCIDENT TIME:					
I) ARE YOU CLAIMING UNDER YOUR OWN	I B I B I B I B I B I B I B I B I B I B				
IF NO, PLEASE STATE (THIRD PARTY CLAIR	MINSURANCE (YESKNO)				
2. INSURED / POLICY HOLDER	MY KEP OKTING ONLY				
AINAME: KEK TONES TOT & FRISH	EG WORKS				
DINRIC/FIN/PASSPORT:	CONTACT: 961559/0				
c)ADDRESS:	COMMON. TOTOSTIC				
* CONTINUE TO 3.d IF DRIVER ALSO POLK	CY HOLDER				
The of passange, DRIVER					
(Including distres) a) NAME: 14 (ILL)	(MALE & FEMALE)				
O DINKIC/FIN/PASSPORT: U	CONTACT: 1377 375				
c)ADDRESS:					
*d)DATE OF BIRTH: (///	20050000000000000000000000000000000000				
	(DD/MM/YYYY)				
e)OCCUPATION: (INDOOR LOUTDOOR)					
FIDATE OF DRIVING PASS					
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)				
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:				
5. a) WEATHER CONDITION; [CLEAR / RAININ	G / 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 STATE	ION:				
Me of passenger a) VEHICLE NUMBER: XD 31378					
Including driver) DI DRIVER'S NAME:	MODEL:				
() NRIC/FIN/PASSPORT:	CONTACT				
9. THIRD PARTY VEHICLE	CONTACT:				
No of passanger of VEHICLE NUMBER:	MODEL:				
el DRIVER'S NAME	MODEL:				
Including driver) 1) NRIC/FIN/PASSPORT:	CONTROL				
()	CONTACT:				

email =











中国太平保险(新加坡)有限公司

CHINATAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Rep No 200208384E

MZ300/C N SN BR0072A Cov.Type: C

MOTON COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

utor Vehicles (Third-Party Hists and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Roiks and Compensation) Rules. 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Roiks) Rules. 1989 (Mataysia)

ORIGINAL

CERTIFICATE No.

DMCV5N1824001800

Engine No :470913c0359215 ChaNo:w0896421620215313

t. Index Mark and Registration Number of Vehicle

XE41796

2 Name of Policy Holoni

KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

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

30 July 2018

Excess Sect I 5\$1,500.00

4. Date of Expiry of Incurance

29 July 2019

5. Persons or Classes of Persons entitled to drug?

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. : DAINLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

*Limitations rendered inoperative by Section 8 of the Moter 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

LIM SHILMIN

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 PTELTD Registered Address: 27 PANDAN CRESCENT SINGAPORE 128476 Mailing Address: Birth Date: Venicle Particulars Vehicle No.: XE4179G Previous Vehicle No.: Effective Date of Ownership: 30 Jul 2018 Original Regn Date: 30 Jul 2018 Registration Date: 30 Jul 2018 Year of Manufacture: 2017 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: Orange Secondary Colour: Passenger Capacity: Chassis No.: WDB96421620215313 Engine No.: 470913C0359215 Engine Capacity / Power Rating: 10677 cc/-Maximum Power Output: Propellant: Diesel Max Unladen Weight: 12320 kg Maximum Laden Weight: 28000 kg Open Market Value: \$119,230.00 PARF Eligibility: No PARF Eligibility Expiry Date: Minimum PARF Benefit: No. of Transfers: IU Label No.: 2010558673 COF No. : 2018080105000178C COE Explry Date: 29 Jul 2028 COE Category: C - Goods Vehicle & Bus COE Registration Category: C - Goods Vehicle & Bus Quota Premium (QP) / Prevailing Quota \$31,092.00/-Premium: Actual QP Paid: \$31,092.00 OP (Regn Cat): \$31,092.00 OPC Cash Rebate Eligibility: No QP during COE Bidding Exercise: \$31,092.00 Additional Registration Fee Rate: 5.00 % Actual ARF Paid: \$5,962.00 Vehicle Lifespan Expiry Date: 29 Jul 2038 CO2 Emission: CO Emission: HC Emission: NOx Emission: PM Emission:

Print

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OK

Save as PDF

Message: