empter of the NATIONAL Assessment Centre Services. port sairing MNA 119043326 Done by Date & Time Completed Date In: Jeb description 314119 Ref No: SAS c-Illing MAI CTZ 19005892144 Vch No: E-mail (winter this, AIC This) XD Jossk I-Motor Claim Form DOA: 2/4/19 17:30. I-Motor W/O (Within: OD 2hts, TP 4hts) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: INC ()/Non-INC (SJZ 2631K. Owner / Driver: (Tel:) Policy No: (Cover Type: (Period: (Confirmed by : (Dates Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO() Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks as a supply the light Court of) Walk-In Customer: Gustomer's information strictly Confidential & Strictly NO refer of repetier.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO () ; Towing Co: ((1865 hothies 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date Line 1) All ! Accident Reporting (530); 30.00 Chamads Particulars INC: (SAO) 2) DA : Damage Assessment 3) TP : Towing Pes \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) PT : Follow-Through Burvey (Resurvey) 230 Contact No: For claiming against HIG Only (wof 10 Jan 2003) 6) TR : Re-inspection Damaged Portion: 3160 7) N1 : Idan DA + SMRT Survey 4) NTUC Additional Services:-QD: QC Checked by (Engr-In-Charge): *N5: Courtery Car / Tpt Allowanse 22 * NG: Repair Co-ordination 510 * NT: Post Repair Inspection \$25 *Na; DV / Collect Excess Coordination 33 TP (N11): TP (San INC) against INC \$20 lat. 1; 9) 1171 Idao Mobile

Involve dated

Involce dated

2/3:

MARKET PLAN

MINITES!

Fee Charged

Fee Chargest

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.
- 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 dodgement 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 of the centre and to copies of the report being made available.
- aforesaid.

2000 (100 (100 (100 (100 (100 (100 (100			
	ACCIDENT STATEMENT		
Date Of Report	03/04/2019 14:53		
Date Of Accident	02/04/2019 17:30		
exact Location Of Accident	XILIN AVE TWDS UPP CHANGI RD EAST		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	XD7022K		
nsured/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-64874646		
Vehicle Particulars			
Manufacturer	VOLVO		
Model	FMX420		
Exact Purpose for which vehicle was being used a ime of accident	t WORK		
Are you claiming under your own insurance policy for repair to your vehicle?	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	DMCVSN1804891800		
Cover Note Number	•		
Driver			
Name of Driver	ZHAO JUNLIANG		
NRIC No	G8230879U		
Date Of Birth	21/02/1969		
Occupation	OUTDOOR		
Date Of Driving Pass	14/10/2008		
Driving Experience	10 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90365563		
Fax Number			
O-t-AN			
Contact Number			

27 PANDAN CRES Address

128476 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

2

NO

NO

NO

YES

NO

NO

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJZ2631K

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

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 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 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)
 - (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, involces, 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
- (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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN
XILLIN AVE TOODS UPP CHANGE RD RAST
A) XC TO 22 X (A
8)852 2631K
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 02/04/19 at about 1730 hrs, I was driving along
Xilin Ave towards Upper Changi road East. While travellin
Suddenly relaids B cut infront of me that I side
Suddenly vehicle B cut infront of me that I side
suripe his vehicle.

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 .:

PLEASE COMPLETE FORM IN FULL

Date of Accident	: 02-04-2019				
Accident Time	1730 HRS				
Accident Place	: KILIN AVE TOWARDS	UPP CHANGI RD	CAST		
Vehicle Reg No Vehicle Make / Model	No. of Passengers (Including Driver):				
Insurance Company	CHINA TAIPING INS	(S'PORE) P. L.			
Policy Number	LMCVSN ROURGIRDO				
Name Of Owner	: KOK TONG TRANSPORT & E	NGINEERING WORKS P L	ROC No.: 199904117E		
Contact No of Owner	: 6487 4646 (H	P)	(ALT NO.) -> MANDATORY		
Name of Driver	: ZHAO JUNLIANG		ICNO .: GR230879 U		
Contact No of Driver	: 90365563 (H	P)	(ALT NO.) -> MANDATORY		
Driver's Date of Birth	: 31.02.1969	Driver's License Pass Date	: 14.10.2018		
Relationship bet. Owner & Driver	: Spouse \ Father \ Mother \	Son \ Daugther or Other	S: ENPLOYEE		
Driver's Address	: 27 PANDAN CRESCENT		(S) 128476		
Occupation	: Indoor \ Outdoor (e.g. Indoor: work in a building)				
Fax No \ Email Add	: kinhoe.ng@ktcgroup.com.sg				
Weather & Road Surface	: Clear \ Raining \ Wet \ D	foy			
Reporting Type	Reporting Only P Claiming Other Party \ Claim Own Ins				
Was there any video c	aptured by car carmera : Yes	\ NO			
Exact purpose for which	ch vehicle was being used at the	e time of accident : Private	\ Official		
	Other Party Driver	r's Particulars (if Any)			
Vehicle Reg. No.	: STZ 2631K	Vehicle Reg. No.			
Vehicle Make \ Model	-	Vehicle Make \ Model	:		
Name DRIVER		Name DRIVER	. 1		
IC No. DRIVER		IC No. DRIVER	:		
DRIVER's contact & add	:	DRIVER's contact & add			



SPASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

KOK TONG CONSTRUCTION PTE LTD

Sector SERVICE

3260

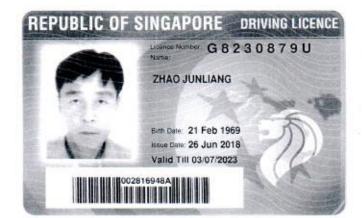
ZHAO JUNLIANG

TRUCK DRIVER 0 72273443

16-06-2017 11-07-2017

20-07-2019

L8109893



VISIT PASS Immigration Regulations

ZHAO JUNLIANG



Date of Birth Sex

21-02-1969 M CHINESE
FIN Date of Issue Date of Expiry

G8230879U 11-07-2017 20-07-2019

MULTIPLE JOURNEY VISA ISSUED



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

EFFECTIVE DATE

04 Jul 2008

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

14 Oct 2008

NP 428A





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 BROO72A Cov. Type: C PLM 309189

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Parly Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1950 Road Transport Act, 1987 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1804891800

Engine No : D13379246 ChaNo: YV2JG10G7DA740282

1. Index Mark and Registration Number of Vehicle

XD7022K

2. Name of Policy Hokier

KOK TONG TRANSPORT & ENGINEERING WORKS PTR LTD

4. Date of Expiry of Insurance

09 April 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.

- 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.

Issued By:

Authorised Officer

Authorised Signatory