

NATIONAL Assessment Centre Services.

[part 1 Jan 2005]

MNA 19069804

Date In: 29/5/19 11:43	Job description	Date & Time Completed	Done by
Ref No: MNA CTI 19009463 1h4	SAS e-filing		
Veh No: XD 5948C	E-mail (within 3hrs, AIC 2hrs)		
DDA: 28/5/19 16:00	I-Motor Claim Form		
(D) - TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SMC 6122Y	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%; P: 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: (INC Non-Inc) ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time	Action

NA1904031	Invoice	
Claimant's Particulars:	1) AIR: Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engn-In-Charge):	5) IT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)	
Tel 1:	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (Nil) / TP (Non INC) against INC	\$20
	9) N12: Ideal Mobile	\$0
	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	29/05/2019 11:43
Date Of Accident	28/05/2019 16:00
Exact Location Of Accident	160 SIN MING DR (AUTO CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5948C
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX37064R SLEEPER CAB
Exact Purpose for which vehicle was being used at time of accident	INSPECTION CAR
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	DMCVSN1804831800
Cover Note Number	-

Driver

Name of Driver	HAO AIJUN
NRIC No	G5422143L
Date Of Birth	19/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83995673
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	251 HOUGANG AVE 3#12-370
Postcode	530251
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	SIDE SWIPE
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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6122Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. 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: 29-5-2019
0800hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

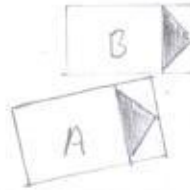
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

A = x05948c

B = SMC 6122Y



160 Sin Ming Drive
(Auto City)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28th May 2019 at 1600hrs, I was driving XD5948C about to move off from stationary position going forward, suddenly I heard a sound coming from my left. I came down and discovered a car SMC6122Y was collided to my front left bumper. We have signed a private settlement form.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 29-5-2019
0800hrs

Driver's Signature _____

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: _____
NRIC/FIN No.: _____

PRIVATE Settlement Form:

For The Other Driver

Details of Accident:

Date/Time: 28/5/2019 1600hrs

Location: Sin Ming Auto City

Agreed terms:

1. Neither party will make a police report as there are no personal injuries or death involved.
2. This matter is settled amicably as follows:

Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

Without any admission of liability, Party A has paid a sum of \$ 800+ which Party B hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Party A:

Vehicle No.:

XD 5948 C

Driver/Owner's Name:

Hao Aijun

NRIC No.:

G5422143 L

Tel:

96155910

Signature:

f A



Party B:

Vehicle No.:

SMC 6122 Y

Driver/Owner's Name:

LYW M877485

NRIC No.:

S93133091

Tel:

84484195

Signature:

[Signature]



ESPRIT MOTOR TRADING

210 Turf Club Road, Lot C10,

The Grandstand Car Mall, Singapore 287995

Tel: 6456 8623 Fax: 6468 7109

Email: esprit@hotmail.com

Official Receipt

No. 90473

Date: 28 May 2019

茲收到

Received from:

KOK TONG TEOWSONG PANG, VEE RING, HONG KONG

金額

the sum of Dollars:

21,617.00

封還

being payment for:

COMPASSION REPAIR OF SWC 6122 Y.

\$ 800/7A

Cash / Cheque No.



高偉雄
Francis Goh W.H.
Mobile: +65 9660 8623
Espritm@hotmail.com

210 Turf Club Road Lot C10 Singapore 287995
Tel: 6456 8623 Fax: 6456 3065

ESPRIT MOTOR TRADING

DEALING IN NEW & USED CAR HIRE PURCHASE & MOTOR INSURANCE

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

Employee
KOK TONG CONSTRUCTION PTE LTD

Name
HAO AIJUN

S Pass No.
O 75588054

Sector
CONSTRUCTION

4605

K1240191



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G5422143L**

Name
HAO AIJUN

Birth Date: **19 Aug 1979**

Issue Date: **19 Jun 2018**

Valid Till: **18/06/2023**

002814597F



VISIT PASS
Immigration Regulations

Name
HAO AIJUN

FIN
G5422143L

Date of Birth
19-08-1979

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

10-03-2019




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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Apr 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	29 Aug 2013

NP 426A

Licence No: G5422143L



ORIGINAL

THE SCHEDULE

Agency	BR0072A	Class of Policy	MOTOR COMMERCIAL VEHICLE	Policy Number DMCVSN1804831800
Account	BR0072A	Issued on 07/02/2018 in SINGAPORE		
Client	6006752	Acceptance Date	06/02/2018		

Period of Insurance from 07/02/2018 to 01/07/2019, both dates inclusive

Insured's Name...	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Address.	27 PANDAN CRESCENT SINGAPORE 128476

Business/Occupn... CONSTRUCTION

Premium	Base Annual Premium	S\$3,125.00		
	Fleet Discount 20%	S\$625.00-		
	Total Annual Premium	S\$2,500.00	Premium Due	S\$3,493.15
			Premium GST	S\$244.52
			Total Due	S\$3,737.67

Risk No. 001	MOTOR COMMERCIAL VEHICLE			
	ORIGINAL REGISTRATION DATE: 02/07/2012			
1. Registration	XD5948C	Make/Model ..	VOLVO FMX370 64R SLEEPER CAB	
Type of Cover	Comprehensive	No. of seats	2	Body Type TIPPER
Engine No. ..	D11259740	Capacity cc's	0	Yr of Manuf/Regn 2012/2012
Chassis No...	XV2J1E1D2CA731789			
		Tonnage	15.51	Certificate Ref. MZ300/C
Sum Insured..Market value at the time of loss				
Excess Sect I			S\$1,500.00	
EX ON WINDSCREEN			S\$200.00	
BODY TYPE : TIPPER TRUCK WITH DUMP BODY				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, Y, 25, 57, 72 & W(\$2,000/-).

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

ENDORSEMENT 18 - FLEET RATED RISKS

It is hereby understood and agreed that the No Claim Discount Clause of this Policy is deemed to be cancelled.

MODIFIED VEHICLES (FOR COMMERCIAL VEHICLES/BUSES/RENTAL VEHICLES)

It is hereby declared and agreed that the Company shall not be liable for any claims under SECTION I or II or both if the vehicle has been modified without prior notice/declaration to the Company.

Subject otherwise to the terms, exceptions and conditions of the Policy.

MEMORANDUM : CONDITION NO. 4 - NOTIFICATION OF ACCIDENTS

It is hereby noted and agreed that Condition No. 4 of the Policy is amended to read as follows:-

Continued on page 2

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.: XD5948C
 Previous Vehicle No.: -
 Effective Date of Ownership: 02 Jul 2012
 Original Regn Date: 02 Jul 2012
 Registration Date: 02 Jul 2012
 Year of Manufacture: 2012
 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: FMX370 64R SLEEPER CAB
 Primary Colour: White
 Secondary Colour: -
 Passenger Capacity: 1
 Chassis No.: YV2J1E1D2CA731789
 Engine No.: D11259740
 Engine Capacity / Power Rating: 10837 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 12240 kg
 Maximum Laden Weight: 28000 kg
 Open Market Value: \$104,927.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 0
 IU Label No.: 2010422696
 COE No.: 2012070105000162H
 COE Expiry Date: 01 Jul 2022
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP) / Prevailing Quota Premium: \$54,502.00 / -
 Actual QP Paid: \$54,502.00
 QP (Regn Cat): \$54,502.00
 OPC Cash Rebate Eligibility: No
 QP during COE Bidding Exercise: \$54,502.00
 Additional Registration Fee Rate: 5.00 %
 Actual ARF Paid: \$5,247.00
 Vehicle Lifespan Expiry Date: 01 Jul 2032
 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.