1 . p/1 11 1 .2" NATIONAL Assessment Centre Services. twel I Jan'out . MMA11907058. Done by Date & Time Completed Date In: Job description 29.15/19 16:48 Ref No: SAS c-filling MAI CTZ 1909 9521/64 Veh No E-mail (white thes, AIC thes) XD 5846 M DUA I-Motor Claim Form 2915/19 07:50 I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD - 1P ! Reporting; Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Proformed Wksp / INC Assign Wksp / QW: ( Fax: Tol I'P Particulars: INC ( Veh No: )/Non-INC ( SMJ 43995 Owner / Driver: ( Tel: Policy No: ( Period: ( Cover Type: ( Confirmed by : ( Dates Tima Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%1 Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( Conclutivible Constitution ) Walk-In Customar: Customer's information strictly Confidential & Strictly NO refer of repolier, ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/Towad-In ( ); Invoice: YES ( Centurity = (186.160) a = 6200 66 (5) \$1 1) Apply for Transfort Allowance ( )/ Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : DateZEing MA190 4035 1) All 1 Ancident Reporting (530); Chairmants Particulary INC (\$50) 2) DA | Damege Assessment (\$100); \$40/\$45 3) TI's Towing Pee Driver/Owner: 4) PT : Fellow-Through Survey 5) IT: Follow-Through Burvey (Resurvey) Contact No: Porolaiming against INC Only (well 0 Jan 2005) 6) TR: Re-Inspection Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS: Courtery Car / Tpt Allowande No Rapair Co-ordination \*NI; Post Repair Inspection

Involve dated

2at. 1:

31 2/3;

Fee Charged Fee Charged

\*NB; DV / Collect Excess Coordination TP (NII): TP (N:n INC) against INC

9) N12: Idao Mobile

22

CARE IT SN

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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
- 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
Date Of Report	29/05/2019 16:48
Date Of Accident	29/05/2019 07:50
Exact Location Of Accident	KPE TUNNEL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD5846M
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	- ENGINEERING WORKS PTE LTD
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	WORKING
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
nsurance Company	AND THE RESERVE OF THE PARTY OF
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1806151901
Cover Note Number	•
Driver	
lame of Driver	ANG KIAN SENG
IRIC No	S1315915G
ate Of Birth	31/12/1958
Occupation	OUTDOOR
	10/07/1981
Priving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
**************************************	

(LOCAL) +65-84992377

NOEMAIL

Address

BLK 626 HOUGANG AVE 8 #09-160

Postcode

530626

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?

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?

YES

Was any other material or property damaged? 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

I WAS TRAVELLING ALONG KPE TUNNEL ON THE CENTER LANE, WHILE FILTERING LANE, MY LORRY ACCIDENTALLY HIT ONTO VEH B (BEARING NO SMJ4399S) RIGHT HAND SIDE.

## 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

SMJ4399S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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) 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 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;
  - 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 1600hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

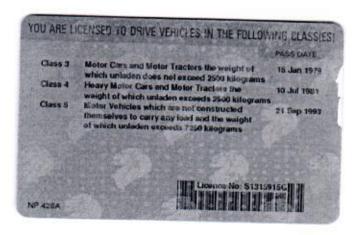
NRIC/FIN No.:

SKETCH PLAN	1 1				
B	A			5846 M	
DESCRIBE CIRCUM	STANCES OF THE ACCIDE	NT			
Plea	se Refer	to	State	ment	
		/			
DECLARATION /We declare the forego	oing particulars are true in eve	ry respect.		hint	
Policyholder's Signature Date & Time: 29-5-2019 16	Driver's Signa (If driver is no OOhrs Date & Time:	ture t the policyholder)	Nan	orting Centre Personne ne: C/FIN No.:	l's Signature











# 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 R SN BR0072A Cov. Type: T

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

tor Vehicles (Third-Party Risks and Compensation) Ad (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.

DMCVSN1806151901

Engine No :D11244353 ChaNo: YV231E1D3CA725001

Index Mark and Registration

Number of Vehicle

XD5846M

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

23 March 2019

4. Date of Expiry of Insurance

22 March 2020

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.

\* 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: ...... DOW\_INSURANCE\_BROKERS\_PTE\_LTD Authorised Officer

Authorised Signatory

# **Enquire Vehicle Registration Details**

Owner Particulars	
NRIC/Passport/Company Cert No.:	199904117E
Owner ID Type:	Company
Owner Name :	The state of the s
Registered Address:	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD  27 PANDAN CRESCENT SINGAPORE 128476
Mailing Address:	27 FANDAN CRESCENT SINGAPORE 128476
Birth Date :	
Vehicle Particulars	
Vehicle No. :	XD5846M
Previous Vehicle No.:	
Effective Date of Ownership:	23 Mar 2012
Original Regn Date :	23 Mar 2012
Registration Date:	23 Mar 2012
Year of Manufacture :	2011
Vehicle Type :	The state of the s
Vehicle Scheme :	Goods (Open) Tipper/Dumper Truck
Vehicle Attachment 1:	
Vehicle Attachment 2 :	No Attachment
Vehicle Attachment 3 :	THE RESERVE AND ADDRESS OF THE PARTY OF THE
Vehicle Make:	
Vehicle Model :	VOLVO
Primary Colour:	FMX370 64R SLEEPER CAB
Secondary Colour :	White
Passenger Capacity:	The second secon
Chassis No.:	1
	YV2J1E1D3CA725001
Engine No.:	D11244353
Engine Capacity / Power Rating:	10837 cc/-
Maximum Power Output:	
Propellant:	Diesel
Max Unladen Weight :	12220 kg
Maximum Laden Weight:	28000 kg
Open Market Value :	\$119,730,00
PARF Eligibility:	No.
PARF Eligibility Expiry Date:	The state of the s
Minimum PARF Benefit :	
No. of Transfers :	O
IU Label No. :	2010462527
COE No.:	2012040105000008D
COE Expiry Date:	22 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium :	\$50,009.00/-
Actual QP Paid:	\$50,009.00
QP (Regn Cat):	\$50,009.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$50,009.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid :	\$5,987.00
Vehicle Lifespan Expiry Date :	22 Mar 2032
CO2 Emission:	Our management of the contract
CO Emission:	
HC Emission:	
NOx Emission:	The state of the s
PM Emission:	
Message:	To respect the COE the Development of the Coe of the Co
ONE NAME OF THE OWNER O	To renew the COE, the Prevailing Quota Premium payable is that of Category C.