	entre Services. Met Janos M		
Date In: 29/19-19:51	Jcb description	Date &Time Completed	Done by
Rel No: 4/10/2 1903 957/24	SAS e-filing		
Veh No: 153162	E-mail (within Shrs, AIC 2hrs)	İ	-
D.O.A: 25/19-17-17-17	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s. TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand t		
Preferred Wksp / INC Assign Wksp / QW	: (
TP Particulars: Veh No:		Tel: Fa	x:
Owner / Driver: (ICCG 084 . INC)/Non-INC()	-
Policy No: (Period: (Tel:)
Confirmed by : (Date:	Cover Type: ()
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-20	Time:)
Year of Registration: (0%]
Excess: (\$) Loading:	\$1,000 ()/52,000 ())	
General Remarks	7/32,000()	W. W	
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Thank-in Customer's	Information strictly Confidential & Ctri	tly NO refer of receives	
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Remarks: (INC hotline: 6788 6616	\$	3.	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> 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.
- 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 14:51		
Date Of Accident	28/05/2019 17:40		
Exact Location Of Accident	STILL RD		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	XE3568Z		
Insured/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-89999999		
Vehicle Particulars			
Manufacturer	ISUZU		
Model	CYZ52K		
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		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCVSN1763171801		
Cover Note Number			
Driver			
Name of Driver	LIM CHEE SENG		
NRIC No	S1595197D		
Date Of Birth	16/10/1963		
Occupation	OUTDOOR		
Date Of Driving Pass	21/12/1990		
Barrier Branch	OR VELDO AND ELICATION		

28 YEARS AND 5 MONTHS

(LOCAL) +65-97382742

OFFICE-97382742

MALE

NOEMAIL

BLK 931 HOUGANG STREET 91 Address

#08-95

Postcode 530931

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?

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

REFER TO STATEMENT.

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

SKX908A

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

COLIN HO

NRIC/Passport Number

S7607096B

Contact Number

93391713

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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)

Lunderstand, acknowledge, agree and consent that:

- 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
- (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:

29-5-2019 1100hrs

Oriver's Signature (If driver is not the policyholder)

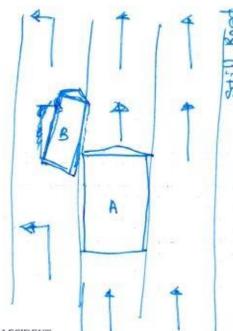
Date & Time:

Reporting Centre Personnel's Senature

Name:

NRIC/FIN No .:

SKETCH PLAN



A= X= 3568 Z B= SKX 908A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28-5-2019 at 1940hrs, I was driving XE3568Z alogn Still Road South to	owards
Still Road, sunddenlly a car number plate SKX908A cut into my lane. Both page 15 per page	arty agreed
to repair at own cost and 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 1100hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (28 105 12019)(DD/MM/YYYY), TIME: (07:40)(HH:MM)
LOCATION: Merging lane towards Still Road
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: XE 3568 Z
b)INSURANCE COMPANY: China Taiping Insurance (Singapure)
CIPOLICY NUMBER: DM CVS N 176217
d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: 18424 C72.52 K
F)TYPE:(SALOON / COUPE / MPV (VAN / COPP)
THE CONTRACTOR OF THE PARTY OF
TAKE TOU CLAIMING UNDER YOUR OWN INCOME
THE STATE OF THE PARTY CLAIM A DEPONDENCE OF
/ OLIC / HOLDER
AINAME: Kok Tong Transport and Engineering works the Ltd
DINRIC/FIN/PASSPORT 1999 04/17 E CONTACT:
CHADDRESS: at randam Crescent
2 (1584-16)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- Control - Control
(1) DINRIC/FIN/PASSPORT: S1595197 D CONTACT: (1735)
(1) CONTACT: (1736 2316)
08 - 95
*d)DATE OF BIRTH: (16/10/1963)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / QUIDOOR)
THEARS OF DRIVING EXPREPIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE TAKEN THE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
THE CONDITION OF THE PROPERTY
WINCOMD JUNEAU P. INDV/ WET / OFFICE
O. WAS ANYBODY INJURED LYES ((IC)
O'NEPORTED TO POLICE (YES / NO.)
IF YES, PLEASE STATE WHICH POLICE STATION:
A ME AT SO TAKET VEHICLE
MODEL:
(2) ONRIC/FIN/PASSPORT: STG 070 96 B CONTACT: 9329/712
(2) NRIC/FIN/PASSPORT: STG 070 96 B CONTACT: 9339 1713
No of passenger d) VEHICLE NUMBER: MODEL:
Indudice de Politica de MODEL:
MRIC/FIN/PASSPORT
CONTACT:
email = Kinhoe. ng @ Ktcgroup. com. sg
email = Kinhoe.ng @ Ktcgroup.com. sg
$f_{ax} = -$
10x = -
VIDEO = N.A

PRIVATE

Settlement Form:

227701752200753270	TO TO THE REAL PROPERTY.		way	Coun
-Details of Acc	cident:	101020 02	alia 2.	-1
Date/Time:	28/5/2	प९ 1	9 40 11	
Location: /	28/5/2 Neging 8+ill	lane	tonde	ر
Agreed terms	: Still	RE		
1. Neither part	y wil make a	police repo		
This matter in	irles or death i is seitled amid		ows:	
party for any	ty shall be lla loss or dama rred as a resu	ges (direct o	or Indirect) Ind	
sum of \$ acknowledg	es réceipt in d costs incur accident.	whi full and fine	ch Party B h al settlement	ereby of all
Party A: Vehicle No.+	SKX	708A	~	
Driver/Owner's	Name: COU	TIN	12301	100
NRIC No.: S.	407096	B Tel:	17001	113
Signature;	alita	1		
Party B:	XE 35	-682		
Vehicle No.:	XE 33	1 - 6	700 <u>2</u>	
Driver/Owner's	Name: 11m C	Neere	nd	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1595197D



LIM CHEE SENG







CHINESE 16-10-1963 Country/Place of birth SINGAPORE







For LKK/NAC Use Only

5533431





19-11-2015

APT BLK 931 HOUGANG STREET 91 #08-95 SINGAPORE 530931

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the of which unladen exceeds 2500 kilogr Vehicles which are not constructed selves to carry any load and the weight



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MZ301/C R SN BR0072A Cov. Type: C

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)

PLM 319065

ORIGINAL

CERTIFICATE No.

DMCVSN1763171801

Engine No :6WG1433055

ChaNo: JALCYZ52KH7000075

Index Mark and Registration Number of Vehicle

XR35682

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

11 October 2018 Excess Sect I \$\$1,500.00

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

10 October 2019

- Persons or Classes of Persons entitled to drive'
 (1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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 Polciy does not cover.

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : DBS BANK LTD AS MP CONNER

* 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