NATIONAL Assessment Centre Services. lwel I Jan'out . MNA 11907 1699 Done by Date &Time Completed Date In: Jeb description 3/6/19 09:39 Ref No: SAS c-filling MAI CTI 1900 9716/ h4. E-mail (white this, AIC 2hrs) Vch No: XE 4239 S I-Motor Claim Form LILLA 116/19 14:05. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (11) - IP / Reparting Only I-Photo Unloaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Faxt Proformal Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (IP Particulars: Veh No: 5LL 3099 R Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by : (Dates Tima: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading : \$1,000 ()/52,000 Concluttion bules of a sense) Walk-In Customar: Customor's Information strictly Confidential & Strictly NO refer of repelter.) Total Loss Case to e-mail Insurer URGENTLY. Drive-In ()/Towed-in (); Invoice: YES (tempels in an enough to the form 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infury : MA1904108 1) All I Analdent Reporting (530); Chimanus Particulars INC (\$50) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TP : Towing Pee Driver/Owner: 4) PT : Pollow-Through Survey 5) 17 : Follow-Through Burvey (Resurvey) Contact No: Por claiming against INC Only (wof 10 Jan 2005) 6) TR : Re-Inspection Damaged Portion: 7) Nt : Idao DA + SMICT Survey 8) NTUC Additional Services: QC Checked by (Engr-In-Charge); 53 * N5: Courtesy Car / Tpt Allowanse * N6: Rapair Co-ordination 510 * N7; Post Repair Inspection *Na: DV / Collect Excess Coordination 33 TP (NII) : TP (IS in INC) against INC Cal. 1: 9) N12: Idao Mobila Fee Charged Involve dated 91 2/3: Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 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.
- By the ladgement 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.

Date Of Report 03/06/2019 09:39 Date Of Accident 01/06/2019 14:05 Exact Location Of Accident LOYANS AVE TWDS TPE Country/State of Loss SINGAPORE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number XE42398 Insured/Policyholder Name Of Registered Owner Co Reg No	Date Of Report	03/06/2019 09:39
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number XE4239S 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 MERCEDES-BENZ AROCS 3336K 6X4 3300S-CAB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number ONCVSN1827591800 COVEY Note Number Driver Name of Insurance Company CHAN AH TEE NRIC No S7087800C Date Of Birth 08/04/1970 Occupation OUTDOOR Date Of Driving Pass 07/09/2016 Driving Experience 2 YEARS AND 8 MONTHS Mable Number Fax Number Contact Number	Date Of Accident	01/06/2019 14:05
Vehicle Registration Number XE4239S Insured/Policyholder Name Of Registered Owner Co Reg No - Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-96155910 Vehicle Particulars Manufacturer MERCEDES-BENZ AROCS 3336K 6X4 3300S-CAB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Cehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO DMCVSN1827591800 Cover Note Number Driver NRIC No S7087800C Date Of Birth OBJOAN STORMEN SMORTHS DATE OF THE NOTE OF THE N	Exact Location Of Accident	LOYANG AVE TWDS TPE
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Insured/Policyholder Name Of Registered Owner Co Reg No		DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-96155910 Vehicle Particulars Manufacturer MERCEDES-BENZ AROCS 3336K 6X4 3300S-CAB Exact Purpose for which vehicle was being used at item of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company COMPREHENSIVE Fleet Policy Policy Number Diver NOPOLIVANIBE COVER NO DMCVSN1827591800 Cover Note Number COVER NO S7087800C Date Of Birth OCCUpation Date Of Driving Pass O7/09/2016 Driving Experience Gender MALE Mobile Number MALE Mobile Number CONTACT & ENGINEERING WORKS PTE LTD COMPATION AND COVER NOTE AND	Vehicle Registration Number	XE4239S
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Mobile Number (LOCAL) +65-93739011 Fax Number Contact Number	Driving Experience	2 YEARS AND 8 MONTHS
Fax Number Contact Number	Gender	MALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-93739011
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address

BLK 222 LOR 8 TOA PAYOH #16-709

Postcode

310222

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident 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. Number of Passengers (Including Driver)

NO 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL3099R

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

- 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.
- 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.
- 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.
- 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.
- 8. 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:

3-6-2019 0900hrs

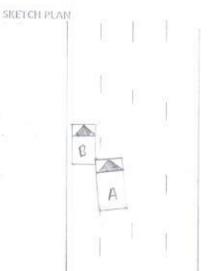
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A= XE 4239S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1st June 2019 at 1407hrs, I was driving XE4239S along Loyang Avenue towards
TPE intended to change lane to left, suddenly vehicle SLL3099R appeared and collider
with my truck XE4239S. No one injured. Both parties willing to setlle privately.

DECLARATION

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

Policyholder's Signature Date & Time: 3-6-2019 0900hrs

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Settlement Form:

illy Copy

Details of Accident:

1/6/2019 Date/Time:

1407 hrs towards .

Location:

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 \$2,200 \$\displays \text{which Party B hereby acknowledges receipt in full and final cettlement of all damages and costs incurred and/or to be incurred as a result of the accident.

Party A:

XE 4239 S

-Vehicle Nose

Driver/Owner's Name: Chan Ah Tee

NRIC No.: S. 7087800 46155910

Signature:

Party B:

Vehicle No.: SLL 3059 R

Drives/Owner's Name: Desmond 9

NRIC No.: S.

泰順汽車服務 T&S MOTOR SERVICE

Workshop Add: Blk 5035 #01-357, Ang Mo Kio Industrial Park 2, Singapore 569538

Tel: 6484 5518

INVOICE No.: 39017

Messrs:	SLL 3099.	Terms:	
	mazela 3.	Date :	11-66-19
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	To Supply per Rear bourser burner bumper retainer	ing	
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Customer (Chop & Sign	For T & S MO	TOR SERVICE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7087800C



CHAN AH TEE

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CHINESE

08-04-1970

MALAYSIA





9359955



MALAYSIAN

13-02-2015

APT BLK 222 LORONG 8 TOA PAYOH #16-709 SINGAPORE 310222

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 28 Class 2A Class 2 Class 2

MOTORCYCLES NOT EXCEEDING 200 CC
MOTORCYCLES BETWEEN 201 CC AND 400 CC
MOTORCYCLES EXCEEDING 400 CC
MOT

S / No.9000251535

NP 428A

FOT LYKINACUSE ONLY



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 BR0072A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

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

ORIGINAL

CERTIFICATE No.

DMCVSN1827591800

Engine No :470913c0409823 ChaNo: WD896421620271180

1. Index Mark and Registration

Number of Vehicle

XE42395

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

24 August 2018

Excess Sect I \$\$1,500.00

EX ON WINDSCREEN \$\$200.00

4. Date of Expiry of Insurance

23 August 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.

- 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.

- 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. : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

* 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

LIM SHLAMIN

Authorised Signatory

AAAAA

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.:	XE42395
Previous Vehicle No. :	
Effective Date of Ownership:	
Original Regn Date :	24 Aug 2018
Registration Date :	24 Aug 2018
Year of Manufacture :	24 Aug 2018
Vehicle Type :	2018
Vehicle Scheme :	Goods (Open) Tipper/Dumper Truck
Vehicle Attachment 1 :	No Augustina
/ehicle Attachment 2 :	No Attachment
Vehicle Attachment 3:	
Vehicle Make :	MEDGEDES DENZ
/ehicle Model :	MERCEDES BENZ
Primary Colour :	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS) White
Secondary Colour :	White
Passenger Capacity:	
Chassis No.:	1
Engine No. :	WDB96421620271180
ingine Capacity / Power Rating:	470913C0409823
Maximum Power Output :	10677 cc/-
Propellant:	Diesel
Max Unladen Weight:	12400 kg
Maximum Laden Weight:	28000 kg
Open Market Value :	\$109,746.00
PARF Eligibility:	No.
PARF Eligibility Expiry Date :	•
dinimum PARF Benefit :	
No. of Transfers :	0
U Label No. :	2010558962
COE No.:	2018080105000435K
OE Expiry Date:	23 Aug 2028
OE Category:	C - Goods Vehicle & Bus
OE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota	\$30,889.00/-
remium:	
ctual QP Paid :	\$30.889.00
(P (Regn Cat):	\$30,889.00
PPC Cash Rebate Eligibility:	No
P during COE Bidding Exercise :	\$30,889,00
dditional Registration Fee Rate:	5.00 %
ctual ARF Paid :	\$5,488,00
ehicle Lifespan Expiry Date :	23 Aug 2038
O2 Emission:	•
O Emission:	
IC Emission:	
IOx Emission:	
M Emission:	
Message:	null

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