

NATIONAL Assessment Centre Services			
Date In: 19/06/2019 12:43	Job description	Date & Time Completed	Done by
Ref No: N38/LIP/90/083714	SAS e-filing		
Veh No: X0, 3038 S	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 07/06/2019 13:50	i-Motor Claim Form		
OD : TP : Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: W/Kuowx Van	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%; F: 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 hotline: 6788 6616)	Date & Time Completed:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1904603		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		In Bill	Add. Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (w/o 10 Jan 2019)			
Cat. J:		6) TR: Re-inspection \$75			
Cat. 2/3		7) N1: Idno DA + SMRT Survey \$160			
1/1 P		8) NTUC Additional Services:			
		9) N1: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N-in INC) against INC \$20			
		9) N12: Idno Mobile 30			

Invoice date:	Fine Charged
Invoice date:	Fine Charged

07-MAY-2019 16:19

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	19/06/2019 12:43
Date Of Accident	07/06/2019 13:50
Exact Location Of Accident	ECC HILL 2 JUNCTION BUKOM ISLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3038S
Insured/Policyholder	
Name Of Registered Owner	TIONG WOON LOGISTICS PTE. LTD.
Co Reg No	-
Email Address	KOCKLIANG_BONG@TIONGWOOM.COM
Mobile Phone No	(LOCAL) +65-92266882
Alternative Phone No	OFFICE-67769379

Vehicle Particulars

Manufacturer	SCANIA
Model	380
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V06448/VCH/R02
Cover Note Number	

Driver

Name of Driver	YENG SWEE CHEONG
NRIC No	S1809511D
Date Of Birth	22/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92266882
Fax Number	
Contact Number	OFFICE-67769379
Email Address	KOCKLIANG_BONG@TIONGWOOM.COM

Address	BLK 138C YUAN CHING ROAD #17-135
Postcode	613138
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	AFTER RAIN
Road Surface	WET

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?	NO
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 SKETCH AND ATTACHMENT

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

Driver's Signature
(if driver is not the policyholder)
Date & Time

Reporting Centre Person's Signature & Name
NRIC/PIN No

SKETCH PLAN

ECC Hill 2 Bukom Island

A) XD 3038 S / TROSCBYR

B) UNKNOWN VAN

TROSCBYR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

DECLARATION

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

Policyholder's Signature
Date & Time



Driver's Signature
(If driver is not the policyholder)
Date & Time

[Signature] 19/06/2019

Reporting Centre Personnel's Signature
Name
NRIC/Fin No.

[Signature] 19/06/2019
Rafael WAB



PU5

ECC HILL 2 Laydown Area

7th June 2019-1350hrs

ECC Hill 2 Junction Road Traffic Incident



19/06/2019

19/06/2019
Rob Winton

Incident Details

Incident Information

Date: 7th June 2019

Time: Approximately 1350 hrs

Location: ECC Hill 2 Laydown Area Junction

Contractor: TWC/Hiap Seng

Activity: Road Accident

Incident Details

TWC Trailer loaded with counter weights exiting ECC Hill 2 Laydown area coming down the slope.

Hiap Seng passenger van on coming at the same time going towards CUI office

TWC trailer stepped on the brakes while coming down slope and this caused the 2 x 12 ton counter weights which was secured with chain to give way and the counter weights slid off the trailer bed and hit on the right side of oncoming Hiap Seng passenger van.

3 workers from Hiap Seng passenger van were sent to Bukom Clinic and were later cleared fit and normal to carry on with works. No injuries incurred in this incident.

Area has been cordoned off and the road has been temporarily closed to all traffic. Traffic marshals from TWC has been deployed to divert traffic. Recovery plans in progress.

Bukom police were informed

PLUS PU Manager, P Sup, PU DSO were also informed

Investigation Ongoing and FIM will be raised by PLUS operations

Copyright of Shell Energy (Malaysia)

Trailer



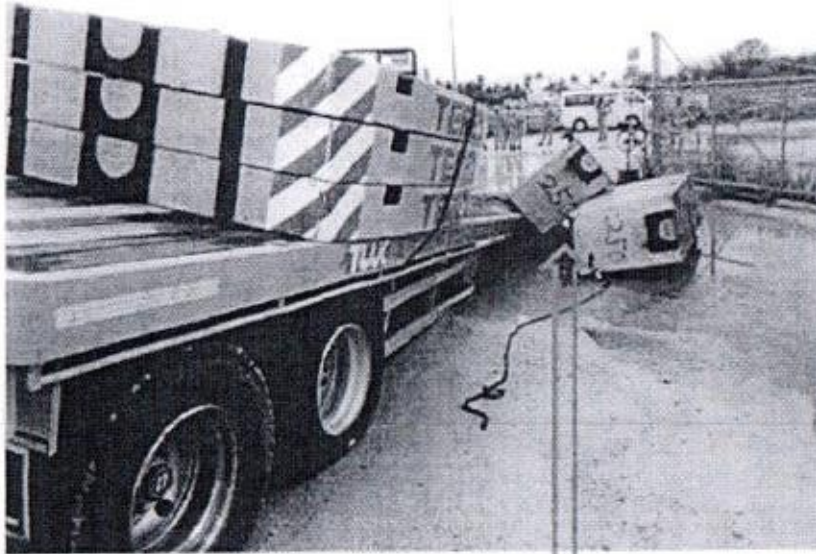
RESTRICTED

(0.34-12)

Handwritten signature
19/06/2019

Handwritten signature
19/06/2019
Rohli W...

Incident Details



- Trailer saw passenger vehicle oncoming and braked. This action caused the chain securing the counter weights to snap off and slid off the trailer bed and hit van.

2 x 12ton Counter weights hit
the right side of the passing-by
passenger van



19/06/2019

19/06/2019

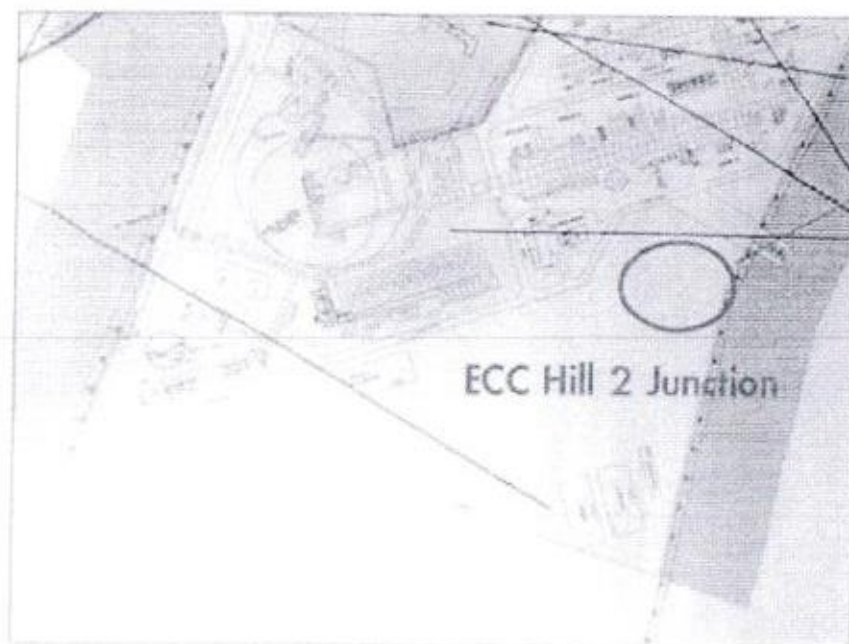
RESTRICTED

19/06/2019

19

19/06/2019
Resu *W. H. H. H.*

ECC Hill 2 Plot Plan



19/06/2019
19/06/2019
Perk [signature]



ACCIDENT STATEMENT

ACCIDENT DATE: (07/06/2019) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: ECC Hill 2 Junction Road Traffic

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD30388 TR050842
 b) INSURANCE COMPANY: LIP HUI
 c) POLICY NUMBER: SD/8V06448/VCH/R02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SCAMIA 380
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PURPOSE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TIAN WONG LOGISTIC (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 67769379
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 92266882
 c) ADDRESS:

* d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) A/F RAIN
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN VAN MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = kockliang-bong@tians wong.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1809511D



NAME
YENG SWEE CHEONG
英 兆 昌
Race
CHINESE
Date of Birth
22-11-1967 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1809511D
Name
YENG SWEE CHEONG
Date of Birth 22 Nov 1967
Issue Date 16 Dec 2002



For LKK/NAC Use Only

3134045



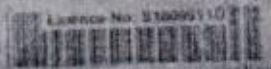

NRIC No. S1809511D

APT BLK 138C YUAN CHING ROAD #17-135
SINGAPORE 613130
NRIC No. S1809511D Date: 20/11/2014 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE TYPE	ISSUE DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Jan 1968
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	20 Jan 1968
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 2250 kilograms	05 Aug 1968

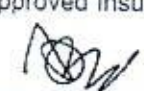
License No. S1809511D



For LKK/NAC Use Only

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)

Certificate No	SD18V06448 /VCH /R02
Form	MZ802
Date Of Issue:	26-NOV-2018
1.Index Mark and Registration No. of Vehicle:	XD3038S
2.Chassis number of Vehicle:	VLUP6X40009136065
3.Name of Policyholder:	TIONG WOON CRANE & TRANSPORT (PTE) LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	19-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	30-JUN-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive: A) 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 permission. B) Whilst the vehicle is being used for social, domestic and 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use for the carriage of passengers for hire or reward. C) Use whilst drawing a greater number of trailers in all than is permitted by law.	
*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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Third Party Only, Airside - Singapore Changi Airport SUM INSURED: EXCESS: Section II S\$800, Additional Excess for Young, Elderly & Inexperienced Drivers. S\$3000 FINANCE COMPANY: PRODUCER NAME: JARDINE LLOYD THOMPSON PTE LTD	

PLSL/PLSL/26-NOV-18

S1_CI_T1_T3_OE_Template1-Ver1. 26-NOV-18