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NATIONAL Assessment Cer	ntre Services   well a soros M	NA19092453		
Date In: 117/19-1277	Jeb description	Date & Time Completed	Done	by
Ref No: NA (121001226) 744	SAS e-filing			Transport to Transport
Veh No: KEYVIZE	E-mail (within 8hrs, AIC 2hrs)		190-2-1	
D.O.A : 10/7/19-15: 05	i-Motor Claim Form			
67	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
I P Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: Fax	c:	
TP Particulars: Veh No: 4	1664 MID INC (	)/Non-INC()		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	-
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]	7
The state of the s	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	31,000 ( )/\$2,000 ( )			
General Remarks -		HOLES AND DAYS	6th 5	78
( ) Walk-In Customer: Customer's i				
( ) Total Loss Case : to e-mail Ins	The state of the s	N 1 3	6	
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( ) / NO( ); T	owing Co: (	18	)
Remarks: (INC hotline: 6788 6616	·	Date&Time Completed	Done	C
100	/ Courtesy Car ( )	Dates furis Completed	Done	py .
2) QC Check / Post Repair Inspection	( )	<del>                                     </del>		
3) Upload Resurvey Photo [Repair Cost >	\$30001 ( )	<del>                                     </del>		
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laimant's Particulars :-	1) AR : Accident	The state of the s	2.11.2.11	
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	4) FT : Follow-Ti	hrough Survey \$12	-	
ontact No:		hrough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005)		-
amaged Portion:	6) TR : Re-iuspec 7) N1 : Idao DA		-	
	8) NTUC Additio			
C Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Car / Tpt Allowance S	5	
Callaba wine Fatherick . A water to the callabate .	*N6: Repair Co	p-ordination 51	0	
uditors! Comments :-	*N7: Fost Repo	Contraction of the last of the	3	
(1)	TP (N11): TP 9) N12: Idac Mol	(Non INC) against INC \$2	0	
1.2/3:	Invoice dated	Pee Charged		計画方式
w 101 mar	Invoice dated	Fee Charged	SECTION 1	

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 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	11/07/2019 10:53
Date Of Accident	10/07/2019 15:05
Exact Location Of Accident	PIE (TUAS) BEFORE BKE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE4217E
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	MERCEDES-BENZ
Model	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS)
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?	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	DMCVSN1823981800
Cover Note Number	
Driver	
Name of Driver	HONG YEW LEUNG
NRIC No	S1654925H
Date Of Birth	03/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91294027
	25 (1) (1) (2) (1) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

OFFICE-91294027

NOEMAIL

Address

BLK 920 HOUGANG STREET 91

#10-05

Postcode

530920

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?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190710/2176.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

41664MID

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

# 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
- 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:

- (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)
  - (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
- 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:

11-7-2019 0900hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			-			e hadi
			-			A: XEY217E B 41664MID
DESCRIBE CIRCUMSTA		HE ACCIDENT	B			
Refer to			1907 10/217	6.		
	2					
DECLARATION I/We dectare the foregoin	ng particulars	are true in every res	pect.			
Policyholder's Signatuke Date & Time: 11-7-2019 090	0hrs	Driver's Signature (If driver is not the Date & Time:	policyholder)	Na	oorting Centre Persone: IC/FIN No.:	ormel's Signature





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1 of 3

Report No. T/20190710/2176

REPORT.	of Fig	CACCIDENT		
Date/Time Report Made: 40/07/2019 19:20		Vide Report No.:	Station Diary No 132	
mforma	nt's Partic	ulars	4	
	f Informant: YEW LEUN		Address: APT BLK 920 HOUGA 530920	NG STREET 91 #10-05 SINGAF
ID Type / ID No.: NRIC NO / S1654925H		Contact No.: Home/Office: Mobile: 91294027		
National SINGAF	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 55	Date of Birth 03/02/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Trailer-truck driver		Driving Licence Inform Class: 2B,3,4,5	nation:  Date of Expiry:	

General Informa	tion of the Accident			
Type of Accident	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/07/2019 15:05	Type of Location Straight Road
Along PAN IS		XIT		
Weather: Clear	100	Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control:		Traffic Volume
Type of Collision			P-M-1976 gills all Mil	Anyone conveyed cambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	- Model	Calor	Condition	No of Pass.
41664MID	Car				Slightly Damaged	0
XE4217E	TRUCK				Slightly Damaged	0





2 of 3

157 1675

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n on the

Report No. T/20190710/2176

Police Station Of Origin:

. . . . . . . . .

+ +1 5747965 \$4(a) 489.

Hougang '

ue 9 SINGAPORE 538775

60 Hougi Tel No

1999

CONTINUATION OF REPORT

# Drief Details.

Cn 10/07/2019 at about 1505hrs, I was driving along PIE towards Tuas. At that point of time, the as a gaffic jam. Before the exit to BKE, I wanted to filter my vehicle to the left lane. As I was doing so vehicle moved forward which resulted in my vehicle brushing onto the vehicle which belong to No. 11.11

Due to the accident, the MINDEF's car had scratches. There was no one injured. There was no coling a ambulance at scene.

The matter have been resolved and the diging this report for record purpose.





3 of 3

Police Sta'

of Origin:

Report No. T/20190710/2176

Hougang 60 Hour

9 SINGAPORE 538775

7100

Tel No:

CONTINUATION OF REPORT

# Sketch Plan

34 18 47

Authentica NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you discovered the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 PHUA JIA JUN, MARK	Heury
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 19:20
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No : 65476151	Classification Of Case:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1654925H



HONG YEW LEUNG



方友隆

CHINESE Date of birth 03-02-1964 Country/Place of birth SINGAPORE



For LKK/NAC Use C



6125315



15-02-2019

For LKK/NAC

Class 2B Moiorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE

APT BLK 920 HOUGANG STREET 91 #10-05 SINGAPORE 530920

NP 428A



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 II Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Melsysia)

**ORIGINAL** 

Engine No :470913C0406678 CERTIFICATE No. DMCVSN1823981800 ChaNo: WDB96421620269397 1. Index Mark and Registration XE4217E Number of Vehicle 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 30 July 2018 Excess Sect I ...... 5\$1,500.00 EX ON WINDSCREEN ...... 5\$200.00 4. Date of Expiry of Insurance 29 July 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.

- (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.

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

LIN

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

SHO-MIN Authorised Officer

**Authorised Signatory**