

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MMA 119098270

Date In: 27/7/19 13:43	Job description	Date & Time Completed	Done by
Ref No: NAI CTZ 19013238164	SAS e-filing		
Veh No: XE 4351A	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 27/7/19 03:00	I-Motor Claim Form		
<input checked="" type="checkbox"/> TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: Railing	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%; P: 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Hotline: 67881616	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

<p>MA1905589</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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	27/07/2019 13:43
Date Of Accident	27/07/2019 03:00
Exact Location Of Accident	TANAH MERAH COAST RD LP 357A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE4351A
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
Model	AROCS 3336K
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?	YES
If No, Please state action to be taken	
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	DMCVSN1829831800
Cover Note Number	-
Driver	
Name of Driver	SU ZIN CHAI
NRIC No	S8265082B
Date Of Birth	21/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91683776
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 210 BOON LAY PLACE #17-93
Postcode	640210
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	COLLIDED INTO PROPERTY
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	1
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	RAILING
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = XE 4351A.

Please Refer to Police Report

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



SINGAPORE POLICE FORCE



T/20190727/2057

00000000 1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190727/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2019 12:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SU ZIN CHAI			Address: APT BLK 210 BOON LAY PLACE #17-93 BOON LAY PLACE SINGAPORE 640210	
ID Type / ID No.: NRIC NO / S8265082B			Contact No.: Home/Office:	Mobile: 91683776
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 37	Date of Birth: 21/05/1982	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TRANSPORT			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2019 03:00	Type of Location: Straight Road
Location: Along Road 1 TANAH MERAH COAST ROAD LAMP POST NUMBER 357A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SE4351A	Lorry				Slightly Damaged	0

XE



**SINGAPORE
POLICE FORCE**



T/20190727/2057

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190727/2057

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location
I was travelling along the said location. The front wheel tyre of my lorry was punctured. Thus leading to a
skid and eventually colliding onto the green divider that was along the road. No other vehicles were
involved, no one was injured. I'm lodging this for record purpose.



**SINGAPORE
POLICE FORCE**



T/20190727/2057

3 of 3

Report No. T/20190727/2057

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/07/2019 12:21

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Signature: _____



T/20190727/2062

1 of 2

Report No. T/20190727/2062

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No t/20190727/2057

Report Number T/20190727/2062

Vide Report Number

Date/Time of Report Made 27/07/2019 12:44

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant SU ZIN CHAI

ID Type / ID No. NRIC NO / S8265082B

Home/Office

Mobile 91683776

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 27/07/2019 03:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE4351A	Lorry					0

Brief Facts.

Reference to report T/20190727/2057,

I've made the following amendments to the report.

- 1) Vehicle number should be 'XE4351A'
- 2) The date should be '27 July 2019 at 0300hrs'



T/20190727/2062

2 of 2

Report No. T/20190727/2062

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / WONG SIEU LUI
Classification of Case	1) NON-INJURY / OTHERS



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8265082B

Name: SU ZIN CHAI

Birth Date: 21 May 1982

Issue Date: 07 Jul 2012

002084393K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8265082B

Name: SU ZIN CHAI

苏·敬·载

Race: CHINESE

Date of birth: 21-05-1982

Sex: M

Country of birth: MALAYSIA

9167145

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	14 May 2012
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	14 May 2012
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	14 May 2012

S / No. 9000243381

Licence No: S8265082B

For LKK/NAC Use Only

9167145

NRIC No: S8265082B

Nationality: MALAYSIAN

Date of issue: 12-06-2012

APT BLK 210 BOON LAY PLACE #17-83
SINGAPORE 640210

NRIC No: S8265082B

Date: 01/02/2019

For LKK/NAC Use Only



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208364E

MZ300/C
N 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)

ORIGINAL

CERTIFICATE No. DMCVSN1829831800 Engine No : 470913C0405799
ChaNo: WD896421620269014

1. Index Mark and Registration Number of Vehicle XE4351A

2. Name of Policy Holder KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12 September 2018 Excess Sect I S\$1,500.00
EX ON WINDSCREEN S\$200.00

4. Date of Expiry of Insurance 11 September 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

LIM SUU MIN
Authorised Officer

Authorised Signatory

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.:	XE4351A
Previous Vehicle No.:	-
Effective Date of Ownership:	12 Sep 2018
Original Regn Date:	12 Sep 2018
Registration Date:	12 Sep 2018
Year of Manufacture:	2018
Vehicle Type:	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS)
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	1
Chassis No.:	WDB96421620269014
Engine No.:	470913C0405799
Engine Capacity / Power Rating:	10677 cc / -
Maximum Power Output:	-
Propellant:	Diesel
Max Unladen Weight:	12500 kg
Maximum Laden Weight:	28000 kg
Open Market Value:	\$107,746.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	2010558813
COE No.:	2018090105000372D
COE Expiry Date:	11 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$29,902.00 / -
Actual QP Paid:	\$29,902.00
QP (Regn Cat):	\$29,902.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$29,902.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$5,388.00
Vehicle Lifespan Expiry Date:	11 Sep 2038
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	null

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OK

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