

# NATIONAL Assessment Centre Services. [ver 1 Jan'03] : MMA 119105943.

Date In: 14/8/19 09:06	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ19014069/44	SAS e-filing		
Veh No: XE 3684X	E-mail (within 3hrs, AIC 2hrs)		
TP OA: 13/8/19 13:00	I-Motor Claim Form		
OD: 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 / QW: (	Tel:	Fax:
TP Particulars:	Veh No: Cyclist	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 repairer.

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

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

Remarks: (INC) Non-Inc 670860108

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MMA 1905941		Invoice Details	
Comments Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100)	INC (\$40)
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee	\$40/\$45
Auditors Comments:		4) PT: Follow-Through Survey	\$120
Adm:		5) PT: Follow-Through Survey (Resurvey)	\$30
		For claiming against INC Only (wef 10 Jan 2003)	
		6) TR: Re-inspection	\$75
		7) NI: Idao DA + SMRT Survey	\$160
		8) NTUC Additional Services:-	
		ON*	
		*N5: Courtesy Car / Tpt Allowance	\$5
		*N6: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$5
		TP (Nil) : TP (Non INC) against INC	\$20
		9) N12: Idao Mobile	\$0
		Invoice dated	Fee Charged
		Invoice dated	Fee Charged



## 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	14/08/2019 09:06
Date Of Accident	13/08/2019 13:00
Exact Location Of Accident	TAMPINES IND AVE 3 TURNING TO TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3684X
<b>Insured/Policyholder</b>	
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	CAMC
Model	-
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
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	DMCVSN1770451801
Cover Note Number	-

### Driver

Name of Driver	JIANG JIANTING
NRIC No	G8258952Q
Date Of Birth	22/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98184819
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	27 PANDAN CRES
Postcode	128476
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 BICYCLIST
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?	YES
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?	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 T/20190813/2190

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	CYCLIST
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CYCLIST

Approximate Age

Injuries Sustain FATAL

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## 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.



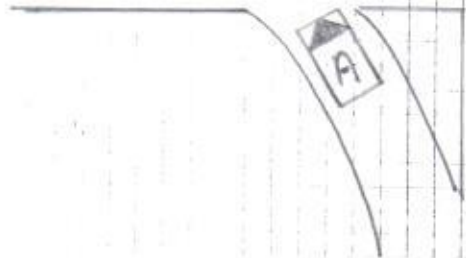
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Tampines Ave 10



A= XE 3684X  
(TRD 5067R)

Tampines Industrial Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

T/ 20190813 12190

DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20190813/2190

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

1 of 3

Report No. T/20190813/2190

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2019 22:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JIANG JIANTING			Address:		
ID Type / ID No.: FIN NO / G8258952Q			Contact No.: Home/Office: Mobile: 98184819		
Nationality: CHINESE			Email:		
Sex: Male	Age: 51	Date of Birth: 22/03/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/08/2019 13:00	Type of Location: X-Junction
Location: Along Road 1 TAMPINES INDUSTRIAL AVENUE 3  TURNING TO TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE3684X	MOVER	CAMC	HN4251X46 C2M5	White		0



**SINGAPORE  
POLICE FORCE**



T/20190813/2190

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190813/2190

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date, time and location

I was travelling along the said location. Whilst turning left past the traffic junction, I heard a sound. I looked at the mirror from the right rear and I saw a coca cola bottle. I assumed I went over the coca cola bottle therefore I continued my journey. I didn't see anybody as well. This is as far as I could remember.





**SINGAPORE  
POLICE FORCE**



T/20190813/2190

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

3 of 3

Report No. T/20190813/2190

**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:  
13/08/2019 22:03

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature: 

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**KTC CIVIL ENGINEERING & CONSTRUCTION PTE LTD**

Factor: **SERVICE**

Name  
**JIANG JIANTING**

Occupation  
**DRIVER**

S Pass No.  
**0 72363183**

Date of Application  
**14-12-2017**

Date of Issue  
**26-12-2017**

Date of Expiry  
**28-02-2020**

**617**

**For LKK/NAC Use Only**

**L8531362**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8258952Q**

Name  
**JIANG JIANTING**

Birth Date: **22 Mar 1968**

Issue Date: **16 May 2016**

Valid Till: **19/05/2023**

**For LKK/NAC Use Only**

**002803207B**



**VISIT PASS**  
Immigration Regulations

Name  
**JIANG JIANTING**

Date of Birth: **22-03-1968** Sex: **M** Nationality: **CHINESE**

FIN: **G8258952Q** Date of Issue: **26-12-2017** Date of Expiry: **28-02-2020**

**MULTIPLE JOURNEY VISA ISSUED**

**For LKK/NAC Use Only**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		<b>EFFECTIVE DATE</b>
<b>Class 3</b>	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	<b>13 May 2008</b>
<b>Class 4</b>	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$	<b>15 Jul 2008</b>
<b>Class 5</b>	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	<b>08 Nov 2006</b>
	Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$	

**NP 428A**

**For LKK/NAC Use Only**

Licence No: **G8258952Q**





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)Cov. Type: C  
**PLM 320655**

ORIGINAL

CERTIFICATE No.

DMCVSN1770451801

Engine No : CM6D2846050117F09022

ChasNo: LZ5N4DD36HB015299

1. Index Mark and Registration  
Number of Vehicle

XH3604X

2. Name of Policy Holder

KOK TONG TRANSPORT &amp; ENGINEERING WORKS PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment01 December 2018 Excess Sect I ..... S\$3,000.00  
EX ON WINDSCREEN ..... S\$200.00

4. Date of Expiry of Insurance

30 November 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. : DBS BANK LTD AS HP OWNER

\* 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

## Enquire Vehicle Registration Details

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 No.:	TRD5067R
Previous Vehicle No.:	-
Effective Date of Ownership:	13 Jun 2018
Original Regn Date:	13 Jun 2018
Registration Date:	13 Jun 2018
Year of Manufacture:	2018
Vehicle Type:	Goods (Open) Trailer
Vehicle Scheme:	-
Vehicle Attachment 1:	Low Loader/Bed
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TETPL
Vehicle Model:	13768MM X 3395MM TRI AXLES LOWBED TR
Primary Colour:	Green
Secondary Colour:	-
Passenger Capacity:	0
Chassis No.:	TETPL67818LB
Trailer Chassis No.:	TETPL67818LB
Engine No.:	-
Engine Capacity / Power Rating:	- / -
Maximum Power Output:	-
Propellant:	-
Max Unladen Weight:	10100 kg
Maximum Laden Weight:	54300 kg
Open Market Value:	\$42,500.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	-
COE No.:	-
OPC Cash Rebate Eligibility:	No
Additional Registration Fee Rate:	-
Actual ARF Paid:	\$0.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	

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