

## 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 Actual 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 First Submission .....	15/07/2024 16:00 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/07/2024 13:30 (SGT)
Exact Location of Accident .....	Kallang Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC7496B
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	A.M.KENNY TRANSPSPORT PTE LTD
Company Reg No .....	201832778W
Email Address .....	KENNYRAV1975@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84999214
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2989

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00013862305

#### DRIVER

Name of Driver .....	KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN
NRIC No .....	S7539212E
Date Of Birth .....	23/12/1975
Occupation .....	Outdoor

Driving Pass Date .....	12/04/2010
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84999214
Alt. Phone Number .....	-
Email Address .....	KENNYRAV1975@GMAIL.COM
Address .....	52 CASSIA CRESCENT #12-189
Address complement .....	-
Postcode .....	390052
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	JORDAN AARIN S/O KENNY RAVICHANDRAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240714/2044.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC3808G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SOH CHEE CHOONG
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	3

## SKETCH PLAN

## IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

## 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.

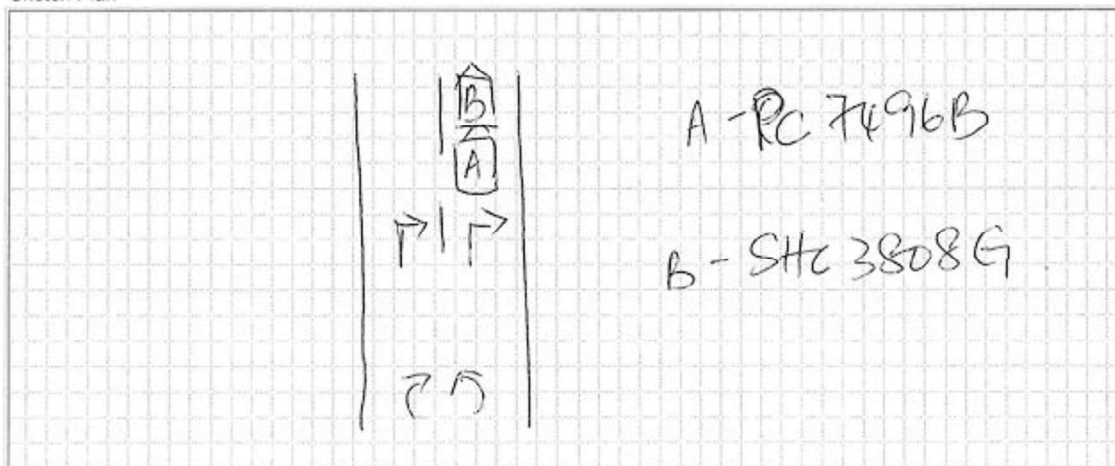


Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

~~1-10~~

Refer Police Report

Declaration

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

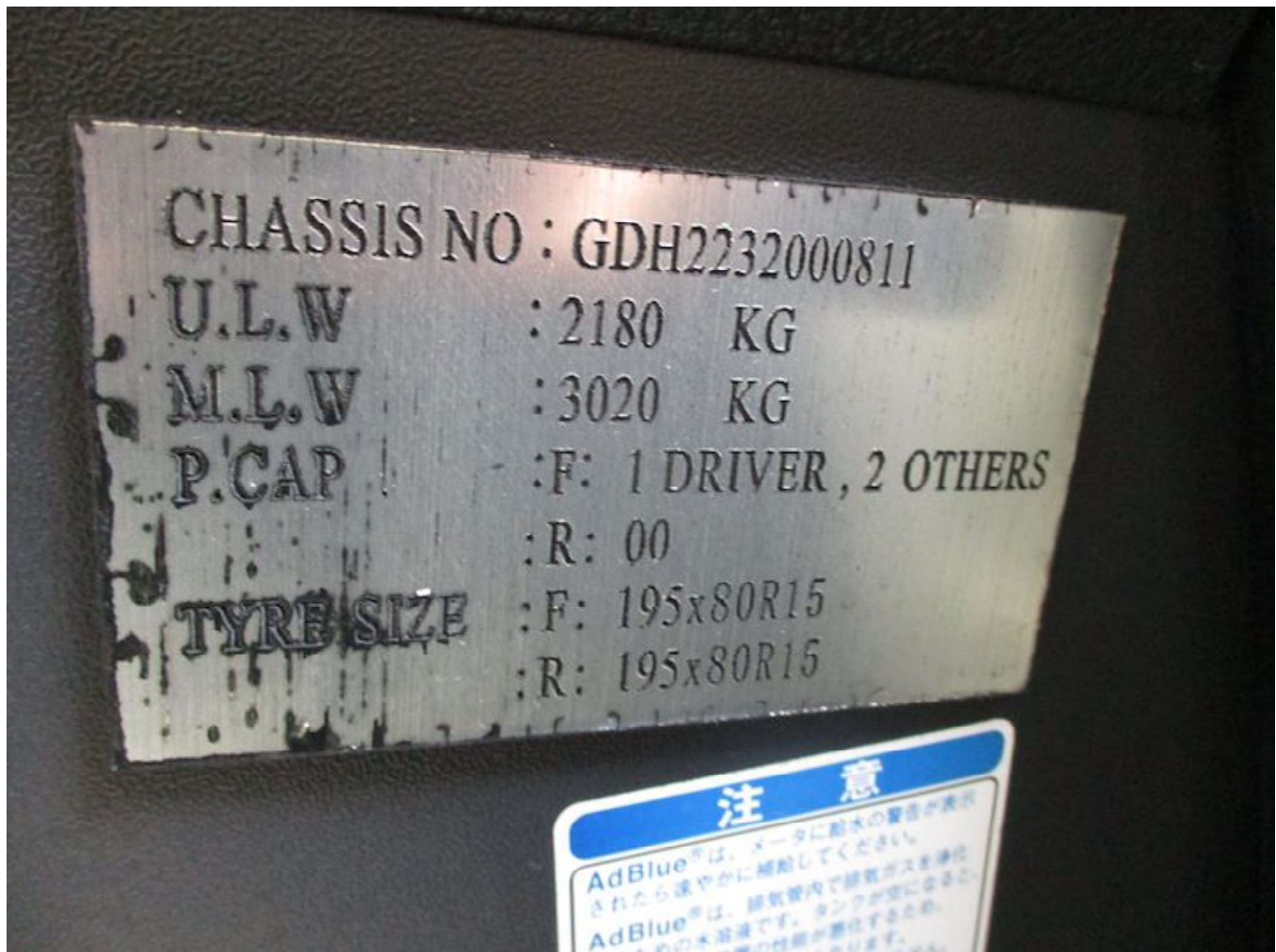


Policyholder's Signature / Date & Time

*Mohammed*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)
















































**SINGAPORE  
POLICE FORCE**


T/20240714/2044

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20240714/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/07/2024 14:36	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN			Address: 52 CASSIA CRESCENT #12-189 SINGAPORE 390052		
ID Type / ID No.: NRIC NO / S7539212E			Contact No.: Home/Office: Mobile: 84999214		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 23/12/1975	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Bus driver			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: 14/07/2024 13:30	Type of Location: cross junction
Location:  KALLANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
PC7496B	Bus/Coach/Mi nibus	TOYOTA	HIACE	White	Slightly Damaged	1
SHC3808G	Motor car	TOYOTA	PRIUS	Blue	Slightly Damaged	3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240714/2044

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No. T/20240714/2044

## CONTINUATION OF REPORT

Name	SOH CHEE CHOONG		ID No.	S1707889E
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN		ID No.	S7539212E
Related Vehicle	NIL		Contact No.	84999214
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

**Brief Details.**

On 14/07/2024 at around 1330hrs, I was driving along Kallang Rd at the most extreme right lane and turning right towards Lavender St when a blue colored taxi (SHC3808G) who was on my left suddenly cut into my lane. Due to his abrupt lane change, the front of my vehicle hit the rear of his vehicle.

My front bumper was dented and cracked on the right side while the taxi received scratches and dents on his rear bumper.

I have a in car camera which recorded the whole incident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20240714/2044

3 of 3

Report No. T/20240714/2044

## CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SGT 2 FAEEZ ISMAIL BIN  
SALLEHUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476414

Signature Of Informant:

Date/Time:  
14/07/2024 14:36

Classification Of Case:

NP168





OTHER DOCUMENTS #2

ACCOMMODATING AND CORPORATE REGULATORY AUTHORITY  
(ACRA)

Check every document on the right to ensure that information is up-to-date, accurate and reflects the current status of the company.  
Liability for any discrepancy in information is reserved as a result of any error or omission.

Business Profile (Company) of A.M.KENNY TRANSPORT PTE.  
LTD. (201832778W)

Date: 20 Sep 2018


Officer(s)

Name	Identification Number	Nationality/ Citizenship	Position	Date of Appointment	Source of Address
KENNY RAJAGANESAN S/O MAMING PALANISAMY 52 CASSIA CRESCENT #12-129 SINGAPORE (200052)	51670091	SINGAPORE CITIZEN	DIRECTOR	25 SEP 2018	ODCAR
KOAY JOO SENG THE CECILIA PLANE #14-442 SINGAPORE (823101)	56704141	SINGAPORE CITIZEN	SECRETARY	25 SEP 2018	ACRA

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Page 3 of 5

Accident report SS2X2415000P

Accident report SS2X247F000J

Page 25 of 25