

NATIONAL Assessment Centre Services (M1111000)

Date In: 08/06/2018 10:30	Job Description	Date & Time Completed	Done by
Ref No: NA/FCI18010510/K4	QAS e-litig		
Veh No: PA 8648J	E-mail (vehicle sheet, AIO sheet)		
DOA: 07/06/2018 10:30	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor VVO (vehicle sheet, VV sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Loss Report by FAX/Hand to Owner/Worksp		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yell No: 34459 MLD, INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bil Status (WO): NI 0.20%; P: 21.79%; P: 30-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Vehicle Customer / Customer's information strictly Confidential & strictly NO refer of reporter.

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

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

Remarks	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check/ Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Action

Invoice Preparation Checklist	Amount
1) ARI Accidental Reporting (\$30)	
2) DA/Dimi Assumed (\$100)	INC (WR)
3) TP/Towing Fee	\$20/12
4) FT Follow Through SVISY	118
5) FT Follow Through SVISY (Recovery)	210
Total Invoice Total INC Only (As of 10 Jun 2018)	
6) TR/Ar-lligation	11
7) NI/GV DA + SMRT SVISY	\$140
8) NTUC Additional \$111000	
9) NI/GV DA + SMRT SVISY	
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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 ability.
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	08/06/2018 10:30
Date Of Accident	07/06/2018 10:30
Exact Location Of Accident	101 MERANTI (JURONG ISLAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8648J
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90897413
Alternative Phone No	OFFICE-90897413

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090702MFBP
Cover Note Number	

Driver

Name of Driver	KYATHAM LAXMINARSAIAH
Passport No/FIN	G2017098R
Date Of Birth	15/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90897413
Fax Number	
Contact Number	OTHERS-90897413
EMail Address	NOEMAIL

Address	KPW SINGAPORE PTE LTD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180607/2141

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	34459MID
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 insurer(s).
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 lodging 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 purposes:
 - (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, investigations 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

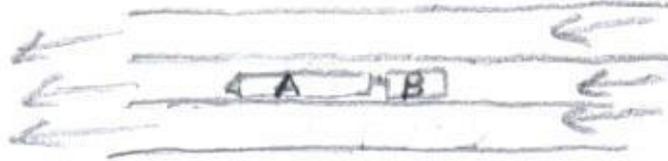
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time

[Signature] 8/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN

A - PA8648J
B - 34459 MID

ADDRESS = 101 MERANTI
JURONG ISLAND



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— P/s Refer to the Police Report —
T/20180607/2141

DECLARATION

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

Policyholder's Signature
Date & Time



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

(Handwritten signature)

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

(Handwritten signature)
8/6/2018



**SINGAPORE
POLICE FORCE**



T/20180607/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180607/2141

CONTINUATION OF REPORT

Driver:			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	34459MID (MIDEF Vehicle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	KYATHAM LAXMINARSAIAH	ID No.	G2017098R
Related Vehicle	PA8648J (Bus/Coach/Minibus)	Contact No.	90897413
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: 26/01/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 07/06/2018 at about 1030hrs, I was travelling along Meranti Road. As I was travelling near to 101 Meranti Road, in Jurong Island, suddenly I heard a loud noise and I thought is my vehicle tyres punctuated.

I then stopped my vehicle and discovered that there was a MINDEF vehicle who believed to be travelling on the rear of my vehicle had collided onto the rear side of my vehicle. The police have attended to the scene and advised me to lodge a police report regarding this issue. No in car camera in my vehicle and I am not sure whether any CCTV around the vicinity. No one injured during the said accident.



SINGAPORE
POLICE FORCE



T/20180607/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No: T/20180607/2141

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:
J /
Sgt 2 PERRY P NG WEE PHONG

Signature Of Informant:
[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
07/06/2018 16:59

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp:
NP 165



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: D/20180607/0051

Traffic Accident along Ulu Pandan Rd → Bangay Ave
involving vehicles: 1 bus & 1 SAF vehicle
on 07/06/18 at about 1003 @ pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-
- a) Identity card/Passport/Work Permit
 - b) Driving Licence/Vocational Licence
 - c) Vehicle Insurance/Medical Certificate
 - d) Any video footage
 - e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: PO Azam

Contact: 6547 6286

* Reported on 7/6/2018 @ 1345HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 7/6/2018 (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: 101 MERANTI (JURONG ISLAND)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA8648J
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90897413
- c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) HIRER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 34459 MID 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 passengers (including driver) (2)

Passenger No. 1 Male ✓

* No of passenger (including driver) ()

* No of passenger (including driver) ()

* Call Driver to office to send to police station

* (Driver do not have Vocational Licenses) but got (class 5) Email =

fax = (FCI)

Waiting for Certificate & Company Chop? & Police Report? Email: Siang Hock ✓

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

Employer:
KPW SINGAPORE PTE. LTD.

Sector: **PROCESS**

Name:
KYATHAM LAXMINARSAIAH

Occupation:
DRIVER

S Pass No.
0 35542426

Date of Application
24-06-2017

Date of Issue
19-07-2017

Date of Expiry
19-07-2019

L8146489




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G2017098R**

Name:
KYATHAM LAXMINARSAIAH

Birth Date: **15 Jun 1991**

Issue Date: **27 Jan 2015**

Valid Till: **26 Jan 2020**

002390441C

56 50




VISIT PASS
Immigration Regulations

Name:
KYATHAM LAXMINARSAIAH

Date of Birth: **15-06-1991** Sex: **M** Nationality: **INDIAN**

FIN: **G2017098R** Date of Issue: **19-07-2017** Date of Expiry: **19-07-2019**

MULTIPLE JOURNEY VISA ISSUED

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)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 300 CC	27 Jan 2015
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg	27 Jan 2015
Class 4	Heavy motor cars and motor tractors = 2500 kg	13 Nov 2017
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	19 Dec 2017

S / No. 9000276599

G2017098R

NP 428A

License No: G2017098R



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : BUSES - FLEET
Type of Cover. : Third Party
Certificate No. : D-18090702MFBP
Vehicle No / Chassis No : PA8648J / WDB9066572S278737
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 01.04.2018 To 31.03.2019
Insured Estimated Value : 0.00

EXCESS : AS INDICATED BELOW

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with the insured's permission.

For driver with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on All Claims (for Long Term Lease - 1 year or more)
S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on All Claims (for Long Term Lease - 1 year or more)
S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$2,000.00 on All Claims (for Staff)

* 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.

Limitations as to use*

Use only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule).

The Policy does not cover:-

- (1) Use for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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)

SUSAN/A0151/MZ601A17

Issued at Singapore on 19.04.2018

MS First Capital Insurance Limited
(Approved Insurers)



Authorised Signature