

Signature

Form

REF:

MLD

8271R

COE XPRY: 2019/16B

ASSIGNMENT

From:

Date:

13/6/18

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

PA 8648J

at Workshop m/s

Yong Sing Motor

of

10 Defu Lane 8

Insured:

Policy No.

Claims No.

Sum Insured:

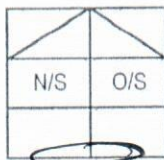
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS *up*

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PA 8648J

Yr Regn:

2009 / 16B

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

MERCEDES Benz S1501

C.C.

2148

Colour

WHITE

A/C:

Insured / Std / NI / NA

Sp. Reading

224519

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W0B90665725278737

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/75R16C

R:

2-

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Vanmax

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

07/06/18

D.O.I.

13/06/18

Survey held at

Yong Sing Motor

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time. File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:

☐

Site Insp (\$

) \$ + RS \$ SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

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

SKETCH PLAN

IMPORTANT NOTICE

1. This is a summary of the accident and is subject to speed of the claims process.

2. It is completed by the Police officer and/or the Authorized Driver.

3. It is to be filled in as truthfully and accurately as possible. Any willful falsification may constitute an offence under the Road Traffic Act and may result in immediate police liability.

4. It is to be filled in by the Police officer and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver.

5. This information may be referred to the Police for investigation.

6. The information provided in this document is for the use of the Police and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver.

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22. The information provided in this document is for the use of the Police and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver. It is to be filled in by the Police officer and/or the Authorized Driver.



Signature of the Police Officer
Name of the Authorized Driver
Date and Time

Signature of the Authorized Driver
Name
Date and Time

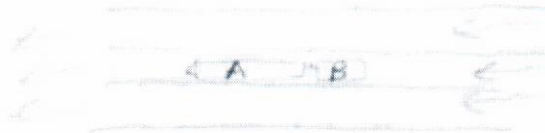
8/6/2018

Sketch Plan #2

SKETCH PLAN

A - PA8648J
B - 34459 MID

ADDRESS = 101MERANTI
JURONG ISLAND



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180607/2141

DECLARATION

I hereby declare that the information provided is true and correct.



Signature
of the Driver

Signature
of the Witness
Date & Time

Reporting Officer's Signature
Name
NRIC No.

8/6/2018

Police Report



**SINGAPORE
POLICE FORCE**



T20180607/2141

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

1 of 3

Report No: T/20180607/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 18:59		Video Report No.: D/20180607/0051		Station Diary No.: 145	
Name of Informant: KYATHAM LAKMINARSAH					
Address: APT BLK 514 OLD CHO A CHU KANG ROAD #05-135 SUNGEI TENGAH LODGE SINGAPORE 698908					
ID Type / ID No.: FIN NO / G2017096R		Contact No.: Home/Office: Mobile: 90887413			
Nationality: INDIAN		Email:			
Sex: Male	Age: 25	Date of Birth: 15/05/1991	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry: 25/01/2020	

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/06/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY 101 MERANTI ROAD (GATE B)			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Vehicle 1: 34459MD	Vehicle 2: PA8548J	Vehicle 3:	Vehicle 4:	Vehicle 5:	Vehicle 6:	Vehicle 7:	Vehicle 8:	Vehicle 9:	Vehicle 10:	Vehicle 11:	Vehicle 12:	Vehicle 13:	Vehicle 14:	Vehicle 15:	Vehicle 16:	Vehicle 17:	Vehicle 18:	Vehicle 19:	Vehicle 20:
MIDEF	Bus/Coach/M																		
Seriously Damaged	Seriously Damaged																		

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

Sketch Plan #3



**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 (MINDEF 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, G. 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 traveling 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.

 *** Multiple Destinations ***

Job No. 3370
 Sheets 0009
 Unsent

Sent
 67414108
 65389000
 Error

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
 李 NOTARY PUBLIC - 公証官
 陳 COMMISSIONER FOR OATHS - 宣誓官
 林
 陳 CATHERINE C.L.LIM
 陳 DIRECTOR
 LL.B (HONS) SINGAPORE - 法律系 - 律師
 M.B.A. (BUSINESS LAW) - 商業系 - 碩士

20 Havelock Road #03-01
 Central Square Singapore 059765
 UEN No. 201310922K

Tel: (65) 6438 5500
 Fax: (65) 6438 0111
 www.catherinelimllc.com
 Email: info@catherinelimllc.com
 CATHERINE LIM LLC is a law corporation with
 limited liability

Our Ref: CL/180621/T/YSM.sg
 Your Ref: 34459 MID

Date: 08 June 2018

M/s LKK Auto Consultants Pte Ltd
 51 Ubi Ave 1 #01-25
 Paya Ubi Industrial Park
 Singapore 408933
 Attn: Claims Dept

via fax: 6741 4108 & Post

M/s Attorney-General Chambers
 1 Coleman Street
 #10-00
 Singapore 179803
 Attn: Motor Claims Dept

via fax: 6538 9000 / By Post

Dear Sirs

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO
 PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING VEHICLE NO. PA 8648J / 34459 MID ON 7.6.2018 ALONG JURONG ISLAND
 HIGHWAY / 101 MERANTI ROAD (GATE B)**

We are instructed by **Siang Hock Car Rental Pte Ltd** to notify you of a road traffic accident involving our client's vehicle No. PA 8648J and vehicle No. 34459 MID driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor vehicle, please let us know within 2 working days of your receipt of this notice whether you/your insurer would like to conduct a pre-repair survey of the motor vehicle. If we do not receive any reply from you/your insurer within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.

Venue: Yong Sing Motor Works
 10 Defu Lane 8
 Singapore 539315

12062018 @ 11am
 Sam veh in.
 Naz.

DATE OF ISSUE OF IOD: 12 June 2018

13
IOD NO: FY 18/19/0030

TO: JOY IRENE/HSIAO TONG
LKK AUTO CONSULTANTS PTE LTD

Instrument of demand to engage the services of an insurance Claims Adjuster
(Period Contract No: {DEF000ECO12000060})

UNIT/ HUB	DATE OF ACCIDENT	MID & CIVILIAN INFORMATION			REMARK
Clementi Node 3 SAF Tpt Bn	07 06 18 1000H	VEH NO	CIVILIAN	MILITARY	Along Meranti Road near the junction of Banyan Avenue, near Lamppost 17
			PA 8648J	MID 34459	
		DRIVER NRIC	G2017098R	S8847193H	
		DRIVER NAME	Mr Kyatham Laxminarsaiah	LCP (NS) Mohamed Shahreel Bin Mohamed Hassan	
		DAMAGE TO VEHICLE	Y	Y	

Requesting Officer



(SIGNATURE)
TWO M RAVEENDRAN
Traffic Accident Investigation Warrant
HQ Transport

DATE: _____

OA: _____

GRA: _____



CMH
12/6/18

HQ TRANSPORT STAMP

FOR INFO: