### > Back to OneMotoring

nquire Transfer Fee Vehicle Details		e an anadaman a terra a sa a taman per a terreta ana també a sa a taban sa terra da a terra da an a terra da a	and the second account of the second sec
Vehicle Details Vehicle No.:	FBJ142Y		
			r frankriger for som reserver far er endergelegen gelengen er en er en en en en en en en
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Mop	<b>Dea</b>	
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	KAWASAKI		
Vehicle Model:	1400 GTR M		
Chassis No.:	JKBZGT40CCA017347		
Propellant:	Petrol		
Engine No. :	ZXT40AE072762		
Engine Capacity:	1352 cc	<u>, , , , , , , , , , , , , , , , , , , </u>	
Maximum Power Output:	_		
Maximum Laden Weight:	532 kg		
Unladen Weight:	304 kg		# 11 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 -
Year Of Manufacture :	2012		
Original Registration Date:	16 Aug 2012		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$2,081.00		
COE Expiry Date :	15 Aug 2022		
Road Tax Expiry Date :	15 Feb 2019		
Inspection Due Date :	15 Aug 2019		
Intended Transfer Date :	17 Aug 2018		
CO2 Emission :	-		Ame's 11's femantiful annut forther 11's femantiful annual femanti
CO Emission:	•		
HC Emission:	-		
NOx Emission :	₩		The section of the se
PM Emission:	***************************************		
Late renewal fee(s) will be impos	ed if road tax / lay up has expired. Please use Enqu	ire Road Tax Payable for fee(s) pay	able.
Road tax, including Over Paymer Amount Payable	nt (if any), of a vehicle will follow the vehicle to the	new registered owner when its owr	nership is being transferred.
	Amount Before GST	GST Amount	Amount After GS
	(S\$)	(S\$)	(S\$
Transfer Fee:	25,00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK Print



#### Certificate of Insurance

Comprehensive Motorcycle Policy Policy Number: P20073343R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P20073343R00 (Comprehensive / Named Rider Plan)

1) Vehicle Registration Number

Chassis Number

FB3142Y

2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

it :

01/07/2018 (00:00)

3) Date / Time of Expiry of Insurance

30/06/2019 (23:59)

4) Excess (i)

(i) Policy

S\$ 300.00

(ii) Theft Outside Singapore

50% of Market Value of your Motorcycle at the time of theft up to maximum of \$\$ 2,000.00

: Not applicable

5) Policyholder

Ravichandran S/o Rammanathan Kulandi Ravichandran

6) Persons or Classes of Persons Entitled to Drive\*

(iii) Medical Expenses

Rider(s) named as a Main / Named Rider in this Certificate of Insurance only

Provided that the person riding is permitted in accordance with the licensing or other laws or regulations to ride the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from riding the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Rider / Date of Birth

Ravichandran S/o Rammanathan Kulandi Ravichandran

(30/11/1970)

Named Rider / Date of Birth

John Baranedran s/o venugopal (14/02/1978)

7) Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

8) Finance Company

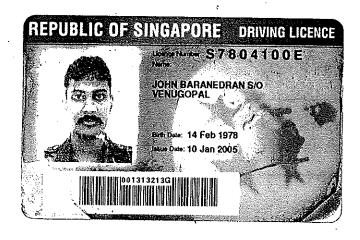
SPEEDWAY MOTOR PTE LTD

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).

Issued in Singapore on 25/06/2018

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance

Simon Birch





# SINGAPORE ARMED FORCES **IDENTITY CARD**



JOHN BARANEDRAN SIO VENUGOPAL





S7804100E

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, caclasive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE

\$7804100E

S / No. 9000160631

000000000160212

NP 428A

GEMALTOSGPV1849552A0212

NRIC No/Colour \$7804100E/ PINK

INDIAN

14/02/1978

REGULAR Address

O (+) Country Of Birth

SINGAPORE Military Rank Stalus WARRANT OFFICER

BIK 183 JELEBU ROAD #08-38 SINGAPORE 670183



#### 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 witholding 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

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	ACCIDENT STATEMENT
Date Of Report	06/08/2018 09:35
Date Of Accident	03/08/2018 07:30
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ142Y
Insured/Policyholder	
Name Of Registered Owner	RAVICHANDRAN S/O RAMMANATHAN KULANDI
NRIC No	S7045599D
Email Address	RAVI9608@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93452178
Alternative Phone No	OFFICE-93452178
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	GTR1400 CONCOURS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Type Of Coverage

**COMPREHENSIVE** 

Fleet Policy

NO

**Policy Number** 

P20073343R00

Cover Note Number

Driver

Name of Driver

JOHN BARANEDRAN S/O VENUGOPAL

NRIC No Date Of Birth Occupation

S7804100E 14/02/1978

**INDOOR** 

**Date Of Driving Pass** 

10/01/2005

**Driving Experience** 

13 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-93805843

Fax Number

Contact Number

**EMail Address** 

JOHNBARANEDRAN@GMAIL.COM

BLK 183 JELEBU ROAD Address

#08-38

Postcode 670183

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **FRIEND** 

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** DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

YES

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639 NO

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20180803/2094 ATTACHED,

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

SLF7442M

Vehicle Make/Model/Colour

MITSUBISHI/ASX

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

CHAM YAU YONG Name of Driver

S2539264G NRIC/Passport Number Contact Number 98761463

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 25

### No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1		
Name	JOHN BARANEDRAN S/O VENUGOPAL	
Approximate Age	40	
Injuries Sustain	ON LEG	
Injured person in which vehicle?	FBJ142Y	
Were seat belts worn?	NO	
Was this injured conveyed to hospital by ambulance?	NO	
Address	BLK 183 JELEBU ROAD #08-38	
Postcode	670183	

#### Sketch Plan Pg. 1

#### **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.
- 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.
- 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.
- 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.
- 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)

funderstand, 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:
  - 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

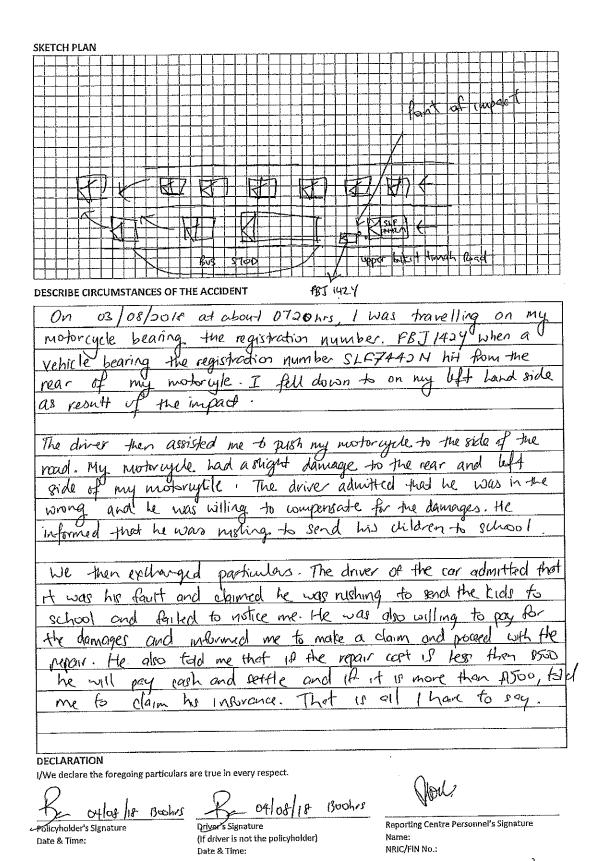
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



GIARMC SketchPlanForm\_V3



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Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

1 of 3 Report No. T/20180803/2094

	L Ctation Dian/ No		
Vide Report No.:	Station Diary No.: 114		
Address: APT BLK 183 JELEBU ROAD #08-38 SINGAPORE 670183			
Contact No.:	Mobile: 93805843		
Home/Office. Wobile 93003043			
Email:			
Type of Informant: Rider			
Language: English	Institution / School Name:		
Driving Licence Information:	Date of Expiry:		
	Address: APT BLK 183 JELEBU ROAD # Contact No.: Home/Office: Email: Type of Informant: Rider Language: English Driving Licence Information:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2018 07:20	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT T				
Towards Diary F Weather: Clear	arm direction.	Road Surface:		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision	:   Vehicles - Head To F	Rear		Anyone conveyed by ambulance: No

ľ							
	Decils of Vi	HICIERI MUNEC	An il	Modell	Color Is at a	Condition	ntororPassenger
	Venteleliae	Materovolo			44,000	Slightly	0
	FBJ142Y	Motorcycle				Damaged	
	SLF7442M	Car				Slightly	1
	OLI 1442W	Jul				Damaged	<u> </u>

#### Sketch Plan #4 Pg. 1





Police Station Of Origin: Clementi N.P.C

Report No. T/20180803/2094

2 of 3

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

#### Brief Details.

On 03/08/2018 at about 0720hrs, I was travelling on my motorcycle bearing the registration number FBJ142Y when a vehicle bearing the registration number SLF7442M hit from the rear of my motorcycle. I fell down to on my left hand side as result of the impact.

The driver then assisted me to push my motorcycle to the side of the road. My motorcycle had a slight damage to the rear and left side of my motorcycle. The driver admitted that he was in the wrong and he was willing to compensate for the damages. He informed that he was rushing to send his children to school.

We then exchanged particulars.

The details of the driver : Name : Cham Yau Yong NRIC : S2539264G

I am lodging this report for insurance claim and record purposes.





Report No. T/20180803/2094

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

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: D / SI IMRAN BIN MOHAMMAD HAJAR Signature Of Interpreter: Not applicable  Officer In Charge Of Case:	Date/Time: 03/08/2018 16:03  Classification Of Case:
TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification of Gase.
Authentication Starres SINGAPORE. NP168 POLICE FORCE	SN 37
SIGNATURE	



**QUOTATION** 

NO. : 32873

AIG ASIA PACIFIC INSURANCE PTE LTD

**CHARTIS BUILDING** 78 SHENTON WAY #07-16

SINGAPORE 079120

MOTOR CLAIMS DEPT

DATE

FROM

: 16/08/2018

CLAIM NO.

: 11175 POLICY NO. :

: RAYMOND

VEHICLE NO.

Customer:

: FBJ0142Y

MAKE/MODEL

: KAWA /

(Page 1 of 2)

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
1	CAP	REPLACE	1.00	\$30.00	30.00
2	COVER FRONT FRAME	REPLACE	1.00	\$1,055.00	1,055.00
3	EMBLEM COWLING KAWASAKI	REPLACE	1.00	\$248.00	248.00
4	FOOTREST FRONT LH	REPLACE	1.00	\$285.00	285.00
5	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	14.00	\$55.00	770.00
6	RUBBER FOOTREST	REPLACE	1.00	\$133.00	133.00
7	SCREW	REPLACE	2.00	\$38.00	76.00
8	SPRAY PAINTING (Lower Cowling - LH)		1.00	\$40.00	40.00
9	SPRAY PAINTING (Mirror - LH)	Spray	1.00	\$25.00	25.00
10	SPRAY PAINTING (Side Box Cover - LH)	Spray	1.00	\$140.00	140.00
11	SPRAY PAINTING (Side Cowling - LH)	Spray	1.00	\$125.00	125.00
12	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - TOWED BACK BIKE FOR ACCIDENT REPAIR.		1.00	\$75.00	75.00



Quotation Nos.: 32873

S/N	Description	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
		SUB TOTAL			\$3,002.00
		GST @ 7 %			\$210.14
		GRAND TOTAL			\$3,212.14

Validity: 30 days

For & on Behalf of

Acknowledge & Accepted By

BAN HOCK HIN CO PTE LTD



**RAYMOND** 

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.







# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

## Third Party Insurer Enquiry

Our Ref No:

GR-18-125959

Date of Request:

16/08/2018

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd No. 6 Defu Lane 4 Singapore 539410

Dear Sir/Madam,

**Enquiry Date** 

16/08/2018

Enquiry By

Tan Chok Lok

TP Vehicle No.

SLF7442M

Accident Date

03/08/2018

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLF7442M	AIG Asía Pacific Insurance Pte. Ltd.	08/09/2017-07/09/2018	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

### TAX INVOICE

Our Ref No:

GR-18-125959

Date of Request:

16/08/2018

Your Ref No:

Online Purchase

Ban Hock Hin Co. Pte Ltd No. 6 Defu Lane 4 Singapore 539410

Dear Sir/Madam,

**Enquiry Date** 

16/08/2018

Enquiry By

Tan Chok Lok

TP Vehicle No.

SLF7442M

Accident Date 03/08/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque