

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA119002921

Date In: 7/1/9 - 17-40	Job description	Date & Time Completed	Done by
Ref No: NA/C71900037874	SAS e-filing		
Veh No: 9C74963	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/1/9 - 18-45	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 43E309C	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:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat 1:			
Dat 2 / 3:			

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	07/01/2019 17:40
Date Of Accident	07/01/2019 11:45
Exact Location Of Accident	ORCHARD LINK TWDS BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC7496B
Insured/Policyholder	
Name Of Registered Owner	M/S A.M.KENNY TRANSPORT PTE LTD
Co Reg No	201832778W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84999214
Alternative Phone No	OFFICE-84999214
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 2.8 AUTO
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	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1832981800
Cover Note Number	
Driver	
Name of Driver	KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN
NRIC No	S7539212E
Date Of Birth	23/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84999214
Fax Number	
Contact Number	OFFICE-84999214
Email Address	NOEMAIL

Address	BLK 804 KING GEORGE'S AVENUE #06-164
Postcode	200804
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190107/2096.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3019C
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

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reconsider 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.

5. 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 (a) 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) complying with requirements under any regulations, laws or court orders.



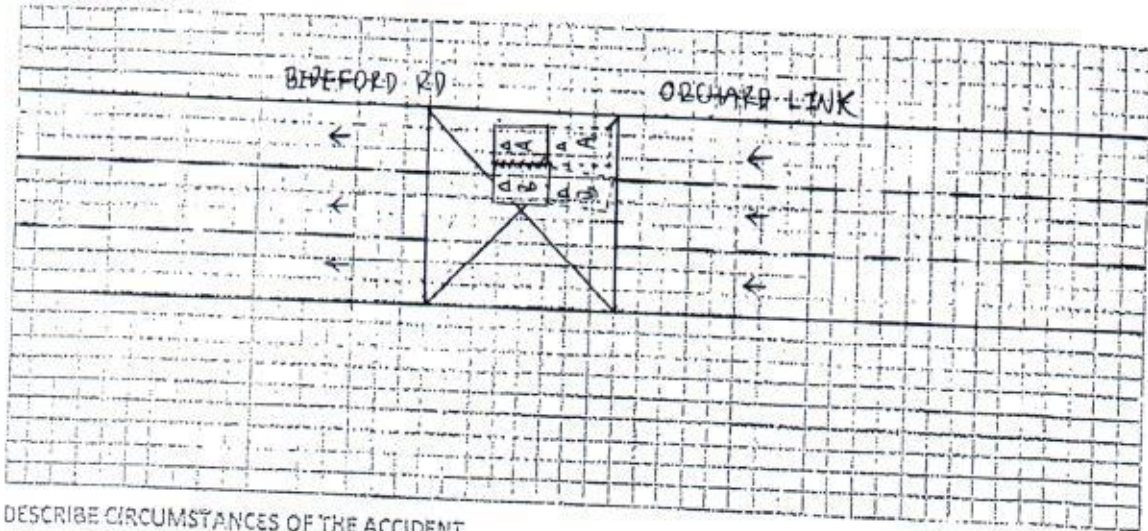
Policyholder's Signature
Date & Time:

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

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

veh A: PC7496B
veh B: GBE3019C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190107/2096

DECLARATION
I/We declare the following 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.:

Date of Accident : 07/01/2019 Accident Time: 11:45 (24-HR-Format)
 Accident Place : Orchard Link Towards Bideford Rd Cross Junction
 Vehicle Reg. No. (Car Plate No.) : PC 7496 B
 Vehicle Make/Model : TOYOTA HIACE COMMUTER GL 2.8 AUTO
 Insurance Company : CHINA TAIPING Policy No. _____
 Owner or Company Name / IC No. : A.M. KENNY TRANSPORT PTE LTD
 Owner or Company Contact No. : 84999214 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Kenny Ravichandran s/o manivel palavadiyan
 DRIVER'S Date Of Birth : 23/12/1975 DRIVER'S License Pass Date 12/09/2010
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 804 King George's Avenue #06-16d s(200804)
 DRIVER'S Contact No./ Alt No. : 1) 84999214 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : KENNY TRANSPORT 31@GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBE3019C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190107/2096

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190107/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 14:13	Vide Report No.:	Station Diary No.: 125
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Informant's Particulars

Name of Informant: KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN			Address: APT BLK 804 KING GEORGE'S AVENUE #06-164 SINGAPORE 200804	
ID Type / ID No.: NRIC NO / S7539212E			Contact No.: Home/Office: Mobile: 84999214	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 23/12/1975	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Self-employed			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/01/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ORCHARD LINK BIDEFORD ROAD				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3019C	Van					0
PC7496B	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190107/2096

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20190107/2096

CONTINUATION OF REPORT

Driver			
Name	KENNY RAVICHANDRAN S/O MANINEL PALAVADIYIN	ID No.	S7539212E
Related Vehicle	PC7496B (Bus/Coach/Minibus)	Contact No.	84999214
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 07/01/2019 at about 1143hrs, while I was driving my vehicle bearing the registration number PC7496B along Orchard Link towards Bideford Rd at the first lane, suddenly another vehicle bearing the registration number GBE3019C had hit onto the left side of my vehicle. The vehicle was travelling on the second lane before cutting to my lane without signaling. I horned towards the driver however he did not stop his vehicle and continue driving to a carpark. I approached the security and informed him about what happen. I managed to meet up with the driver and told him that he knocked against my vehicle. However the driver was being ignorant and tell me that he do not care if he had knocked against mine. I managed to take pictures of his vehicle. However, while I was taking the picture, the driver start to accelerate his vehicle and drove off. Due to the accident caused by him, the left mirror of my vehicle was damaged and scratches could be seen. As such, I proceed to lodge a police report on the accident.



**SINGAPORE
POLICE FORCE**



T/20190107/2096

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190107/2096

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:
A /
Staff Sgt NORHAYATI BINTE ABDUL SAMAD

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
07/01/2019 14:13

Officer In Charge Of Case:
TP / HRT / 6547 0000
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

57539212E

9110604



Vehicle No. S7539212E



Date of Issue
22-10-2007

Address
APT BLK 804 KING GEORGE'S AVENUE
#08-164
SINGAPORE 200804

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	30/01/2013
04	BUS ATTENDANT	30/01/2013



SERVICES


Airport Arrival / Departure
Hourly Booking
Combi Services
Sightseeing and City Tour
Wedding Special Occasion

24/7 Availability of Vehicle

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

PASS DATE 12 Apr 2010

18 J Motor Cars < 3000kg with <= 7 passengers or inclusive of the driver; and other motor vehicles <= 3500kg



Licence No: S7539212E

428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7539212E



Name

**KENNY RAVICHANDRAN S/O
MANINEL PALAVADIYIN**

Race

INDIAN

Date of birth

23-12-1975

Country of birth

SINGAPORE

Sex

M

AT 599212E

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

S7539212E

Name

**KENNY RAVICHANDRAN S/O
MANINEL PALAVADIYIN**

Birth Date

23 Dec 1975

Issue Date

12 Apr 2010



00154 70184

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S7539212E

Name: KENNY RAVICHANDRAN S/O

MANINEL PALAVADIYIN

Issue Date: 30/1/2013

Please visit www.lta.gov.sg to check

the status of this vocational licence



**A.M.KENNY
TRANSPORT PTE. LTD.**

Reg.No: 201832778W



Kenny

Hp: +65 9448 8721

+65 8434 7148

Email: kennytransport31@gmail.com

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)

CERTIFICATE No.	DMB1SN1832981800	Engine No :1GD8321795 Chassis No:GDH2232000811
1. Index Mark and Registration Number of Vehicle	PC7496B	
2. Name of Policy Holder	M/S A.M.KENNY TRANSPORT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 OCTOBER 2018	EXCESS SECT IS\$2,000.00 EXCESS SECT. IIS\$3,000.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance	14 OCTOBER 2019	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

(1) USE FOR RACING, PACE-MAKING, 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.

HIRE PURCHASE CO. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC

* 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.

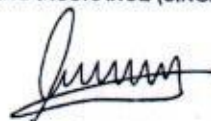
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Vitrass Solutions

Authorised Officer



Authorised Signatory