MATIONAL Amount Court	e Services. purt i sariosi. /	WHIMURIDO	
NATIONAL Assessment Centre	Jeb description	Date & Time Completed	Done by
Date In: 09 10 / 2007 15:52	SAS c-Illing		
Ref No. NA/CJI/9002314/Y	E-mail (within thes, AIC thes)	i i	
Veh No. XD 6545 H	I-Motor Claim Form		74
DON 08/100/2019 23:00	i-Motor W/O (Withlat OD 2hr	TP 4hrs)	
OD (IP) Reporting Only		1	The state of the s
	i-Photo Uploaded	-	
TP Insurer:	Assessment/Survey Report  Ass't Report by Fax / Hand	te Owner/Wksp	
The state of the s	Asserted by Paxi Hand	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAM:
Preferred Wksp / INC Assign Wksp / QW: (	· INC(		
TP Particulars: Veh No: -		Tel:	)
Owner / Driver: (	riod: ( )	Cover Type: (	).
(F. A. 1.1.2) (F. A. 1.1.2)	Date:	Time:	)
Confirmed by : ( Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
1 PACIFICATION CONTRACTOR CONTRAC	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,0			
General Reinaries & Day Letter		時國國際政治學的	STATE OF THE STATE
( ) Walk-In Customer : Customer's Info	ormation strictly Confidential & S	trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur		, · · .s	
Drive-In ( )/ Towed-In ( ); Invoice		Towing Co: ( ' '	, )
namaeka e jikenama 6788061018	1919	al island through the Str	Party Pillone by
The state of the s	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost> \$:	3000] ( )	1 1	
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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 witholding 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 faise reporting may be referred to the Police for investigation.
- 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.

HE SHOULD BE WANTED BY	ACCIDENT STATEMENT
Date Of Report	09/02/2019 15:52
Date Of Accident	08/02/2019 23:00
Exact Location Of Accident	ECP SERVICE ROAD LAGUNA FLYOVER TURNING TO ECP
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XD6545A
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	KINHOE.NG@KTCGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-96155910
Alternative Phone No	OFFICE-84302653
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX420-12.8 D 84RT SC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMVCSN1900161900
Cover Note Number	
Driver	
Name of Driver	MANICKA PADAYACHI RAJENDIRAN

Name of Driver F8477954R NRIC No 12/09/1970 Date Of Birth OUTDOOR Occupation 27/01/2014 Date Of Driving Pass 5 YEARS AND 0 MONTHS Driving Experience Gender MALE Mobile Number (LOCAL) +65-96155910

Fax Number

OTHERS-84302653 Contact Number

KINHOE.NG@KTCGROUP.COM.SG EMail Address

Address

BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE

Postcode

698904

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

Weather Conditions

CLEAR BUT ROAD DARK

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

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

CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 . Police Station Address

COUNTRY: SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190209/2026

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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:
  - 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.
- 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:
  - 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

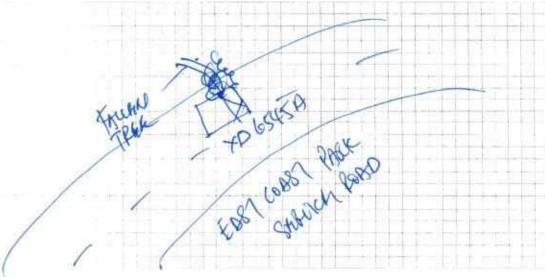
(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre/Personnel's Signature
Name: Kr. C. A. J. M. 4 1997

NRIC/FIN NO. NO.



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	OLDOR!
	The for
	Police
	100 / 00 / 00 / 00 / 00 / 00 / 00 / 00
	Charles of the contract of the
18	17000

#### DECLARATION

I/We replace foregoing particulars are true in every respect.

Policyfolder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.: XCL X





1 of 3

Report No. T/20190209/2026

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 09:20			Vide Report No.:	Station Diary No.:
Informa	ant's Partic	ulars	BURNESS OF STREET	
Name of MANICI RAJENI ID Type FIN NO Nationa	of Informant: KA PADAY/ DIRAN / ID No.: / F8477954 lity:	АСНІ	Address: APT BLK 510 OLD CHOA CHOENGAH LODGE SINGAPOR Contact No.: Home/Office: Email:	HU KANG ROAD #04-94 SUNGEI RE 698904 Mobile: 84302653
INDIAN           Sex:         Age:         Date of Birth:           Male         48         12/09/1970			Type of Informant: Driver	
Race:			Language:	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3,4	Date of Expiry: 26/10/2023

General Infor	mation of the Accident			TATE OF THE PERSON NAMED IN COLUMN	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2019 23:00	Type of Location Bend	
Laguna Flyov Weather:	FPARK SERVICE ROAD er turning into ECP	Road Surface:		load Speed Limit:	
Chara Maria		Traffic Control:	T	Traffic Volume:	
Type of Collis		Not Controlled		loderate nyone conveyed by	
Collision with	hallen Tree			mbulance:	

Vehicle No.	Type	Make	Model	Loui-		
XD6545A		HIGHO	Model	Color	Condition	No of Passenger
AD0545A	Lorry				Slightly	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Today in Edestrian Crossing, NA





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20190209/2026

#### CONTINUATION OF REPORT

Driver	CONTRACTOR OF THE PARTY OF THE					
Name	MANICKA PADAYACHI RAJENDIRAN			ID No		F8477954R
Related Vehicle	XD6545A (Lorry)			Conta	ict No.	84302653
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3,4 Date of Expiry: 26/10/2023
Date Treatment	NIL Date Dis				NIL	
No. of Days gran	NIL	Degree (		NIL		

#### Brief Details.

On 08/02/2019 at about 2300hrs, I was driving along Laguna Flyover turning into the ECP bend. I was driving when I saw a tree falling in front of me. However, I was unable to avoid the tree as there were cars trying to move forwards on my right. Thus, the tree fell and hit onto the left side of my lorry, XD6545A. There was one car in front of my vehicle and two cars behind me. However, the tree only collided with the lorry that I was driving.

The impact from the tree caused the passenger side's window to be shattered and the front window suffered a cracked on the left corner. I was not injured.

Police attended to the scene. However, they did not provide me with any reference number.

I am lodging this report as instructed by my company and for insurance claims.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20190209/2026

CONTINUATION OF REPORT

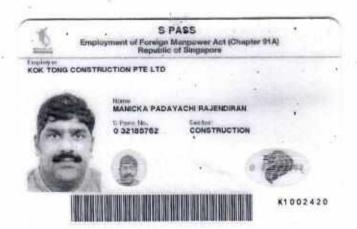
#### Sketch Plan

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 FELICIA GOH MIN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/02/2019 09:20
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:





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

EFFECTIVE DATE

NP 42BA

14 Dec 2000

Cluss 4

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight << 7250kg load or passengers and the unladen weight << 7250kg

27 Jan 2014

VISIT PASS immigration Regulations

05-12-2016.

MANICKA PADAYACHI RAJENDIRAN

F8477954h

12-09-1970

INDIAN

MULTIPLE JOURNEY VISA ISSUED



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAB EXPIRED, OH WHEN A NEW CARD IS ISSUED TO YOU.





# 中国太平保险(新加坡)有限公司 CHENA TAJPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MZ300/C N SN BROO72A Cov.Type: C

MOTOR COMMERCIAL VEHICLE

R CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compansation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compansation) Rules, 1980
 Road Transport Act, 1997 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Melaysia)

ORIGINAL

(3)			
CERT	TIFICATE No.		Engine No :b13372388
		DMCVSN1900161900	Chano:yv23G10G60A738197
3. 3/	idex Merk and Registration		THE STATE OF THE S
	umber of Vetucia	XD6545A	
2. N	are of Policy Holder		
		KOK TONG TRANSPORT & EN	GINEERING WORKS PTE LTD
3 E	flective date of the Commercomen	of	
Ö	autance for the purposes of the Re schemics or Enachment	pulations, 22 January 2019	EXCESS SECT I
4 D	ete of Expiry of Insurance		The state of the s
		21 January 2020	
5 P	emons or Classes of Persons entitle	of to driver	7
A	ny person who is driving	on the Policyholder's order	or with their permission.
1			
rs.	egulations to drive the	Motor Vehicle or has been so	rdance with the licensing or other laws or permitted and is not disqualified by order of a lon in that behalf from driving the Motor Vehicle.
6: Um	itations as to use:"		
6	) Use in connection wit	h the Policyholder's business	
100		of passengers (other than for	hire or reward) in connection with the
6		tic or pleasure purposes.	
	ne Policy does not cover		
			liability trial or speed testing.
			any one disabled mechanically propelled vehicle.
5	y use mirror uraming a	crarrier except the towing or	any one orsabled mechanically properlied venicle.
	*Limitations randered inag and Section 95 of the Ross	perative by Section 8 of the Motor Vel I Transport Act 1987 (Malaysia), are n	sides (Third-Party Risks and Compensation) Act (Chapter 189) of to be included under these headings.
	I/We hereby Ce provisions of the Motor Y Transport Act, 1987 (Ma	ehicles (Third-Party Risks and C	this Certificate relates is issued in accordance with the ompensation) Act (Chapter 189) and Part IV of the Road
	Please see reverse		For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
			Ω
Issued By			Juny
	Authorised Offi	Der	Authorised Signatory
	and the second of the second o		1 PUBLISH TO THE PUBLISH THE P

### Enquire Vehicle Registration Details

Enquire Vehicle Registration De Owner Particulars	etails
NRIC/Passport/Company Cert No.:	***************************************
Owner ID Type:	199904117E
Owner Name :	Company
Registered Address:	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Mailing Address :	27 PANDAN CRESCENT SINGAPORE 128476
Birth Date:	
Vehicle Particulars	
Vehicle No.;	XD6545A
Previous Vehicle No.:	
Effective Date of Ownership:	22 Jan 2013
Original Regn Date:	22 Jan 2013
Registration Date:	22 Jan 2013
Year of Manufacture:	2012
Vehicle Type:	Goods (Open) Tipper/Dumper Truck
Vehicle Scheme :	*
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	a a
Vehicle Attachment 3:	3 110
Vehicle Make:	VOLVO
Vehicle Model:	FMX420 84RT SC
Primary Colour:	White
Secondary Colour :	White
Passenger Capacity:	
Chassis No.:	10.001014
Engine No.:	YV2JG10G6DA738197
Engine Capacity / Power Rating:	D13372388
Maximum Power Output:	12777 cc/-
Propellant:	
Max Unladen Weight:	Diesel
Maximum Laden Weight:	14800 kg
Open Market Value :	34000 kg
PARF Eligibility:	\$133,054.00
The Control of the Co	No
PARF Eligibility Expiry Date : Minimum PARF Benefit :	
No. of Transfers:	
	0
IU Label No.:	2010436100
COE No.:	2012120105000304D
COE Expiry Date :	21 Jan 2023
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing	\$60,235.00/-
Quota Premium :	= TAGEOMUNISCO
Actual QP Paid:	\$60,235.00
QP (Regn Cat):	\$60,235.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise :	\$60,235.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid :	\$6,653.00
Vehicle Lifespan Expiry Date:	21 Jan 2033
CO2 Emission:	
CO Emission:	
HC Emission:	
NOx Emission:	*
PM Emission;	*
Advanced	

To renew the COE, the Prevailing Quota Premium payable is that of Category C.

Message: