

**NATIONAL Assessment Centre Services** [ref: 1 Jan'05] **NA 190 42420**

Date In: 14/19 - 19:06	Job description	Date & Time Completed	Done by
Ref No: NA 190 3346/24	SAS e-filing		
Veh No: X06545A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/19 - 09:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: JKL 3372 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:- (INC hotline: 6788 6616)	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

NA 190 3372	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Est Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Cat. 1:	8) NTUC Additional Services:-			
	QJ:			
Cat. 2 / 3:	*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			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

## 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	01/04/2019 19:06
Date Of Accident	31/03/2019 09:00
Exact Location Of Accident	EAST COAST PARK SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6545A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX420 84RT SC
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1900161900
Cover Note Number	

### Driver

Name of Driver	MANICKA PADAYACHI RAJENDIRAN
Passport No/FIN	F8477954R
Date Of Birth	12/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84302653
Fax Number	
Contact Number	OFFICE-84302653
EMail Address	NOEMAIL

Address	BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEEI 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	COLLISION - HEAD TO REAR
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)	0

#### 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
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190331/2044. AS SPOKEN TO CHINA TAIPING OFFICER (MS SO CHEOW) ABLE TO UPLOAD SCENE PHOTOS FOR REPORTING. CONTACT NUMBER: 63896176

#### 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 Witness 1

Name	
Phone Number	81241603
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG2337Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN RUIQUAN

NRIC/Passport Number S8303883G

Contact Number 87762249

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

## 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 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.
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 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 (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.

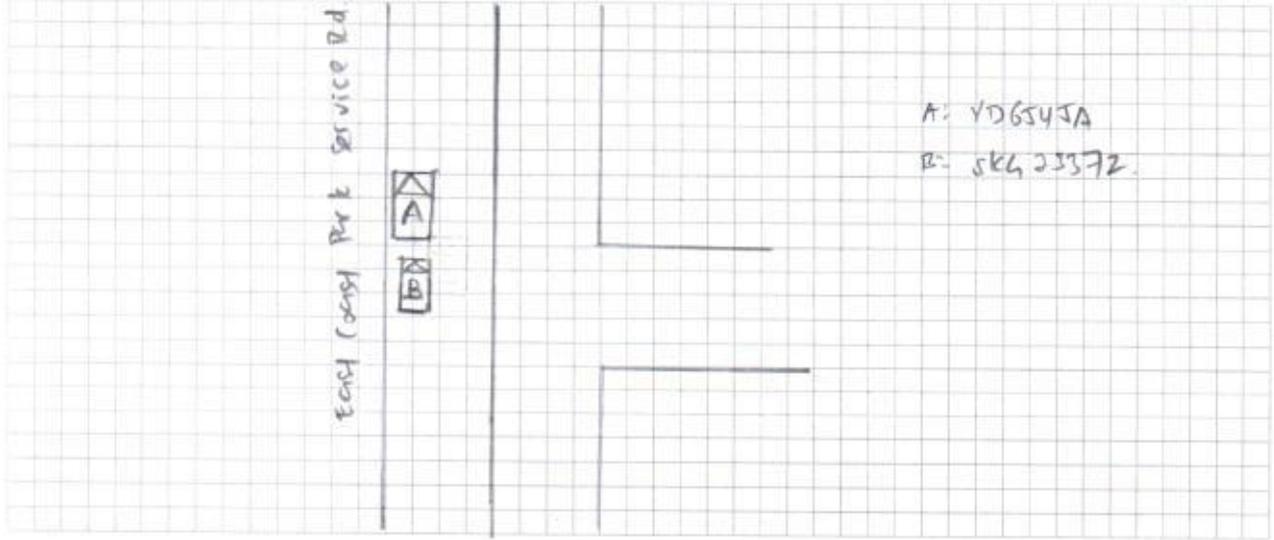


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

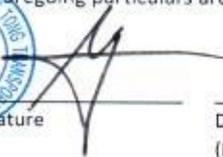


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

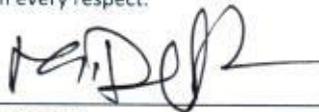
Refer to police report - T/20190331/2014.

DECLARATION

I/We declare the foregoing 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 3 / 19) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: East coast park service rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 6545A  
b) INSURANCE COMPANY: CT  
c) POLICY NUMBER: DMCVSH1900161900  
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: Working  
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: Ek Bng Transport & Engineering Wala Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Manika Pindayachi Rajendran (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6477342 CONTACT: 84302653  
c) ADDRESS: Blk 512 Thean Chu Kang Road #04-94 Tengah Lodge  
(698904)

\*d) DATE OF BIRTH: (12 / 9 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27 / 1 / 2014

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

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG623372 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Chen Ruiguan  
c) NRIC/FIN/PASSPORT: S83038836 CONTACT: 87762246

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

witness detail:

contact number: 8124 1607

email =

so cheow

fax =

63896176

video =

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
( )



**SINGAPORE  
POLICE FORCE**



T/20190331/2044

1 of 3

Report No. T/20190331/2044

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: 31/03/2019 13.42	Vide Report No.: G/20190331/0101	Station Diary No.: 89
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**Informant's Particulars**

Name of Informant: MANICKA PADAYACHI RAJENDIRAN		Address: APT BLK 510 OLD CHOA CHU KANG ROAD #04-94 SUNGEI TENGAH LODGE SINGAPORE 698904	
ID Type / ID No.: FIN NO / FB477954R		Contact No.:	Mobile: 84302653
Nationality: INDIAN		Home/Office:	Email:
Sex: Male	Age: 48	Date of Birth: 12/09/1970	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/03/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARK SERVICE ROAD Along East Coast Park Service Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG2337Z	Car				Totally Damaged	2
XD6545A	Lorry				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190331/2044

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

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Report No. T/20190331/2044

CONTINUATION OF REPORT

Driver			
Name	Chen RuiQuan	ID No.	S8303883G
Related Vehicle	SKG2337Z (Car)	Contact No.	87762249
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	MANICKA PADAYACHI RAJENDIRAN	ID No.	F8477954R
Related Vehicle	XD6545A (Lorry)	Contact No.	84302653
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

**Brief Details.**

On 31/03/2019, at about 0900hrs, I was driving my company lorry XD6545A along East Coast park service road, as I need to use the toilet immediately, I then parked the lorry at the side of the road and went to the toilet at the East Coast Park, at about 0920hrs, after I finish using the toilet, I heard a loud bang coming from my vehicle direction therefore I ran over to my vehicle and saw that a vehicle SKG2337Z had collided into the rear of my lorry. The front bumper of SKG2337Z was totally crashed, the airbag was also deployed and there was two passenger onboard the vehicle. The front passenger sustained scratches along the hands and was seen bleeding, she was conveyed to hospital by ambulance.

The driver and the back passenger was not injured and does not require medical assistance. I wish to state that the rear of my company lorry was also damaged and dented.

I further wish to state that there was a witness at the scene, he was driving a lorry YN8060D and only provided his contact number 81241603 to me. He informed that he is able to provide information of what had happened.



# SINGAPORE POLICE FORCE



T/20190331/2044

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

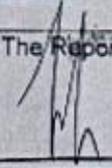
Report No. T/20190331/2044

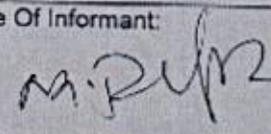
## CONTINUATION OF REPORT

### 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 JEW KIAN HOW  Signature : _____
Signature Of Interpreter: Not applicable  <b>Singapore Police Force</b>
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438

Signature Of Informant: 
Date/Time: 31/03/2019 13:42
Classification Of Case:

Authentication Stamp  
NP168

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **F 8 4 7 7 9 5 4 R**  
 Name: **MANICKA PADAYACHI RAJENDIRAN**

Birth Date: **12 Sep 1970**  
 Issue Date: **08 Sep 2018**  
 Valid Till: **26/10/2023**

0028433290




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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	14 Dec 2000
Class 4	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 $\leq$ 7250kg	27 Jan 2014

NP 428A



DoA: 19/10/2018  
D/E: 03/12/2020

SE 1205

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

Employee:  
KOK TONG CONSTRUCTION PTE LTD

 Name: **MANICKA PADAYACHI RAJENDIRAN** 5259

S Pass No. **0 32185762** Sector: **CONSTRUCTION**

 **K1002420**

**VISIT PASS**  
Immigration Regulations 05-12-2019

Name:  
**MANICKA PADAYACHI RAJENDIRAN**

FIN  
**F8477954R**

Date of Birth **12-09-1970** Sex **M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

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





MOTOR COMMERCIAL VEHICLE

**R CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN1900161900	Engine No :D13372388 Chano:YV2JG10G6DA738197
1. Index Mark and Registration Number of Vehicle	XD6545A	
2. Name of Policy Holder	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment	22 January 2019	Excess Sect I ..... S\$1,500.00 EX ON WINDSCREEN ..... S\$200.00
4. Date of Expiry of Insurance	21 January 2020	
5. Persons or Classes of Persons entitled to drive*	any person who is driving on the policyholder's order or with their 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*	<p>(1) Use in connection with the policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover. (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><i>* Limitations rendered inoperative by Section B 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></p>	

**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.

Issued By: \_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Authorized Signatory