

Centro-Legal Law Corporation

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel: 6235 0633
Fax: 6235 6939

ADVOCATES AND SOLICITORS

Your Ref : To be advised

Our Ref: CLLC.PD.249.2022

lod@centrollc.com.sg

16 DEC 2022

India International Insurance Pte Ltd

WITHOUT PREJUDICE BY HAND

64 Cecil Street

#04/06-00 IOB Building

Singapore (670153)

Attn: Manager/Motor Claims Department

Dear Sirs,

ACCIDENT ON 26.10.2022 ALONG KIM SENG WALK INVOLVING MOTOR VEHICLES GBE 4050D AND SLS 5273D

We act for JORDANS ELEVATOR (S) PTE LTD, the owner of motor vehicle GBE 4050D involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle SLS 5273D.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 26.10.2022 along KIM SENG WALK involving our client's motor vehicle no GBE 4050D and motor vehicle no SLS 5273D was driven by your insured and/or your insured's servant and/or agent at the material time.

We are instructed that the accident was caused by your insured and/or your insured's servant and/or agent negligent driving and/or management of the motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

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ADVOCATES AND SOLICITORS

a)	Cost of repairs	\$ 6,000.00
b)	Loss rental	\$ 900.00
c)	Loss of use (PRI) \$150X2 days	\$ 300.00
d)	Survey report fee	\$ 636.00
e)	Colour copies \$1.00X	\$ 9.00
f)	LTA search fee	\$ 7.49
g)	GIA reports fee	\$ 29.00
h)	Costs contribution	<u>\$ 1,000.00</u>
		<u>\$ 8,881.49</u>

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [] Excess bill/receipt
- [] Vehicle Registration Card
- [] COE/PARF Certificate
- [] Names and addresses of witnesses
- [] Photographs of damage to our client's motor vehicle
- [x] Photocopied photographs of damage to our client's motor vehicle
- [] Rental Agreement, Invoice and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Yours faithfully,



P KAMALA DEWI
CENTRO-LEGAL LAW CORPORATION
Enc.

Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

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Singapore 169876
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Please note that we have notified your insurers. Please inform them of the claim. If your insurers are not the above-named and if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

EVOLUTION96 AUTO PTE LTD

Company Reg. No.: 202237588G
Address: 3020A Ubi Road 1 #01-33 Singapore 408714
Email: evolution96auto@gmail.com
Mobile: +65 9096 6559

INVOICE

To: **Jordans Elevator (S) Pte Ltd**
10 Ubi Crescent
#04-65 Ubi Techpark Lobby D
Singapore 408564

Invoice No. : **INV/2023/0005**

Vehicle No. : **GBE4050D**

Date : **07 Nov 2022**

S/N	Description	Amount S\$
1.	Vehicle Rental	\$ 207.00
2.	Cost of Repairs (Lump Sum)	\$ 6,000.00
Total Amount		\$ 6,207.00

Payment Details :

- 1) Cheques should be crossed and make payable to: **EVOLUTION96 AUTO PTE LTD**
- 2) Online Banking: **OCBC 595097932001**

A handwritten signature in black ink is positioned to the left of a circular stamp. The stamp contains the text "EVOLUTION96 AUTO PTE LTD" around the perimeter and "UEN: 202237588G" in the center.

Evolution96 Auto Pte Ltd

Precise Appraiser Pte Ltd

Reg no. 201924041Z

Invoice

To: Jordans Elevator (S) Pte Ltd

Invoice No: 2022/INV/ 0259

CC: Evolution96 Auto Pte Ltd

Your Reference:

3020A Ubi Road 1

Our Reference: 2022/10060

#01-33

Date : 7/11/2022

Singapore 408714

Description	Amount S\$
<u>Particulars</u>	
Vehicle No: GBE4050D	
Accident Date : 26/10/2022	
Date of Inspection: 27/10/2022	
<u>Service:</u>	
Assessment with report (inclusive of photographs and transport charges etc)	\$636
Total Amount:	\$636

Payment Details:

- 1) Cheque: Kindly make all cheques crossed and payable to **PRECISE APPRAISER PTE LTD**
- 2) Online Banking: **Maybank 041-9107653-9**
- 3) Paynow UEN: **201924041Z**



Precise Appraiser Pte Ltd

Precise Appraiser Pte Ltd

VEHICLE DAMAGE ASSESSMENT REPORT

Reg no. 201924041Z

To: Jordans Elevator (S) Pte Ltd

CC: Evolution96 Auto Pte Ltd

3020A Ubi Road 1

#01-33

Singapore 408714

REFERENCES

Ref No	: 2022/10060	Date of Report	: 7/11/2022
Claim Type	: Third Party	Date of Request	: 27/10/2022
Third party vehicle	: GBE4050D	Date of Accident	: 26/10/2022
Insured Vehicle	:	Date of Inspection	: 27/10/2022

Your Reference No : -

DAMAGED VEHICAL PARTICULARS

Registration Plate No	: GBE4050D	Engine Modification	: NIL
Model / Make	: Toyota Dyna	Pre-accident damage	: NIL
Colour	: Silver	General Condition	: Good
Manufacturing Year	: 2015	General Paint Work	: Good
Engine No	: 1KD2553622	Steering	: Serviceable
Engine Capacity	: 3000cc	Handbrake	: Serviceable
Chassis No	: KDY2318021471	Footbrake	: Serviceable
Odometer No	: 144868		
Transmission	: Auto		

TYRES CONDITION

Front Right		Rear Left	
Make	: Toyo	Make	: Arivo
Size	: 195 r15 4	Size	: 155 r13 4
Front Left		Rear Right	
Make	: Toyo	Make	: Arivo
Size	: 195 r15 4	Size	: 155 r13 4

The above millimetres represent the remaining life of tyre treads

VEHICAL REPAIR COST

<u>Descriptions</u>	<u>Repairer (S\$)</u>	<u>Difference (S\$)</u>	<u>Adjuster (S\$)</u>
Parts	6,870.93		5,283.50
Labour	2,750.00		2,220.00
Calculated Cost (S\$) :	9,620.93	2,117.43	7,503.50

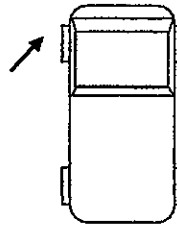
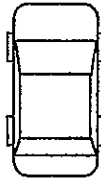
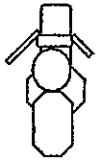
Recommended Lump Sum Repair Cost (S\$)	: 6,000.00
Estimate Repair Duration	: 6
Survey Inspection At	: Evolution96 Auto Pte Ltd
Survey Inspection Address	: 3020A Ubi Road 1
	: #01-33
	: Singapore 408714

DESCRIPTION OF DAMAGE

At the time of inspection, this vehicle sustained damages to the **Front Lh Portion**.

Front bumper, lh corner panel, front lh door dented, front lh windscreen pillar push in, lh headlamp broken etc.

Please see attached scheduled details.



SPECIAL REMARKS

We have not authorised repair. Under normal circumstances, estimated 6 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Anthony
Automotive Appraiser
MSAAA

Disclaimer:

This survey was conducted by Precise Appraiser Pte Ltd without prejudice basis and we do not authorized repair. Report by Precise Appraiser Pte Ltd is deemed as confidential and provided for the use of clients and appointed agent. *We have inspected thoroughly each and every item on the repairer's estimate against the actual damages found on the vehicle.* All findings and recommendations are listed accordingly and final decision of settlement to your good selves parts thereof accordingly and final. No liability shall be attached to Precise Appraiser Pte Ltd therefore.

Our Reference : 2022/10060

Your Reference:

Vehicle Number :GBE4050D

S/N	Qty	Description	Condition	Repairer Estimate (S\$)	Our Assessment (S\$)
Parts					
1	1pcs	Front bumper	Dented	587.60	567.60
2	1pcs	Front bumper lh bracket	Bent	144.00	144.00
3	1pcs	Lh headlamp	Holder Torn	988.80	988.80
4	1pcs	Front panel emblem "Dyna"	Necessary	85.00	85.00
5	1pcs	Lh corner panel	Dented	398.20	398.20
6	1pcs	Front grille	Missing	498.00	498.00
7	1pcs	Front grille logo	Missing	68.00	68.00
8	1pcs	Front lh windscreen pillar	Repair	885.40	-
9	1pcs	Lh door	Dented	1,608.70	1,608.70
10	1pcs	Lh door outer garnish	Serviceable	179.20	-
11	1pcs	Lh door outer moulding	Serviceable	161.50	-
12	1pcs	Lh door inner seal	Necessary	78.00	78.00
13	1pcs	Lh door bottom seal	Necessary	78.00	78.00
14	1pcs	Lh door inner lock	Serviceable	438.30	-
15	1pcs	Lh door signal lamp	Grazed	158.30	158.30
16	1pcs	Condenser	Corner Torn	995.50	995.50
17	1pcs	Condenser fan assy	Serviceable	325.50	-
18	1pcs	Condenser bracket	Bent	351.20	351.20
19	1pcs	Lh step garnish	Grazed	398.70	398.70
Total				8,427.90	6,418.00
Less 25%				2,106.98	1,604.50
Parts Sub Total				6,320.93	4,813.50

Special Nett

20	1set	Front lh door sealant	Necessary	100.00	80.00
21	1pcs	Front lh door body lettering	Necessary	50.00	30.00
22	1set	Front lh door trim clips	Necessary	50.00	30.00
23	1set	Front grille clips	Necessary	50.00	30.00
24	1set	Front lh door advertisement	Necessary	300.00	300.00
Total				550.00	470.00

Labour					
1		To check wiring system		80.00	50.00
2		To reprogramme after repair		200.00	150.00
3		To transfer front lh door attachments.		150.00	120.00
4		To r&r condenser and recharge air con gas.		120.00	120.00
5		To cut and weld on front lh windscreen pillar. To panel beat and straighten on floor board. To r&r front bumper, lh door, lh headlamp and others attachments.		1,000.00	800.00
6		To putty and respray on front bumper, lh corner panel, front lh windscreen pillar, front lh door and accident affected areas.		1,000.00	800.00

7	To conduct water seepage test	100.00	100.00
8	Rust proofing	100.00	80.00
	Labour Total	2,750.00	2,220.00
	Sub Total (labour and parts)	9,620.93	7,503.50

Adjustment / Recommendations

Note: For Lump Sum Repair

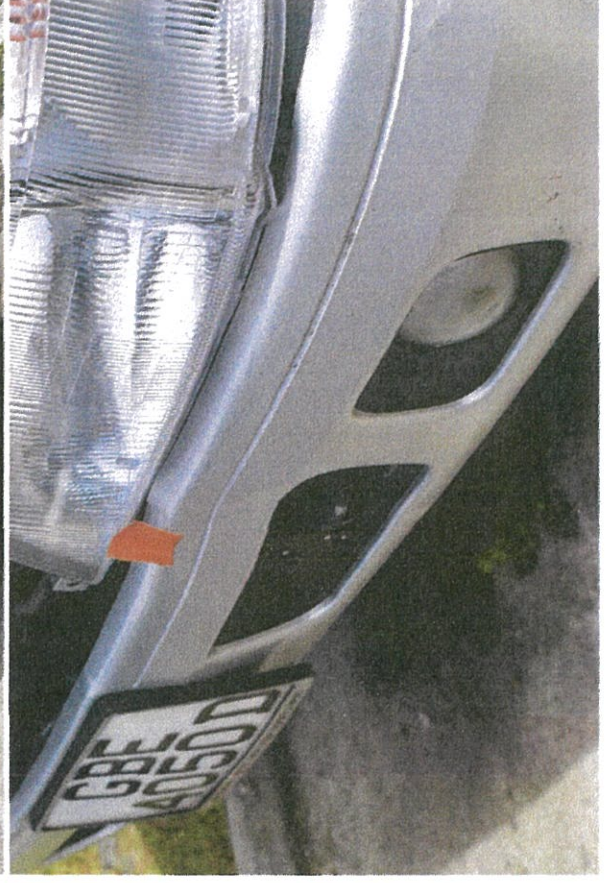
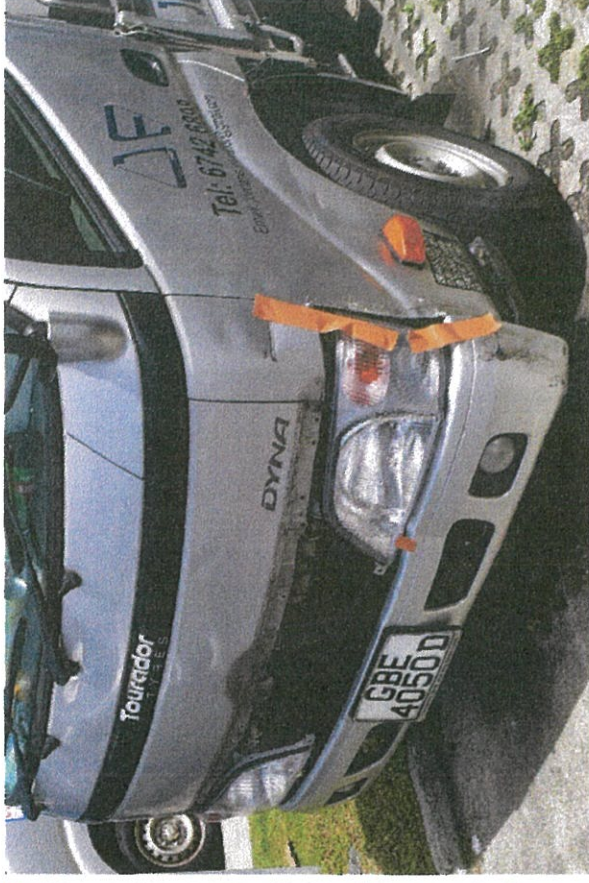
The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or use of ex-stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted Lump Sum contract amount is **S\$6,000**.

Under normal circumstances, the repair period would be about 6 working days.

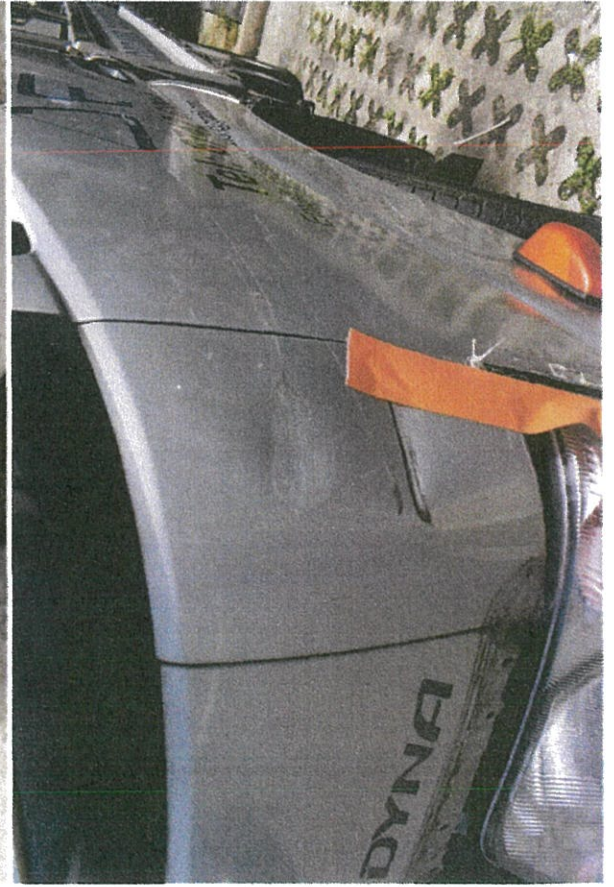
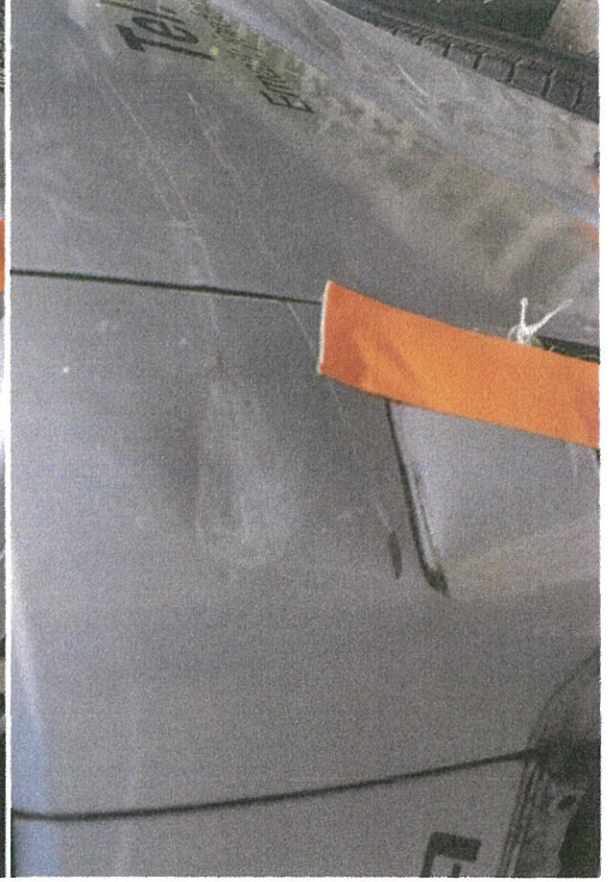
Our Ref: 2022/10060
Vehicle No.: GBE4050D

INSPECTION PHOTOS



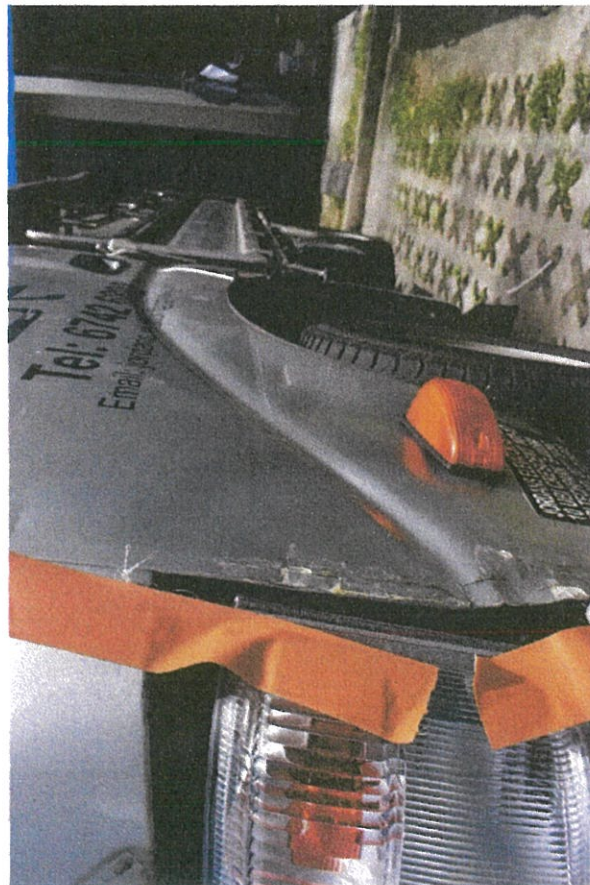
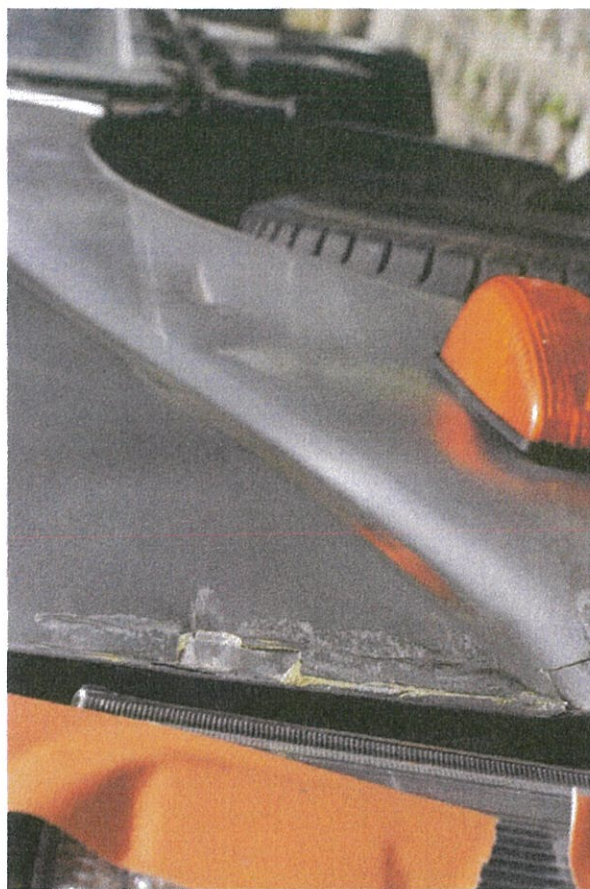
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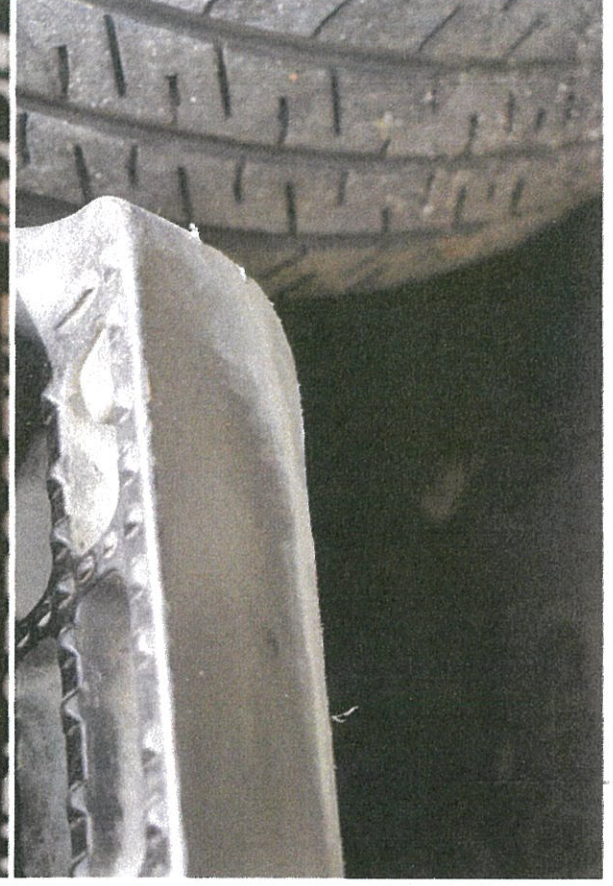
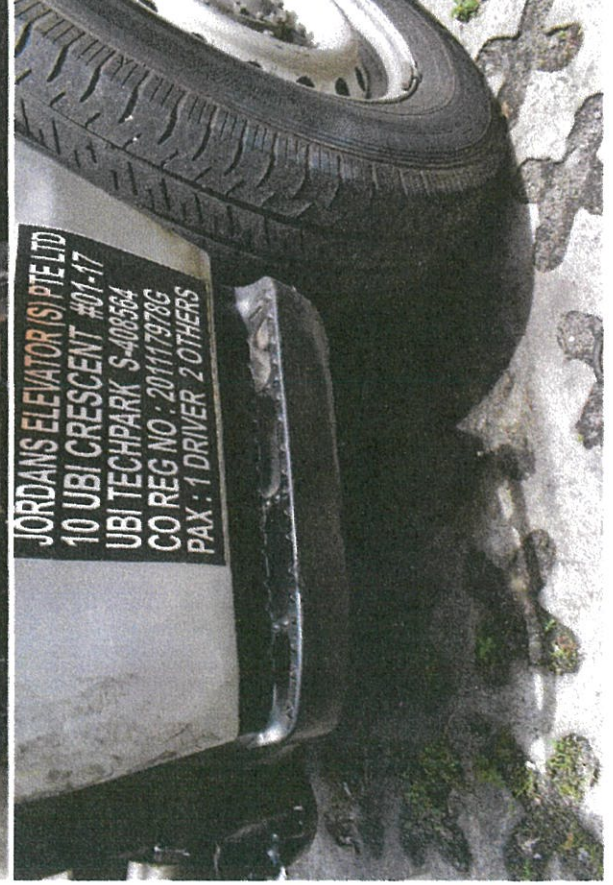
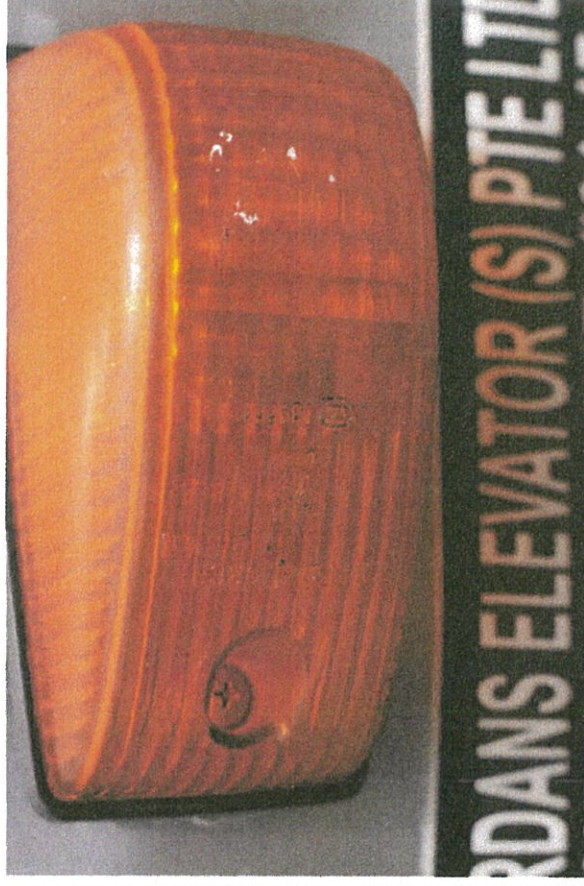
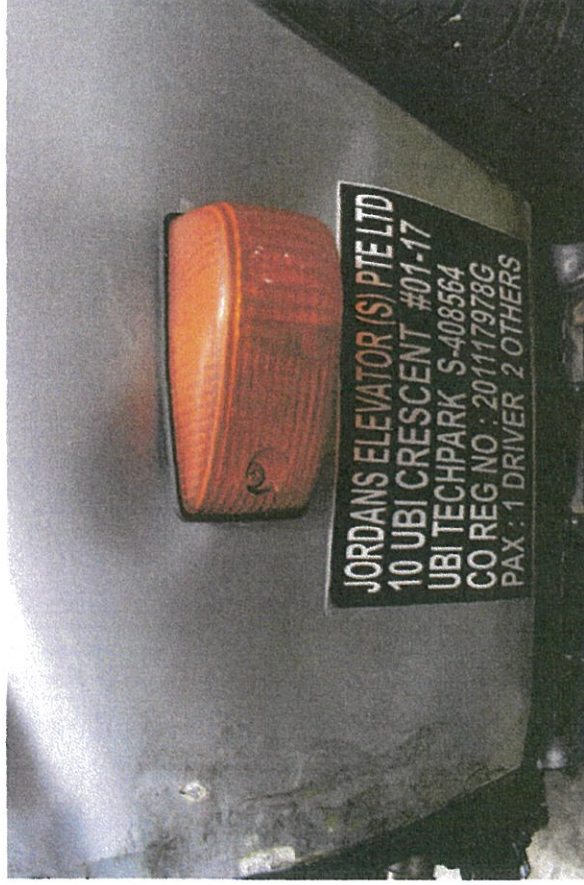
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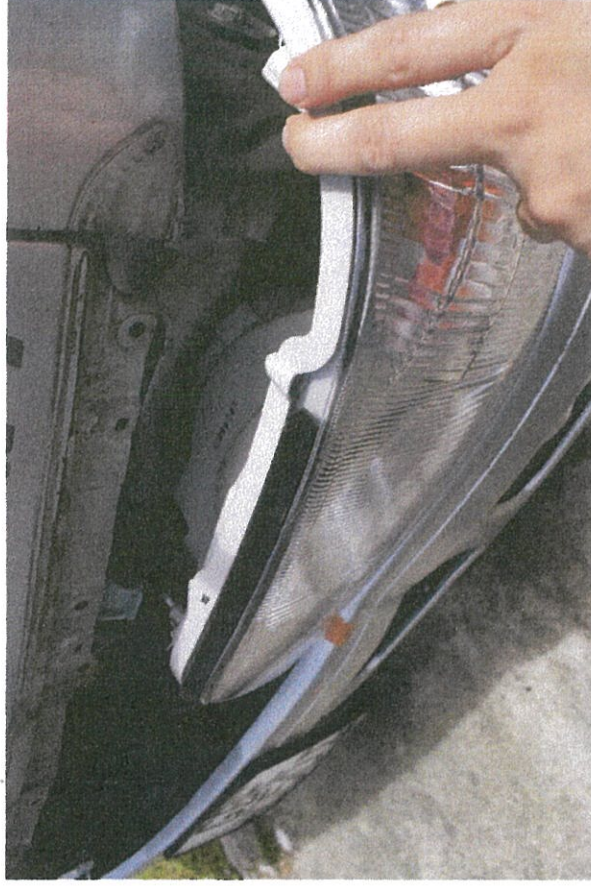
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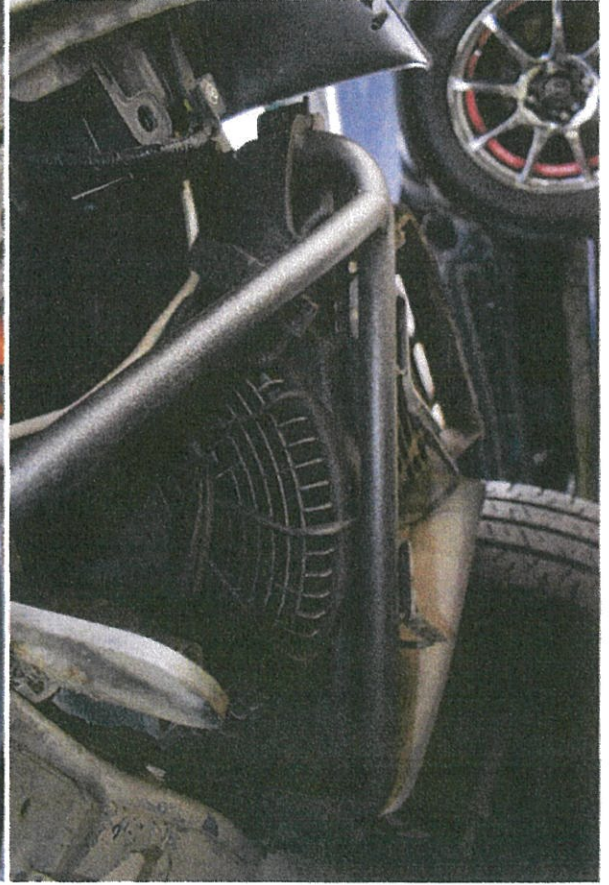


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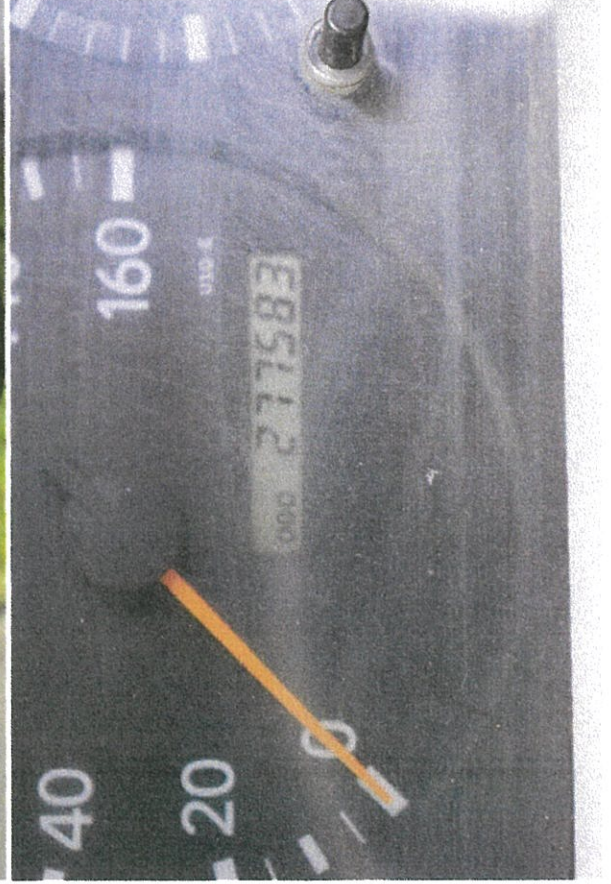


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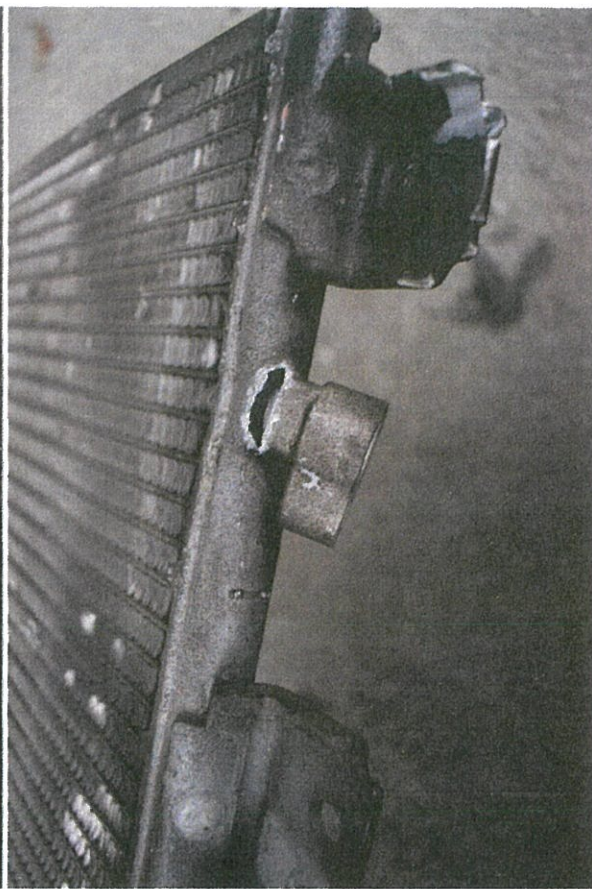
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Vehicle No.: GBE4050D

INSPECTION PHOTOS



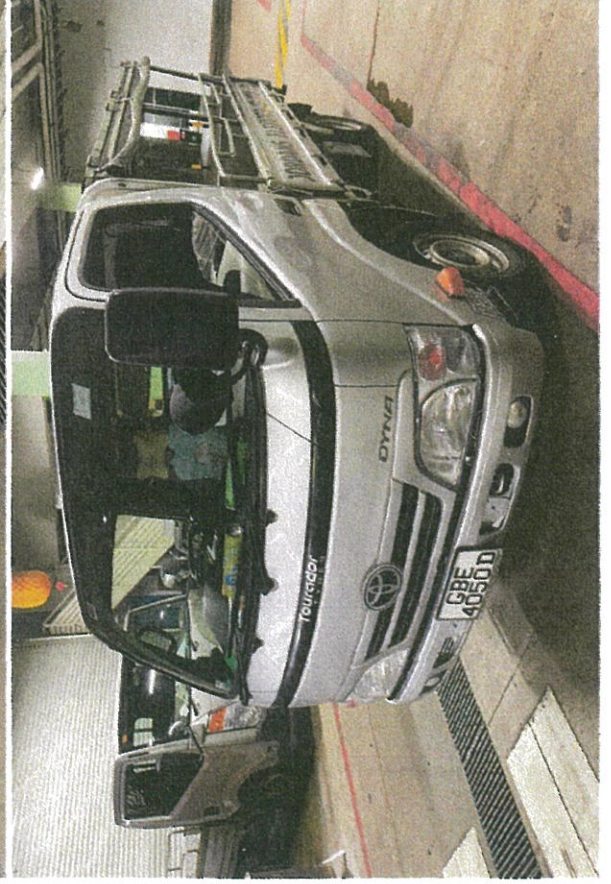
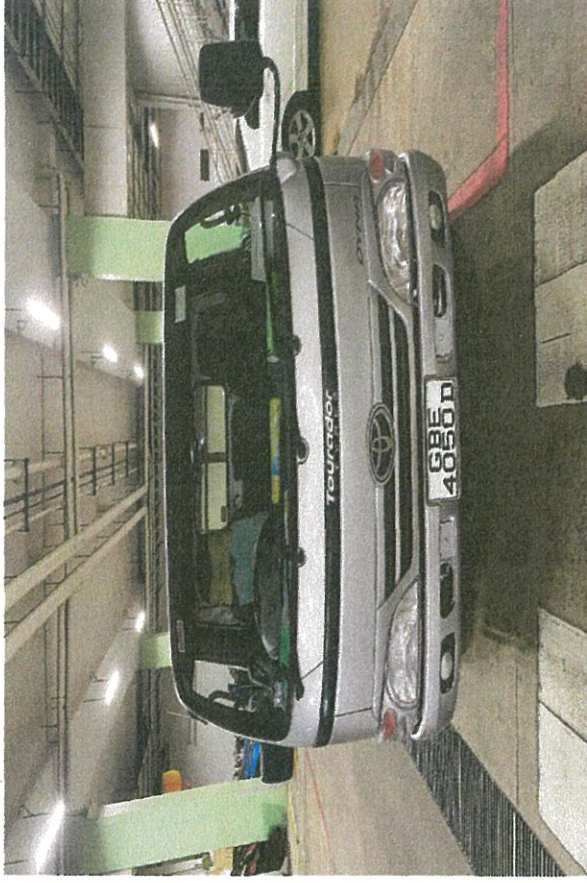
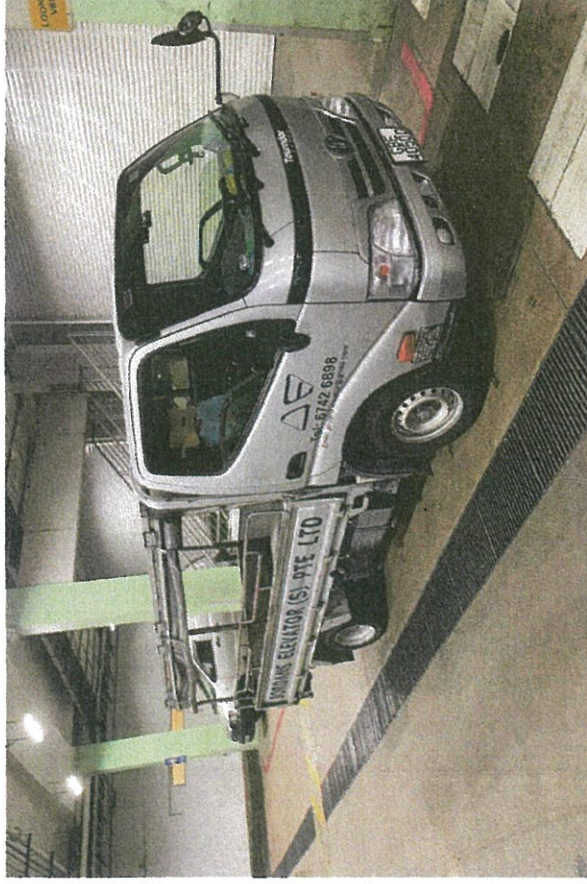
Our Ref: 2022/10060
Vehicle No.: GBE4050D

INSPECTION PHOTOS



Our Ref: 2022/10060
Vehicle No.: GBE4050D

INSPECTION PHOTOS



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 Actual 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 Submission	27/10/2022 16:10 (SGT)
Reported by	Driver
Date of Accident	26/10/2022 18:25 (SGT)
Exact Location of Accident	Kim Seng Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4050D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JORDANS ELEVATOR (S) PTE LTD
Company Reg No	201117978G
Email Address	jordans.hehuiting@gmail.com
Mobile Phone No	(Phone) +65-85873173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	3.0L DIESEL, 2WD, 5MT
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00136732105

DRIVER

Name of Driver	HOSSAIN MOHAMMAD TANVIR
Work Permit No	G2421196M
Date Of Birth	12/12/1991
Occupation	Outdoor

Date Of Driving Pass	31/10/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-85873173
Alt. Phone Number	-
Email Address	jordans.hehuiting@gmail.com
Address	10 Ubi Cres, #04-65 Lobby D Ubi Techpark
Address complement	-
Postcode	408564
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS5273D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAVEENDRAN KRISHNAN
NRIC No	S1596520G
Contact Number	(Phone) +65-92471511
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HOSSAIN MOHAMMAD TANVIR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE4050D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

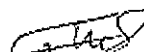
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

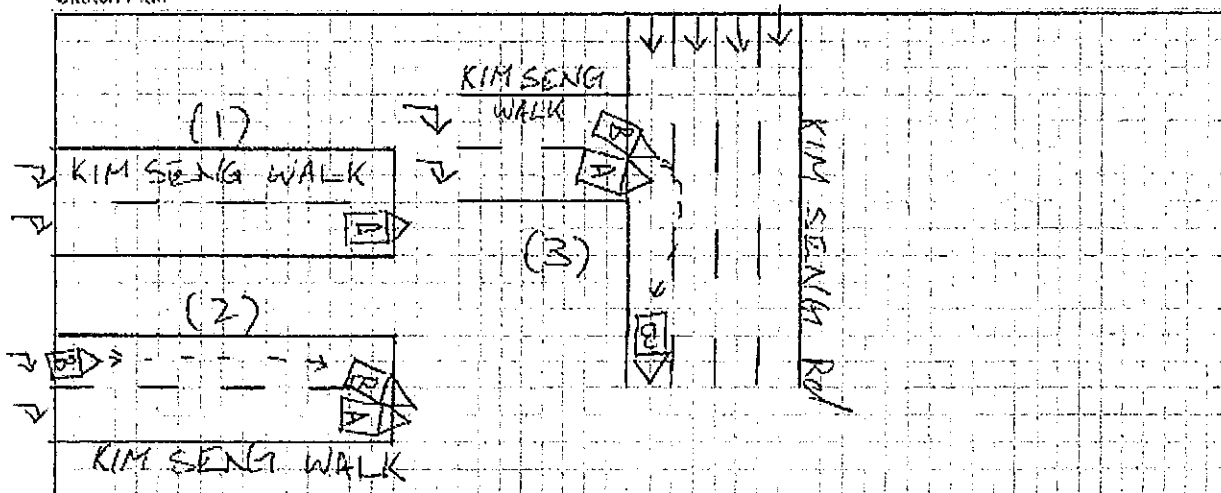
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 be 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.

Insured Person's Signature:  Date & Time: 

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

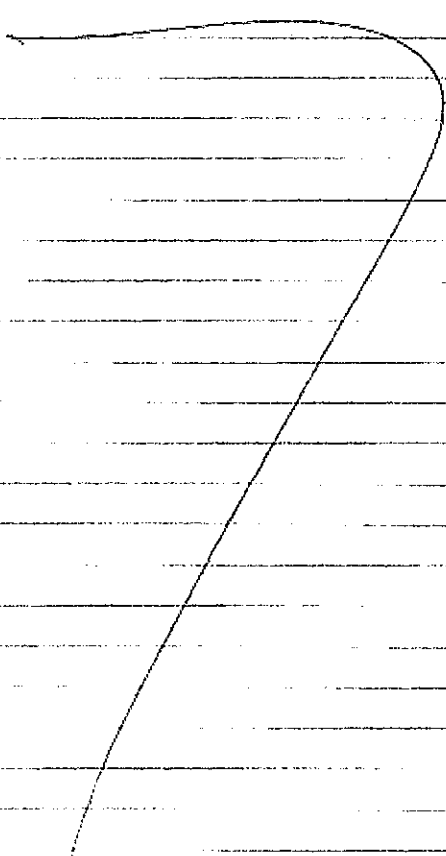
Witnessed by Reporting Officer (Name & NR Code): _____

Sketch Plan




Describe Circumstance of the Accident

REFER TO POLICE REPORT




Declaration

I/We declare the foregoing particulars are true in every respect


 Police Officer's Signature




 Driver's Signature of driver of the policyholder's Date & Time



Witnessed by Reporting Officer's Name as in NP O. Date of

Date of Accident: 26 OCT 2015
 Location of Accident: KIM SENG WALK
 Purpose of Trip: JORDANS ELEVATOR (C) PTE LTD
 Driver's Name: HOSSAIN MOHAMMAD TANVIR
 Date of Birth: 12 DEC 1991
 Date of Issue: 31 OCT 2016
 Address: 508 OLD CHOA CHU KANG ROAD SUNGAI TENGAH LODGE SINGAPORE
 Relationship of Driver with Vehicle: EMPLOYEE
 Vehicle Number: GBE 4050D
 Insurance Company: CHINA TAIPING
 DMV Number: DMCKENW00136732105
 Any passengers inside vehicle involved: NO
 Vehicle & Passenger Name: NIL
 Anyone Injured: NO
 Convey By Ambulance: YES (NO)
 Name / NRIC / Which Vehicle: HOSSAIN MOHAMMAD TANVIR, G 2421196M, GBE 4050D
 Was The Accident Reported To The Police? YES
 Which Police Station: HOUGANG N.P.C
 Does The Driver Own Any Other Vehicle? NO
 Was Any Foreign Vehicle Involved? NO
 Was There Any Video Captured By Car Camera? NO

Third Party's Particulars	
Vehicle B's Number: S1596S20G	Make & Model:
Driver's Name: RAVEENDRAN KRISHNAN	NRIC: S1596S20G
Vehicle C's Number: [REDACTED]	Make & Model:
Driver's Name: [REDACTED]	NRIC: [REDACTED]
Vehicle D's Number: [REDACTED]	Make & Model:
Driver's Name: [REDACTED]	NRIC: [REDACTED]
Vehicle E's Number: [REDACTED]	Make & Model:
Driver's Name: [REDACTED]	NRIC: [REDACTED]



**SINGAPORE
POLICE FORCE**



T/20221027/2047

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221027/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 13:44		Vide Report No.:		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: HOSSAIN MOHAMMAD TANVIR			Address: 508 OLD CHOA CHU KANG ROAD SUNGEI TENGAH LODGE SINGAPORE 698903		
ID Type / ID No.: FIN NO / G2421196M			Contact No.: Home/Office: Mobile: 85873173		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 30	Date of Birth: 12/12/1991	Type of Informant: Driver		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER / DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 26/10/2022 18:25	Type of Location: T-Junction
Location: KIM SENG WALK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE4050D	Lorry				Seriously Damaged	0
SLS5273D	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221027/2047

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221027/2047

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN MOHAMMAD TANVIR	ID No.	G2421196M
Related Vehicle	GBE4050D (Lorry)	Contact No.	85873173
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAVEENDRAN KRISHNAN	ID No.	S1596520G
Related Vehicle	SLS5273D (Car)	Contact No.	92471511
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 26/10/2022 at about 1826hrs, I was driving along Kim Seng Walk, lane 1 of a 2 lane road, and as I was approaching the T-Junction, I came to a complete stop to look out for oncoming vehicle. The above mentioned vehicle also came to a stop on the left side of my lorry. After about 6-7 seconds, the mentioned vehicle suddenly moved off and attempted to turn into my lane. Said vehicle then swerved right and collided onto the left front portion of my lorry while I was still stationery. He then drove onto the most extreme right lane of the Kim Seng Road and came to a stop.

Afterwhich, I came down from my vehicle and spoke to the said driver. Said driver then claimed that I had drove into his lane however, I showed him that my vehicle was still stationery at the stop line. He then kept quiet and we exchanged particulars and took photos of the accident. I wish to state that I have in-car camera on my lorry. I have reported the accident to my company.

As I felt pain on my neck, shoulder and back, I decided to go see the doctor and was given 3 days of medical leave. I wish to state that there was no Police or Ambulance that came down to my scene.



**SINGAPORE
POLICE FORCE**



T/20221027/2047

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221027/2047

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:
F)

SR STAFF SGT TAN YEOW
CHONG NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/10/2022 13:44

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 26 Oct 2022 / 18:25:00)

Vehicle Insurance Details

Vehicle No.:

SLS5273D

Make Description/Model:

MAZDA / MAZDA3 SEDAN 1.5 AT EU6

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20221028104913745787

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print



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For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Transaction Type	Transaction Amount
1	Vehicle	SLS5273D	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49