

ACCIDENT STATEMENTDate of accident: 03.09.2024Time: 11.35 pmLocation of accident: Macpherson Rd when turning right to PIE**Details of Own Vehicle**Vehicle Number: SNJ 1825LMake/Model: Bmw 116IInsurer: IncomeEng. cc & Transmission: 1500Policy No: 542201273Policy Type: C/TPFT/TPO**Policyholder**Name: Murikiam Selva RajahNRIC/FIN no.: S1506916CEmail: murikiamselvarajah@gmail.comContact no.: 9017 2652**Driver**Name: Murikiam Selva RajahNRIC/FIN no: S1506916CEmail: murikiam selvarajah@gmail.comContact no.: 91017 2652Occupation: Indoor / OutdoorD.O.B: 15-10-1961Address: Apt B1k 58 Lorong 4 Toa Payoh #10-47 (S) 310058Driving pass date: 28-08-1991Relationship with Policyholder: Owner**General Information**Weather conditions: Clear / RainingRoad surface: Dry / WetPolice report: Yes / NoVideo Footage: Yes / NoProsecution Letter: Yes / No

If Yes against whom: _____

Passenger (incl. Driver): 1Please provide **ALL** passengers details:-

Passenger 1

Passenger 2

Name:

Gender:

Male / Female

Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1

Witness 2

Name:

Contact no.:

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>Murikiam Selva Rajah</u>	<u>SNJ 1825L</u>	<u>Yes</u> / No	Yes / <u>No</u>
		Yes / No	Yes / No

Details of Third party

Vehicle B

Vehicle C

Vehicle no.: SHC 3122 B

Driver name:

NRIC/ FIN no.:

Contact no.:

Insurance Co.:

Remarks:

(Make/Model, Passenger, property info & etc)

Claim Type & AcknowledgementClaim Type: Own Damage / Third Party / Reporting OnlyPolicyholder/
driverfor

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 willful 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 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/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

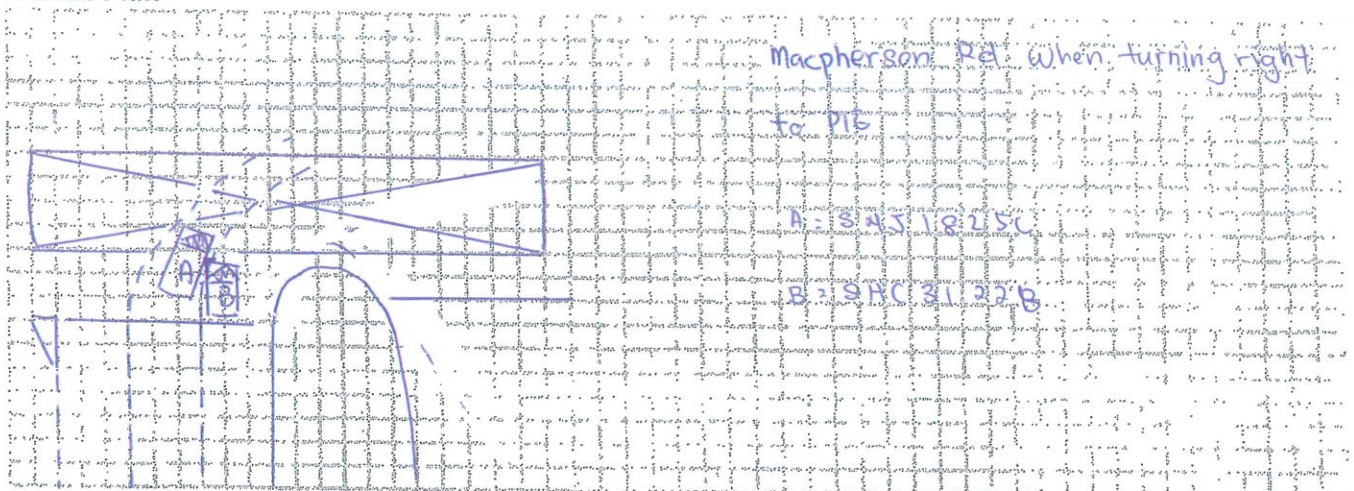
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer to Police Report : T/00240902/7060

Declaration

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20240904/7060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240904/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2024 15:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MURIKIAM SELVA RAJAN			Address: 58 LORONG 4 TOA PAYOH #10-47 SINGAPORE 310058		
ID Type / ID No.: NRIC NO / S1506916C			Contact No.: Home/Office: Mobile: 90172652		
Nationality: SINGAPORE CITIZEN			Email: MURIKIAMSELVARAJAN@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 15/10/1961	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2024 23:35	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHC3122B	Motor car	OTHERS				0
SNJ1825L	Motor car	BMW	116I LED HL SPORTLINE	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNJ1825L	NTUC Income Insurance Co-Operative Limited	5142201273	28/12/2023	27/12/2024



**SINGAPORE
POLICE FORCE**



T/20240904/7060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240904/7060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MURIKIAM SELVA RAJAN	ID No.	S1506916C
Related Vehicle	SNJ1825L (Motor car)	Contact No.	90172652
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

At the end of MACPHERSON RD when turning right to PIE on 03.09.2024 at about 11.35pm.

Vehicle A : SNJ1825L

Taxi B : SHC3122B

Vehicle A is driving in lane 2, and taxi B is driving in lane 1. However, Taxi B suddenly cut into my lane and collided on the right rear side of Vehicle A.



**SINGAPORE
POLICE FORCE**



T/20240904/7060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20240904/7060

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/09/2024 15:17

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1506916C



Name
MURIKIAM SELVA RAJAN

செல்வ ராஜன்

Race
INDIAN

Date of birth
15-10-1961


Country/Place of birth
SINGAPORE

Sex
M

S1506916C




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1506916C
Name:
MURIKIAM SELVA RAJAN

Birth Date: 15 Oct 1961
Issue Date: 20 Jan 2023



003350558A

7014640



NRIC No. S1506916C



Date of issue
03-01-2023

Address
APT BLK 58 LORONG 4 TOA PAYOH #10-47
SINGAPORE 310058
NRIC No: XXXXX916C Date of change: 4/7/2024

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

	EFFECTIVE DATE
Class 2B: Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW	02 May 1985
Class 3: Ambulances / Medical transport vehicles / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / Motor tractors or vehicles \leq 2500kg	28 Aug 1991

NP 428A



Licence No: S1506916C

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5142201273

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SNJ1825L**
Chassis Number : WBA7K120X07L62689
2. Name of Policyholder : MURIKIAM SELVA RAJAN
3. Effective Date of Insurance : 28 Dec 2023
4. Expiry Date of Insurance : 27 Dec 2024
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MURIKIAM SELVA RAJAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GB HELIOS PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : SSL & CO PTE. LTD. (00000615438)
Date of Issue : 22 Dec 2023 17:14 hrs

For INCOME INSURANCE LIMITED



Chief Executive