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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of 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

CONTRACTOR DESIGNATION OF THE STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	05/12/2017 14:18
Date Of Accident	04/12/2017 19:45
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC6492J
Insured/Policyholder	
Name Of Registered Owner	GNANAPRAGASAM KUDIYARASU
NRIC No	S7562332A
Email Address	GKUDIYARASU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86602959
Alternative Phone No	OTHERS-86602959
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 DTS-I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-363255-CA
Cover Note Number	
Driver	
Name of Driver	GNANAPRAGASAM KUDIYARASU
NRIC No	S7562332A
Date Of Birth	07/06/1975
Occupation	INDOOR
Date Of Driving Pass	12/05/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86602959
Fax Number	
Contact Number	OTHERS-86602959
EMail Address	GKUDIYARASU@YAHOO.COM

BLK 814 JURONG WEST STREET 81 Address

#12-204

640814 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

DRIZZLING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

YES Was any body injured in the Accident?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJE3975Y

Vehicle Make/Model/Colour

Details Of Properties

SYED ABDULLAH ALHADAD Name of Driver

S8200573J NRIC/Passport Number

Contact Number 85333966

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

GNANAPRAGASAM KUDIYARASU

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBC6492J

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Page 3 of 17

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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)

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:
 - 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:
 - 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 Parsonnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN SUE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:





1 of 3

Report No. T/20171205/2096

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No .: Date/Time Report Made: 50 05/12/2017 15:28 Informant's Particulars Address: Name of Informant: APT BLK 814 JURONG WEST STREET 81 #12-204 GNANAPRAGASAM KUDIYARASU SINGAPORE 640814 Contact No .: ID Type / ID No .: Mobile: 86602959 Home/Office: FIN NO / S7562332A Email: Nationality: INDIAN Type of Informant: Date of Birth: Age: Sex: Rider 07/06/1975 42 Male Institution / School Name: Language: Race: English Indian Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 PIPING INSPECTOR

Type of Accident:	Injury Others	Drink Date/Time of		Type of Location T-Junction	
Weather:	S AVENUE 12	Ro	ad Surface:		Road Speed Limit:
Drizzling Traffic Flow:		Tra	affic Control:	Traffic Volume: No Traffic	
One Way Type of Collis Between Mor	sion: ving Vehicles - Hea		affic Light - Wo	Jiking	Anyone conveyed by ambulance:

The second secon	ehicle Involve	NOT THE PROPERTY OF THE PROPER	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	2012/06/20	The state of the s		0
FBC6492J	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black	Slightly Damaged	0
		CHETAK	200 010 1		Slightly	2
SJE3975Y	Car				Damaged	_

Details of V	ehicle Insurance		Tet- william	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
The state of the s		71987880	29/05/2017	28/05/2018
FBC6492J	MSIG INSURANCE (SINGAPORE)	71907000	20,00,20	
NESS CREEKS NO	PTE. LTD.			





T/20171205/2096

2 of 3

Report No. T/20171205/2096

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999 CONTINUATION OF REPORT

Details of Perso					Seat Sta	the water and a second
Any Pedestrian I			Use of Peo	lestrian	Cross	ing. NA
No. of Pedestriar Rider	is injured. NIL	DECEMBER OF THE PERSON NAMED IN	OSE OF FE	estilar.	01000	
Name	GNANAPRAGASAM KUDIYARASU			ID No.		S7562332A
Related Vehicle	FBC6492J (Motorcycle)			Contact No.		86602959
Hospital/Clinic	NANYANG CENTRE CLINIC			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/12/2017	Date Disc			/2017	
	ted Medical Leave	03	Degree of	Injury	Slight	
Driver						
Name	SYED ABDULLAH ALHADAD			ID No.		S8200573J
Related Vehicle	SJE3975Y (Car)			Contact No.		85333966
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 04/12/2017 at about 1945hrs, I was travelling in my vehicle FBC6492J along Woodlands Ave 12. As I approached the junction, the traffic turned red hence I stopped my vehicle. Suddenly, a vehicle from bearing registration number SJE3975Y behind hit onto my vehicle, as a result, I fell from my bike.

After the accident, the said driver got down and rendered assistance to me. He then gave me his particulars and advised me to see a doctor. He then left the scene. I then called for taxi to proceed to Nanyang Centre Clinic to see the doctor and I was given 3 days of MC.

Due to this accident, I suffered cuts and scratches on my left leg.





3 of 3

Report No. T/20171205/2096

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: D / Sgt 2 DYLAN CHIA CHOON KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2017 15:28
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	SN 46
Authentication Stamp	
SIGNATURE	

* Reported on 5/12/2017

ACCIDENT STATEMENT

ACCID	ENT DATE: (4 /12 / 201			_ (HH:MM)	
LOCAT	ION: Wood	lland Ave 1	2 .		
Ť	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY:	FBC 64 92	<u>J</u>	} ;	19
8	c)POLICY NUMBER: d)POLICY TYPE: [COMPRE]: e)MAKE & MODEL: ()TYPE:(SALOON / COUPE /	SENSIVE / THIRD PARTY			E
	g) VEHICLE CATEGORY: (PR h) PURPOSE OF USING AT A I) ARE YOU CLAIMING UND	IVATE / COMMERCIAL , CCIDENT TIME:	/ MOTORCYCLE	_	60
2,	IF NO, PLEASE STATE (THIR	D PARTY CLAIM / REP.C	orting only)	1	20
	A)NAME: - b)NRIC/FIN/PASSPORT:		MALE /		
. 1	CONTINUE TO 3,d IF DRIV	ER ALSO POLICY HOLD	DER	-	
file of personyal (Including driver)	DRIVER :			FEMALE 29	59
(L)	b) NRIC/FIN/PASSPORT!		CONTACT	3	
99	d) DATE OF BIRTH:	R/OUIDOOR)	31		
	I) DATE OF DRIVING LIC WAS ORIVER AN EMPLO IF NO, RELATIONSHIP O	YEE OF THE INSURED			OWNER
	a) WEATHER CONDITION: b) ROAD SURFACE: (DRY /	(CLEAR / RAINING / OI	HERS DITE	2117	1
6. 7.	WAS ANYBODY INJURED OF REPORTED TO POLICE &	YESY NO)	1		
8. No of passenger	THIRD PARTY VEHICLE	SJE3975Y	MODEL!	47	
(Induding driver)	b) DRIVER'S NAME: 3 c) MRIC/FIM/PASSPORT: THIRD PARTY VEHICLE	88200513	CONTACT:_	853339	.66
4 140 of pessinger	d) VEHICLE NUMBER:		_MODEL!		
(Including drive	r) n HRICIFIN, PASSPORT			1	
SERVICE CONTRACTOR	18 (0		100 2.6	i	~~ sv

email: Studiyarasu @ yahoo.com

fax: gkudiyarasu @ yahoo.com

VIDEO gkudiyarasu @ yahoo.com

VIDEO for Police Report?

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7562332A



GNANAPRAGASAM KUDIYARASU

ஞானப்பிரகாசம் குடியரசு

INDIAN Date of birth

07-06-1975

INDIA



9445732





INDIAN Date of leave 04-05-2017

APT BLK 814 JURONG WEST STREET 81 #12-204 SINGAPORE 640814

REPUBLIC OF SINGAPORE DRIVING LICENCE MONTO MEMBER S 7 5 6 2 3 3 2 A GNANAPRAGASAM KUDIYARASU Brin Date: 07 Jun 1975 Issue Date: 28 Apr 2017

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

EFFECTIVE DATE

12 May 2008 12 May 2008

Class 2B Motorcycles =< 200 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

Licence No:S7562332A

NP 428A

CA 483832



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)

The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)

The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)

The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore) Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO :

MSD/VMS/17-363255-CA A0074-001/10225

F8C6492J

SUM INSURED :

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 2K)

mark and Registration Number of Vehicle

BAJAJ

199 c.c.

2. Name of Policyholder

GNANAPRAGASAM KUDIYARASU

3. Effective date of the Commencement of Insurance for the purposes of the Act

1201AM 29/05/2017

4. Date of Expiry of Insurance

28/05/2018

Persons or Classes of Persons entitled to drive a. The Policyholder.

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
 - 1. ose for hire or reward.
 - Use for racing, pace-making, reliability trial or speed-testing.
 - 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 - 4. Use for any purpose in connection with the Motor Trade.
- * 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 the Road Transport Act, 1987 (Malaysia).

Repl CN: 71987880 18/04/2017 (KP)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.