

MGE118008473 / Glen Enterprise - HQ  
 ENTRY DATE & TIME: 17/01/2018 12:54  
 SUBMITTED BY: Chai Sui Teng

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 17/01/2018 13:08**

## 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 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.
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	17/01/2018 12:54
Date Of Accident	06/01/2018 14:10
Exact Location Of Accident	SELETAR EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1055J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURESH A/L M RAMALINGAM
Passport No/FIN	F1516660Q
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 6012-7354572
Alternative Phone No	Others-62969939

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
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	REPORTING ONLY
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	60779550
Cover Note Number	30/12/2017-29/12/2018

### Driver

Name of Driver	SURESH A/L M RAMALINGAM
Passport No/FIN	F1516660Q
Date Of Birth	25/01/1970
Occupation	INDOOR
Date Of Driving Pass	27/06/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) 6012-7354572

Fax Number	(FOREIGN) 6012-7354572
Contact Number	OTHERS-62969939
E-Mail Address	NOEMAIL
Address	MALAYSIA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLOUDY
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MALAYSIA-PONTIAN TRAFFIC POLICE STATION
Police Station Address	ROAD: PONTIAN , POSTCODE: 81500 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO POLICE REPORT T/20180115/2012.

**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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SURESH A/L M RAMALINGAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBJ1055J

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## Sketch Plan

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

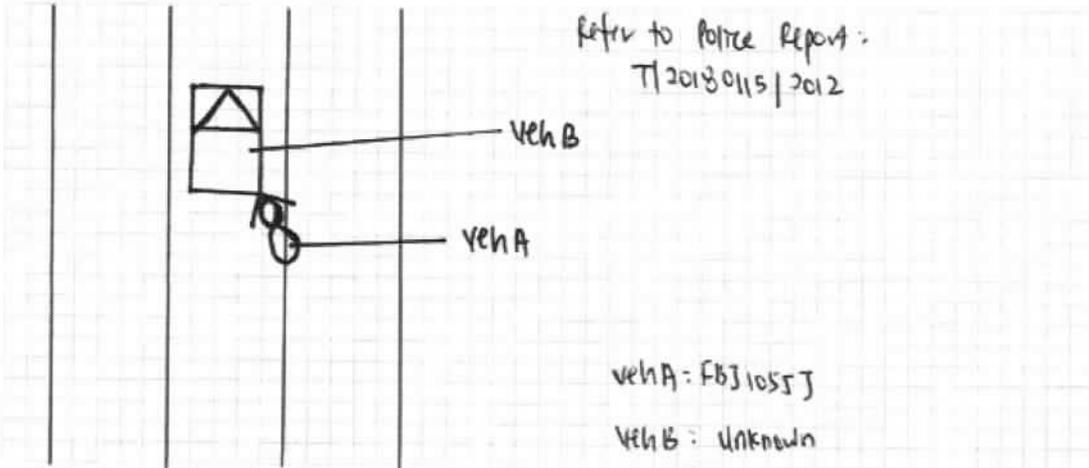
  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

  
 \_\_\_\_\_  
 Reporting Centre Person's Signature  
 Name:  
 NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

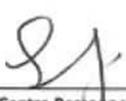
Refer to Police Report

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.:

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180115/2012

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

1 of 3

Report No. T/20180115/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2018 09:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SURESH A/L RAMALINGAM			Address:		
ID Type / ID No.: FIN NO / F1516660Q			Contact No.: Home/Office: 0127354572    Mobile: 82466385		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 25/01/1970	Type of Informant: Rider		
Race: Indian		Language:		Institution / School Name:	
Occupation: Crane/Hoist operator (general)		Driving Licence Information: Class: 2B,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/01/2018 14:10	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1055J	Motorcycle	YAMAHA	JUPITER 135 MANUAL	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ1055J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60779550	30/12/2017	29/12/2018

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180115/2012

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

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Report No. T/20180115/2012

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SURESH A/L RAMALINGAM	ID No.	F1516660Q
Related Vehicle	NIL	Contact No.	0127354572
Hospital/Clinic	NIL	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	NIL	Degree of Injury	NIL

**Brief Details.**

06/01/2018 @1410HRS (SELETAR EXPRESSWAY)  
I WAS TRAVELLING ALONG UPPER THOMSON ROAD AFTER FOR 4D AT THE 7-11 OUTLET(1350HRS) THEN I ENTER BACK TO SLE GOING TO WORK. AT THAT POINT OF THE THERE WAS 3 LANE I WAS RIDING ON THE FIRST LANE, AS I WAS RIDING THERE WAS A COMFORT TAXI WAS VERY CLOSE BESIDE ME. I GOT SCARED THEN I QUICKLY CHANGE LANE AND FORCING ON THE TAXI, AFTER CHANGING LANE I DID NOT NOTICE THE CAR INFRONT AND COLLIDED BEHIND HIM. WHEN I WAKE UP I WAS ALREADY IN THE AMBULANCE AND I THOUGHT I WAS AT JOHOR.

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20180115/2012

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

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Report No. T/20180115/2012

**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: TP / KEE CHUAN JIA MARCUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2018 09:15
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="838 1713 1324 1937" style="border: 1px solid black; padding: 5px;">  <p style="text-align: right;"><b>SINGAPORE POLICE FORCE</b></p> <p>Signature: </p> </div>

Sketch Plan #6

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg No. 200412712G)  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 www.msig.com.sg

For any enquiries please call the Underwriting agent : WTT Insurance Agencies Pte Ltd  
 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel : 62946259 / 62965445

**MOTOR CYCLE COVER NOTE**

(Strictly for Motor Cycle Insurance)

MSCN No : 60779550                      Excess : \$300 (FIRE&THEFT) \$600 (ENDT 2K)  
 Agency : A0633-001-W0829                      Date : 21 Dec 2017  
 Name : SURESH A/L M RAMALINGAM

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of **Third Party Fire & Theft** Policy applicable thereto for the period from **00:01AM** on **30 Dec 2017** to midnight on **29 Dec 2018** unless the cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

Registration No.	FBJ1055J	Insured Value	Prevailing Market Value
Engine No.	55S126166	C.C.	134
Chassis No.	MH355S004DK126150		
Year Manufactured	2013	Year of Registration	2013
Make & Model	YAMAHA [JUPITER 135]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

**CERTIFICATE OF INSURANCE**

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).

**IMPORTANT**

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

60721390

MSD/VMS/17-979033-00

(Please read important information on the reverse page.)

NTTCN01/00/13

Individual Statement

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**SATS LTD.**

Sector: **SERVICE**



Name:  
**SURESH A/L M RAMALINGAM**  
Occupation:  
**CRANE & HOIST OPERATOR**

Work Permit No. **S 3151374**      Date of Application: **06-04-2001**  
Date of Issue: **24-05-2016**  
Date of Expiry: **04-05-2018**



L6640691

Work Permit No. **F1516660Q**  
Name:  
**SURESH A/L M RAMALINGAM**  
Date of Birth: **25 Jan 1970**  
Issue Date: **22 May 2013**  
Valid Till: **19 Jun 2018**

002153745J

**VISIT PASS**  
Immigration Regulations

Name  
**SURESH A/L M RAMALINGAM**



Date of Birth: **25-01-1970**      Sex: **M**      Nationality: **MALAYSIAN**  
FIN: **F1516660Q**      Date of Issue: **24-03-2016**      Date of Expiry: **04-05-2018**

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

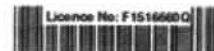


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc      27 Jun 1996  
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg      27 Jun 1996

NP 426A



License No: F1516660Q

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

