

MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
Co. Reg. No.: 201427944N

Date : 12/02/19

\* Vehicle Inv

To : FWD Insurance Pte Ltd  
Tel : 6820 8888  
Fax :  
Email : motorclaims.sg@fwd.com

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SGJ3126R and SMG48244 along  
Ubi Ave 1 on 07/02/19

We are instructed by KANAR RANI D/O VATHUMALIN (Name of Claimant) to notify  
you of a road traffic accident on the above mentioned. A copy of the Singapore Accident  
Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client  
/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your  
receipt of this notice whether you or your insurer would like to conduct a Pre- Repair Survey of  
the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we  
shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faithfully,

MS. HENG YOKE HONG  
HP: 9188 6931

FOR SURVEYOR

Please initial here after completion of pre-repair  
inspection. Thank you.

Appointed Surveyor: \_\_\_\_\_  
(Name & Signature)

Date & Time of Inspection: \_\_\_\_\_

\*CAN I CHECK THIS CASE LIABILITY? \*

## 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	08/02/2019 14:47
Date Of Accident	07/02/2019 06:45
Exact Location Of Accident	UBI AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ3126R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KALAR RANI D/O VATHUMALIA
NRIC No	S1400073I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98513057
Alternative Phone No	OTHERS-94526616

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA239680
Cover Note Number	

### Driver

Name of Driver	RAJASEGARAN S/O MANIKAM
NRIC No	S1196167C
Date Of Birth	13/03/1956
Occupation	INDOOR
Date Of Driving Pass	05/09/1981
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94526616
Fax Number	
Contact Number	
Email Address	RAJA13KING@GMAIL.COM

Address	BLK 336 UBI AVENUE 1 #04-289 SINGAPORE
Postcode	400336
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SMG4824Y
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

RAJASEGARAN S/O MANIKAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGJ3126R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### SKETCH PLAN

- 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 Authorized Driver.
- 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.
- 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.
- The report will be forwarded by the member of the I A Security Manager, Singapore – Road Traffic and Insurance Department, Singapore Police (SPR) to the relevant and most appropriate relevant police force to handle the facts and circumstances of the reported parties.
- By the submission of this report to the relevant insurance companies, the member of the I A Security Manager, Singapore – Road Traffic and Insurance Department, Singapore Police (SPR) will be automatically released.
- Signature of the Personal Data Protection Officer.

[illegible]

Figure 1. The effect of the concentration of the *Agaricus bisporus* spores on the growth of *Agaricus bisporus* on the substrate. The concentration of the spores was 10<sup>4</sup> spores/ml (a), 10<sup>5</sup> spores/ml (b), 10<sup>6</sup> spores/ml (c), 10<sup>7</sup> spores/ml (d), 10<sup>8</sup> spores/ml (e), 10<sup>9</sup> spores/ml (f), 10<sup>10</sup> spores/ml (g), 10<sup>11</sup> spores/ml (h), 10<sup>12</sup> spores/ml (i), 10<sup>13</sup> spores/ml (j), 10<sup>14</sup> spores/ml (k), 10<sup>15</sup> spores/ml (l). The substrate was 100 g of the substrate (100 g of the substrate + 100 g of the substrate).

[illegible]

RECEIVED  
RECEIVED  
RECEIVED

8/7/19  
2:45pm

10/10/10

# Sketch Plan #2

## SKETCH PLAN

<p>Car Park K43</p>		<p>SMG 4824Y</p>	<p>Vehicle A - SGJ3126 R B - SMG4824Y</p>
<p>Legend</p>		<p>Vehicle</p>	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

## DECLARATION

I/We declare the foregoing particulars are true in every respect  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the day of occurrence. kindly check your policy for more details

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/EPN No.:

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1. Date of accident 7/2/19		Time 0845		2. Exact location of accident UBT Avenue 1		To be signed by BOTH drivers 3. Injured even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5. Witness' name, address and tel no. (to be underlined if liable is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) <u>SGT 3126R</u>	
6. Insured / policyholder (see insurance card) Name <u>KARAT RANT DLO</u> Occupational <u>Vatthumolin</u> Address <u></u> Tel. <u>090-000-731</u> Fax <u>9851 3057</u> E-mail <u>Taythi Wisk 18</u> 7. Insurance Company <u>AXA</u> Policy No. <u>GA233680</u> 8. Driver's License No. <u>9452 6616</u> 9. Driver's Name <u>Fajosegiron S/O</u> 10. Driver's Address <u>Mantokan</u> 11. Driver's Tel. <u>09061670</u> 12. Driver's Fax <u>9452 6616</u> 13. Driver's E-mail <u></u> 14. Driver's License Category <u>1</u>	

### 12. CIRCUMSTANCES

For a correct indication of the accident, please describe the circumstances in detail.

- ☐ 1. Collision
- ☐ 2. Collision with object
- ☐ 3. Collision with pedestrian
- ☐ 4. Collision with animal
- ☐ 5. Collision with fire
- ☐ 6. Collision with other vehicle
- ☐ 7. Collision with other object
- ☐ 8. Collision with other person
- ☐ 9. Collision with other animal
- ☐ 10. Collision with other fire
- ☐ 11. Collision with other vehicle
- ☐ 12. Collision with other object
- ☐ 13. Collision with other person
- ☐ 14. Collision with other animal
- ☐ 15. Collision with other fire

Registration No. (VEHICLE B) <u>SMG 4824Y</u>	
6. Insured / policyholder (see insurance card) Name <u></u> Occupational <u></u> Address <u></u> Tel. <u></u> Fax <u></u> E-mail <u></u> 7. Insurance Company <u></u> Policy No. <u></u> 8. Driver's License No. <u></u> 9. Driver's Name <u></u> 10. Driver's Address <u></u> 11. Driver's Tel. <u></u> 12. Driver's Fax <u></u> 13. Driver's E-mail <u></u> 14. Driver's License Category <u></u>	

REFER TO ATTACHED

*Fruit*

To the extent of insurance or in the event of damage to property, there will be no need to provide a copy of this statement.

Do not alter anything in this statement after it has been signed by both drivers. If you do, it will be invalid.

For the driver's signature, please use the following space.

### Individual Statement

# INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Tolo or appointed workshop (Use a separate sheet of paper where necessary)

Own Workshop Deal / Car (if any)

1. Occupation (If more than one, state all)

2. Vehicle registration no. CC

3. Is driver the owner? Yes ☒ No ☐ If no, state relationship of Driver with owner

4. Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ State hire

5. Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present

6. Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☒ If no, state when to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

7. Date of birth 13/3/56 Description Indoor Outdoor 5/9/1981 Was vehicle driven with the insured's permission? Yes ☒ No ☐ Was driver an employee of the insured's company? Yes ☐ No ☒

8. Give details of any pre-existing impairment of sight or hearing, and of any other disability

9. Give details of all driving convictions since including pending proceedings in the last 22 years

10. Name(s), address(es) and telephone number(s) of owner(s) Driver

11. Name(s) and address(es) of injured person(s) injured person(s) injured person(s) injured person(s) injured person(s)

12. Was the accident reported to the Police? Yes ☒ No ☐ If yes, please state which Police station

13. Was any person injured or killed? Yes ☐ No ☒ If yes, state name and address of injured person(s)

14. Was the vehicle involved in a collision with another vehicle? Yes ☐ No ☒ If yes, state name and address of other vehicle

15. Was the vehicle involved in a collision with a pedestrian? Yes ☐ No ☒ If yes, state name and address of pedestrian

16. Was the vehicle involved in a collision with an object? Yes ☐ No ☒ If yes, state name and address of object

17. What were the circumstances of the accident? (Please describe in detail)

18. What lights were displayed on your vehicle at the time of the accident?

19. If your vehicle is a motor car, state which of the following it was carrying at the time of the accident?

20. State how accident happened, a list of witnesses, speed limits, etc. (Please state in detail)

21. State the names of passengers (including Driver)

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

Policyholder's signature Date

Driver's signature (if driver is not the policyholder) Date





**SINGAPORE  
POLICE FORCE**



T/20190207/2083

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190207/2083

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 14:46		Vide Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: RAJASEGARAN S/O MANIKAM			Address: APT BLK 336 UBI AVENUE 1 #04-829 SINGAPORE 400336		
ID Type / ID No.: NRIC NO / S1196167C			Contact No.: Home/Office: Mobile: 94526616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 13/03/1956	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2019 06:45	Type of Location: Car Park
Location: Along Road 1 UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ3126R	Car				Slightly Damaged	0
SMG4824Y	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190207/2083

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190207/2083

CONTINUATION OF REPORT

<b>Driver</b>			
Name	RAJASEGARAN S/O MANIKAM		ID No. S1196167C
Related Vehicle	SGJ3126R (Car)		Contact No. 94526616
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/02/2019	Date Discharge	07/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	TSO CHUN LUNG		ID No. S8870703F
Related Vehicle	NIL		Contact No. NIL
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 07/02/2019 at about 0645hrs, I was driving my vehicle towards the carpark gantry. I was at the junction of the carpark when another vehicle made a right turn from the side road and did not stop as such he collided into my vehicle's right side, near the driver door. I then stopped my vehicle and went out to make a check. I discovered several scratches on the right side driver door as well as the right side of the front bumper area. We exchanged particulars and we left the area. The other party's vehicle was damaged on the front bumper area.

No one was seriously injured however I suffered some aches on my neck, back and both shoulders area. The other party claimed he was not injured in any way. There was no traffic police or ambulance at scene. I had gone to OEI family clinic at Pasir Ris and was given 5 days of MC.

POLICE REPORT PAGE 3



**SINGAPORE  
POLICE FORCE**



T/20190207/2083

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190207/2083

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: G / Staff Sgt MUHAMMAD ZULHILMI BIN SHADIKIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2019 14:46
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP169	