

MVA319016004 / VAC - Kani Bukit
 ENTRY DATE & TIME: 07/02/2019 10:20
 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 07/02/2019 16:54

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	07/02/2019 10:20
Date Of Accident	01/02/2019 17:10
Exact Location Of Accident	LOYANG WAY & PASIR RIS DRIVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5694P
Insured/Policyholder	
Name Of Registered Owner	KRISHNAKUMAR THANGAVELU KANNAN
Passport No/FIN	G7957635U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81434550
Alternative Phone No	OTHERS-81434550

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/VMT/18-997034-WTT
Cover Note Number	

Driver

Name of Driver	KRISHNAKUMAR THANGAVELU KANNAN
Passport No/FIN	G7957635U
Date Of Birth	25/07/1975
Occupation	INDOOR
Date Of Driving Pass	09/11/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81434550
Fax Number	
Contact Number	OTHERS-81434550
E-Mail Address	NOEMAIL

Address BLK 43 CHAI CHEE STREET #05-80
 Postcode 461043
 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 SIDE SWIPE
 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? 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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

Type Of Accident: HEAD TO SIDE AS PER POLICE REPORT No.T/20190203/2057

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

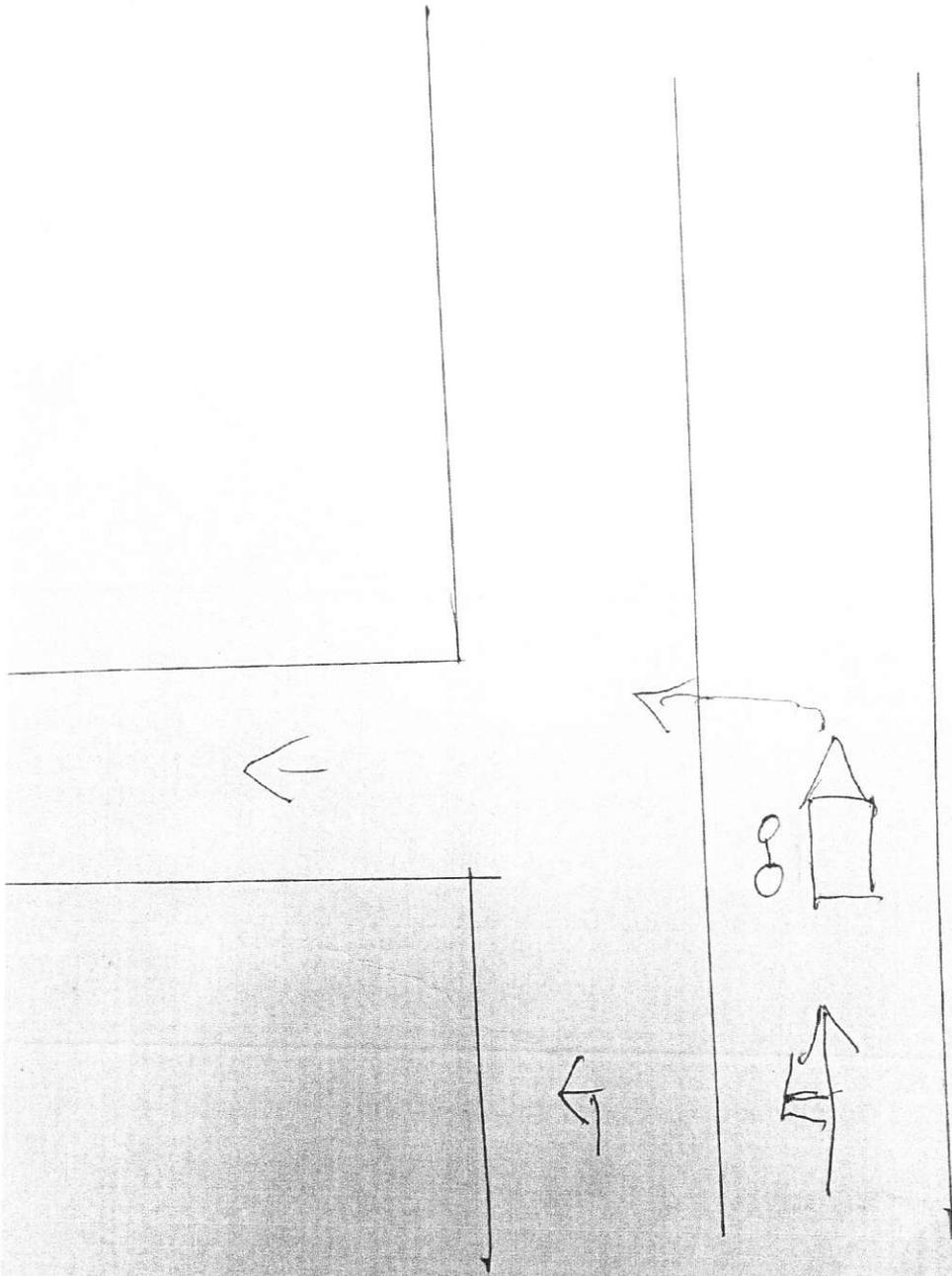
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC82C
 Vehicle Make/Model/Colour TOYOTA PRIUS HYBRID 1.8 CVT
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver WONG SOO KENG
 NRIC/Passport Number S0227113C
 Contact Number 96169721
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : RACHEL TEO HUI FANG GENDER: : FEMALE
Passenger 2	NAME: : JINO GOH CUAN NUO GENDER: : FEMALE
Passenger 3	NAME: : GOH CHUN MENG GENDER: :

DETAILS OF INJURED PERSON 1

Name	KRISHNAKUMAR THANGAVELU KANNAN
Approximate Age	43
Injuries Sustain	
Injured person in which vehicle?	FBE5694P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 43 CHAI CHEE STREET #06-80
Postcode	461043

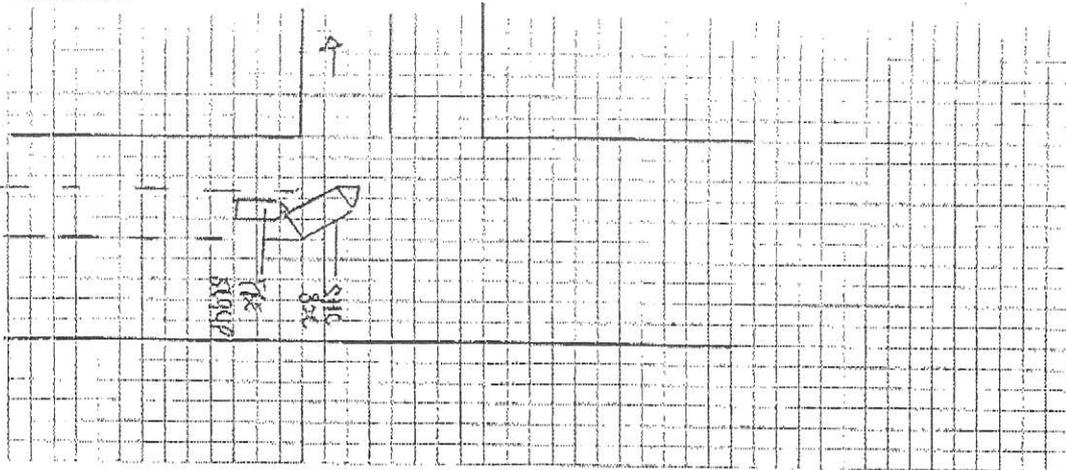


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DESC

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
e-File / Police Report.

(A large, stylized signature or scribble is present in the center of the form.)

NISHIKA JEEVI @ GMAIL.COM

DECLARATION

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

07 FEB 2013

(Signature)
 Policyholder's Signature
 Date & Time

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415953
 Reporting Centre
 Name: Tel: 67416697 Fax: 67492305
 NRIC/ID No. Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190203/2057

Police Station Of Origin.
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No T/20190203/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2019 14:54	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: KRISHNAKUMAR THANGAVELU KANNAN			Address: APT BLK 43 CHAI CHEE STREET #05-80 SINGAPORE 461043		
ID Type / ID No.: FIN NO / G7957635U			Contact No.: Home/Office: Mobile: 81434650		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 25/07/1975	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: SUPERVISOR			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/02/2019 17:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LOYANG WAY PASIR RIS DRIVE 2 Along Loyang Way towards Pasir Ris Dr 2 near the junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5694P	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
SHC82C	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5694P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18997034	21/12/2018	20/12/2019

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190203/2057

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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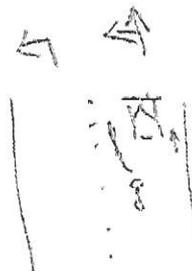
Report No T/20190203/2057

CONTINUATION OF REPORT

Passenger			
Name	JINO GOH XIAN NUO	ID No.	T1712519I
Related Vehicle	SHC82C (Car)	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
Passenger			
Name	GOH CHUN MENG	ID No.	S8437497J
Related Vehicle	SHC82C (Car)	Contact No.	81282204
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 THE 1/1/2019 AT AROUND 5 20PM, I WAS TRAVELLING ALONG LOYANG WAY TOWARDS PASIR RIS DR 2. IT WAS A 2 LANE ROAD. I WAS TRAVELLING AT THE LEFT LANE. IN FRONT OF ME WAS A YELLOW TAXI REG NO SHC 82C. UPON REACHING THE JUNCTION, THE GREEN LIGHT AND THE LEFT TURN GREEN ARROW FLASHED. THE SAID TAXI DID NOT SIGNALLLED HIS INTENTION ON TURNING LEFT. I THOUGHT THAT HE WAS GOING STRAIGHT. WHEN THE SAID TAXI MADE A LEFT TURN, I WAS NOT ABLE TO STOP IN TIME AS I THOUGHT THAT HE WAS GOING STRAIGHT AS WELL. I WAS THEN CONVEYED TO CGH BY AB FROM THE LOCATION. I WAS GIVEN A TOTAL OF 14 DAYS OF MC TILL 17/2/2019. THAT IS ALL.



Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190203/2057

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190203/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KRISHNAKUMAR THANGAVELU KANNAN	ID No.	G7957635U
Related Vehicle	FBE5694P (Motorcycle)	Contact No.	81434550
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	03/02/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Passenger			
Name	RACHEL TEO HUI FANG	ID No.	S8437497J
Related Vehicle	SHC82C (Car)	Contact No.	81282204
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
Driver			
Name	WONG SOO KENG	ID No.	S0227113C
Related Vehicle	SHC82C (Car)	Contact No.	96169721
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

Accident Sketch Plan Pg. 1



SINGAPORE POLICE FORCE



T/20190203/2057

Police Station Of Origin:
Bedok North N P C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190203/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Esmond

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 KOH WEN RUI

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
03/02/2019 14:54

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No: 65472077

Classification Of Case:

Authentication Stamp
NP160