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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.
- 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 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.

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

CAMPAGE OF THE SECOND	ACCIDENT STATEMENT
Date Of Report	19/07/2019 10:45
Date Of Accident	10/06/2019 11:00
Exact Location Of Accident	STADIUM DRIVE
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD4500H
Insured/Policyholder	
Name Of Registered Owner	ARPANA SELVAM
Passport No/FIN	E .
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96743262
Alternative Phone No	OFFICE-96743262
Vehicle Particulars	
Manufacturer	LEXUS
Model	9
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28912908 QMX
Cover Note Number	350
Driver	
Name of Driver	RAMASAMY VETRI SELVAM
NRIC No.	S2747093I

 NRIC No
 \$2747093I

 Date Of Birth
 14/07/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 18/10/2005

Driving Experience 13 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96743262

Fax Number Contact Number

EMail Address NOEMAIL

Address 3 TANJONG RHU RD #10-04

Postcode 436881

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 - HEAD TO REAR

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?

NO.

Was any injured conveyed to hospital by

ambulance?

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)

310

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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

SKM8613E

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - (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.

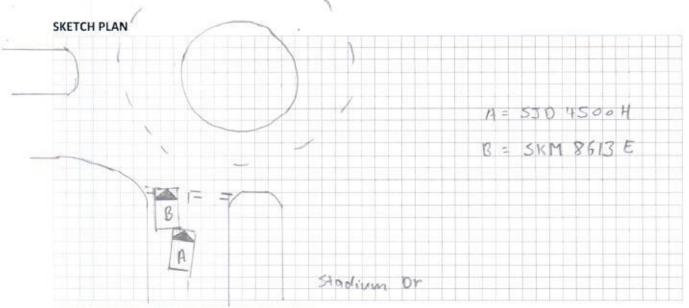
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+0	statement
		164	/
		/	

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.: I WAS TRAVELLING ALONG STADIUM DRIVE AT THE ROUNDABOUT, VEH B WAS INFRONT OF ME, WHEN I NOTICED VEH B STARTED MOVING OUT TO THE ROUNDABOUT, AS SUCH I FOLLOW TO MOVE AND CHECK ON MY RIGHT SIDE, WHEN TURN BACK MY VIEW, SUDDENLY VEH B STOP, I MANAGE TO STOP AND SWERVED TO RIGHT BUT STILL COLLIDED ONTO THE VEH B REAR RIGHT PORTION.

ACCIDENT STATEMENT

	OCATION: Stadium Drive
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SJD 4500 H
	DINSURANCE COMPANY: MSIG.
	C)POLICY NUMBER:
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	AINAME: Arpana Selvam (MALE/FEMALE)
	b) NRIC/FIN/PASSPORT:CONTACT: 96743 262.
	C)ADDRESS:
. 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
ic of passeng	공. DRIVER
nduding drive	ar) DINAME: Rama samy vetr: selvam (MALE/FEMALE)
(1)	CONTACT: 9674 7262
60.00	c)ADDRESS:
	*d)DATE OF BIRTH: (//)(DD/MM/YYYY)
+11	e)OCCUPATION: (INDOOR / OUTDOOR)
	f) YEARS OF DRIVING EXPRERIENCE:
	THE PART OF THE PA
	4. WAS DRIVER AN EMPLOYEE OF THE INCURED'S COMPANYS OF STANKS
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
.5	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)
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8 Passenger Justine driver	DIROCATIONSHIP OF THE DRIVER WITH INSURED: Spouse. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS. D)ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT:
8 A passanger lusting driver	DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE D) VEHICLE NUMBER: MODEL:
8 A passanger lusting driver	DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE D) VEHICLE NUMBER: MODEL:
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8 24 passanger Austing driver 9.	DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse. DIP NO, RELATIONSHIP OF THE DRIVERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE DIP NO, RELATIONSHIP OF THE DRIVERS MODEL: DIP NO, REPARTY VEHICLE DIP NO, R
8 34 passinger lading driver 9. 44 passinger lading driver	DIRECTIONSHIP OF THE DRIVER WITH INSURED: Spouse: a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SKM \$6/3 E MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: RVSelvam CMail = HVSelvam 67 a) 9 mail ex

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$27470931





RAMASAMY VETRI SELVAM



Rece INDIAN Date of birth 14-07-1967 INDIA

For LKK/NAC Use Only



For LKK/NAC Use Only

5215333

3 TANJONG RHU ROAD #10-04 SINGAPORE 436881 NRIC No: S27470931

Date: 27/08/2017





Licence Number: \$27470931

Name:

RAMASAMY VETRI SELVAM

Birth Date: 14 Jul 1967 Issue Date: 03 Apr 2008



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

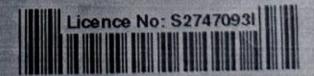
PASS DATE

Class 2B Motorcycles =< 200 cc 18 Oct 2005
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Oct 2005
of the driver; and other motor vehicles =< 2500kg

18 Oct 2005

For LKK/NAC Use Only

NP 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1

Individual Ownership

MOTOR MAX Comprehensive

Certificate No. A 28912908 OMX

Excess: SGD500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle

SJD4500H

2. Name of Policyholder

Arpana Selvam

3. Effective Date of the Commencement of Insurance for the purposes of the Act 25/03/2019

4. Date of Expiry of Insurance

24/03/2020

5. Persons or Classes of Persons entitled to drive*

Arpana Selvam

Ramasamy Vetri Selvam

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer