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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.
- 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 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.

MALE SECTION OF THE PERSON OF	ACCIDENT STATEMENT
Date Of Report	26/08/2019 15:25
Date Of Accident	24/08/2019 10:00
Exact Location Of Accident	BLK 164 STIRLING ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE
Division of the second of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP6956U
Insured/Policyholder	
Name Of Registered Owner	SELVARASU RAJA
NRIC No	G7748608P
Email Address	ANBURAJA1015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90811636
Alternative Phone No	OTHERS-90811636
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS FI
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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/19-399772-CA
Cover Note Number	
Driver	
Name of Driver	SELVARASU RAJA
NRIC No	G7748608P
Date Of Birth	07/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90811636
Fax Number	- National Africa de La company de Carlos (Carlos Carlos C
Contact Number	OTHERS-90811636
EMail Address	ANBURAJA1015@GMAIL.COM

Address

BLK 164 STIRLING ROAD

#09-1218

Postcode

140164

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ALEXANDRA NPP

Police Station Address

ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190824/2154

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 Vehicle Make/Model/Colour

CB6972J

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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:
 - 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:

26/08/19

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

NRIC/FIN No.:

MKMONON BIKE WAS PORKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	S. M. P.
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/	
F. C. I. D. I.	

DECLARATION

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

Policyholder's Signature

Date & Time: 26 | 08 | 19

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

Date & Time:

Reporting Centre Personnel's Signature A Name:
NRIC/FIN No.:





1 of 3

Report No. T/20190824/2154

Police Station Of Origin:

Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE

Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

REPORT	F A TRAFFIC	ACCIDENT		Distinct Disease No.		
Date/Time Report Made: 24/08/2019 19:20		lade:	Vide Report No.:	Station Diary No. 49		
Informa	nt's Particu	ulars				
Name of	Informant: RASU RAJA		Address: APT BLK 164 STIRLING ROA SINGAPORE 140164	D #09-1218 MEI LING VISTA		
ID Type / ID No.: FIN NO / G7748608P		3P	Contact No.: Home/Office:	0.1		
National INDIAN	No. of the last of		Email:			
Sex: Male	Age:	Date of Birth: 07/12/1986	Type of Informant: Vehicle Owner			
Race:			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 2B,3,4	tion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 24/08/2019 10:00	Type of Location Open space carpark
Location: Along Road 1 STIRLING RO 164 Stirling R Weather: Clear		Road S	Surface:		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic	Control: ntrolled		Traffic Volume: No Traffic
Type of Collis	sion: cle Against - Parked Ve	ehicle			Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBP6956U	Motorcycle	BAJAJ CHETAK	Pulsar	Black	Slightly Damaged	0





T/20190824/2154

2 of 3

Report No. T/20190824/2154

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE CONTINUATION OF REPORT

Tel No: 1800-4739999

Brief Details.

On the abovementioned date, time and location, I parked my motorcycle FBP6956U, at the open space carpark below my unit. On the same day at about 1755hrs, I went down and discovered a note placed near the ignition, on my bike. It read, 'A van CB6972J, reverse and knock down your bike. For your info. What action you want to take is up to you.' The motorcycle was is normal upright position when I came back, so I assumed someone had helped to park it back properly. There were scratches at the right side of the motorcycle, namely the right handle bar, right mirror bent, and the brake lever can't be used as it is bent and dented. The number plate was also bent.

This is the first time such an incident happened.





3 of 3

Report No. T/20190824/2154

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999
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: D / Sr Staff Sgt HAZALI BIN SANUSI	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 19:20		
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:		
Authentication Stamp			

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 08 / 2019) (DD/MM/YYY), TIME: (1000) (HH:MM)
LOCATION: BLK 164 Stirling Ro # 09-1218 Simprove JAULA
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: FBP 69560 GIPOLICY NUMBER: M90/VMS/19-399772-CA GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) 9)MAKE & MODEL: BATAT PUISO? (I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) 9)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1)PURPOSE OF USING AT ACCIDENT TIME: BITCH WIS PORTING ONLY) 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESSING) 1F NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: CRIVATASU RAIG D)NRIC/FIN/PASSPORT: CTTTARBOSP CONTACT: 90811636 C)ADDRESS: BLK-164 SHTLING RD #09-1218
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER Cincluding driver) DINAME: SELVATARY PASS DINAME: SELVATARY PASSPORT: G13148608 P CONTACT: 90811626 CIADDRESS: BLK-164 SLIVING RO. # 09-1218.
ODDATE OF BIRTH: (C1 / 12 / 1986) (DD/MM/YYYY) O) OCCUPATION: (INDOOR / OUIDOOR) (IDAYE OF DRIVING PACE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: NOWALL) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Alexandra NPP
B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: CB6972 J. MODEL: Including dviver) b) DRIVER'S NAME: (
He of pressinger a) VEHICLE NUMBER:MODEL: Including diviver) () NRIC/FIN/PASSPORT:CONTACT:

email = anburaja (015@gmai).com



S PASS

Employment of Foreign Menpower Act (Chapter 91A) Republic of Singapore

ENGINE GIS HEALTHCARE COURSERS PTE, LTD.



For LKK/NAC Use Only

SELVARASU RAJA

5 Paso No... 0 3332409-

SERVICE





K0843203







CA 525607



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004) 221261 4 Shenton Way, # 21-01, SOX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)

The Motor Vehicles (Third Party Risks) Rules, 1999 (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/19-399772-CA

A0074-001/10225

SUM INSURED :

DMV

EXCESS.

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

Ir mark and Registration Number of Vehicle

FBP8956U

BAJAJ

200 c.c.

2. Name of Policyholder

SELVARASU RAJA

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0321PM 24/05/2019

23/05/2020

Date of Expiry of Insurance

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

b. 6 RAJA GOVINDAN NAMBIAR #G RAJA \$/0 G. N ONLY
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. 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, was for hire or reward.

- 2. 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 (Addisorder) 1987 (Malaysia).

Repl CN: 72179320 30/05/2019 (KP)

COMMERCIAL AGENCY PTE, LTD. Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.