#### 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.

aforesaid.	
of the state of th	ACCIDENT STATEMENT
Date Of Report	04/11/2019 12:29
Date Of Accident	31/10/2019 05:50
Exact Location Of Accident	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE
A KAMPATANDAK MATANTAN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL7712X
Insured/Policyholder	
Name Of Registered Owner	KARTHIKESAN S/O PONNUSAMY
NRIC No	S9340412B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	OTHERS-90000000
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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
f 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/19-396179-CA
Cover Note Number	
Driver	
Name of Driver	PONNUSAMY S/O PANDARAKANNU
NRIC No	S1328533J
Date Of Birth	14/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93820564
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 302 ANG MO KIO AVENUE 03 #04-1870 Address

560302 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No. Relationship of the Driver with the Insured

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

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

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

MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20191031/2067;

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

SKM3211P

Vehicle Make/Model/Colour

MERCEDES BENZ / S400 HYBRID SEDAN LONG (R19 LED)

**Details Of Properties** 

Vehicle Category Name of Driver NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

NG SEE YAK

S1517637G

88282333

Tier er accorde (march g		
	DETAILS OF INJURED PERSON 1	
Name	PONNUSAMY S/O PANDARAKANNU	
Approximate Age	61	
Injuries Sustain		
Injured person in which vehicle?	FBL7712X	
Were seat belts worn?	NO	
Was this injured conveyed to hospital by ambulance?	NO	
Address	BLK 302 ANG MO KIO AVENUE 03 #04-1870	
Postcode	560302	

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the datalit of the applicant to speed up the claims process.
- 2 This Form must be immeliated by the Policyholder and/or the Authorized Driver.
- 3 information growded most be at truchful and accurate as possible. Any will interspectant allow or withholding of material letts may allow insurance companies to repudiate policy liability.
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  Association of Singapore (CIA) for archiving and that copies of this report will for a fee be made evaluable upon soptication by
  interested parties.
- By the lodgment of this report to the interest, you hereby condent to the archiving of this report at the centre and to copies of the report being most exvellable aforecard.
- Consent under the Personal Cata Protection Act (PDPA)

Lundersland, acknowledge, agree and concent 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 air Insurer(s) who have insured vehicle(s) involved in this accident fall insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "traurers"), the insurers "awyers/law (time, the Monetary Authority of Singapore and any relevant government agency/sutherity (such as the police), for the purpose(s) of the purpose(s).
  - 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] administuring my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoice disclosure of certain personal data about me to bring about delivery of the same se 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 civins (collectively the "Purposes")
- (b) all insurer(s) who have inswed vehicle(s) involved in this accident end the insurers' lewyers/law liems, may/are permitted
  to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Parzonal Information may/can be disclosed by any of the incurers 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 parpose of fraud detection, investigation and management in present and all future claims.
- (a) the information to collected under (d) above may be shared / disclosed:
  - (i) to all incurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraucingulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (b) for complying with requirements under any regulations, laws or court orders.

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Bingapore 415933 Tel: 67416697 Fax: 67492305

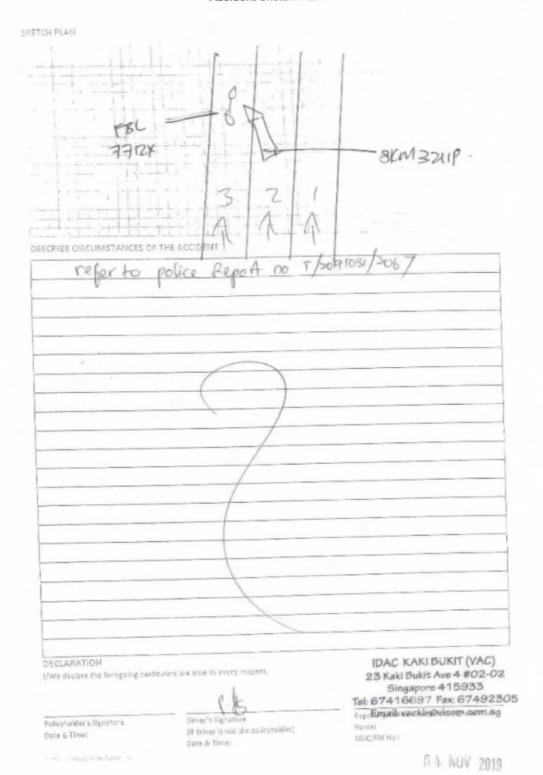
Email: vackb@vicom.com.sg

NRIC/FIN No.:

0 4 NOV 2019

"clicyholder"; Signanue Data & Time; Cercer's Signature (if driver is not the policyholder) Date & Time:

#### Accident Sketch Plan







1 of 3

Report No. T/20191031/2067

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

Date/Time Report Made: 31/10/2019 13:03		ade:	Vide Report No.:	Station Diary No.: 9			
Informant'	s Particu	lars					
Name of In	formant:		Address:				
PONNUSA	MY S/O		APT BLK 302 ANG MO KIO AVENUE 3 #04-1870				
PANDARA	KANNU		SINGAPORE 560302				
ID Type / II	O No.:		Contact No.:				
NRIC NO / S1328533J		3J	Home/Office:	Mobile: 93820564			
Nationality:			Email:				
SINGAPOR	RE CITIZE	EN .					
Sex: Age: Date of Birth:			Type of Informant:				
Male	61	14/05/1958	Rider				
Race:			Language: Institution / School Name				
Indian							
Occupation:			Driving Licence Information:				
BUS CAPTAIN			Class: Date of Expiry:				

General Inform	mation of the Accide	nt			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2019 05:50	Type of Location: Straight Road	
Location: Along Road 1 CENTRAL EX BEFORE BAL					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ripe - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL7712X	Motorcycle				Seriously Damaged	
SKM3211P	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191031/2067

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

#### CONTINUATION OF REPORT

Rider						
Name	PONNUSAMY S/O	PANDARAK	CANNU	ID No.		S1328533J
Related Vehicle	FBL7712X (Motorcy	rcle)		Conta	ct No.	93820564
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2019		Date Disc	harge 31/10/2019		)/2019
No. of Days gran	ted Medical Leave	07	Degree of	f Injury	Serio	us
Name	NG SEE YAK		HANNEL WAS DE	ID No		S1517637G
Related Vehicle	SKM3211P (Car)		Conta	ct No.	88282333	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL D		Date Disc	harge	NIL	
No. of Days granted Medical Leave		NIL	Degree of	f Injury	NIL	

#### Brief Details.

On 31/10/2019 at about 0552hrs, I was riding along CTE towards City before Balestier Exit and I was riding along Lane 3 when suddenly a vehicle beside me had side swiped my left hand side causing me to fall on from my bike. I suffered some abrasions and I called for ambulance. Paramedic was at scene to render first aid and I exchange particulars with the driver who had hit onto my vehicle. EMAS towed my bike to the nearest carpark and I went to the hospital for medical checkup.

I received 7 days hospitalization leave from Tan Tock Seng Hospital as I suffered a fracture on my right wrist and abrasions on both hands and both knees.





3 of 3

Report No. T/20191031/2067

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

#### 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 / Sgt 3 HAIDER YAHYA	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2019 13:03			
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:			
Authentication Stamp NP168				

# 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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)

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

CERTIFICATE NO :

MSD/VMS/19-396179-CA

A0074-001/10223

SUM INSURED :

PMV

EXCESS

\$300(FIRE&THEFT) \$600(ENDT 24)

1. In mark and Registration Number of Vehicle

BL71121

HONDA

184 0 0

2. Name of Policyholder

KARTHIKESAN S/O PONNUSAMY

 Effective date of the Commencement of Insurance for the purposes of the Act

1201AM 06/03/2019 -

4. Date of Expiry of Insurance

05/03/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

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.

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. \_e 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.

L/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.

Reol CN: T2160550 06/03/2019 (KP)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9340412B





KARTHIKESAN S/O PONNUSAMY

கார்த்திகேசன் Roce INDIAN

Date of birth 25-10-1993 M Country of birth

SINGAPORE





4303118



MAIC No 59340412B



05-11-2008

APT BLK 302 ANG MO KIO AVENUE 3 #04-1870 SINGAPORE 560302



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1328533J





#### PONNUSAMY S/O PANDARAKANNU

INDIAN

SINGAPORE

14-05-1958



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES? PASS DATE 29 May 1982 12 Dec 1983 Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Class 2B Class 3 which unlader does not expeed 2500 kilograms. Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms. Motor Vehicles which are not constructed. themselves to carry any load and the weight of which unladen exceeds 7250 kilograms. 17 Feb 1987 Class 4 18 Nov 1999 Class 5 NP 428A

