Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/02/2020 11:06

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.

ACCIDENT STATEMENT	
Date Of Report	03/02/2020 18:16
Date Of Accident	01/01/2017 21:30
Exact Location Of Accident	BALESTIER ROAD TOWARDS CTE (CITY)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FX1453Y
Insured/Policyholder	
Name Of Registered Owner	SARANGAPANY KUMARAVELU
NRIC No	SXXXX376G
Email Address	KUMARAVELU.RCY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90213789
Alternative Phone No	OTHERS-90213789
Vehicle Particulars	
Manufacturer	HONDA
Model	TA200-197CC PHANTOM (M)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMS/19-398503-CA
Cover Note Number	
Driver	
Name of Driver	SARANGAPANY KUMARAVELU
NRIC No	SXXXX376G
Date Of Birth	05/06/1954
Occupation	INDOOR
Date Of Driving Pass	23/01/1997
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90213789
Fax Number	
Contact Number	OTHERS-90213789
EMail Address	KUMARAVELU.RCY@GMAIL.COM

Address	BLK 118C JALAN MEMBINA #26-119
Postcode	163118
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : KUMARAVELU KANCHANA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD,SINGAPORE 208678
Police Station Address	**ROAD**: 11 KAMPONG KAPOR ROAD , **POSTCODE:** 208678 , **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/20170102/2041

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	KUMARAVELU KANCHANA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX1453Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SARANGAPANY KUMARAVELU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX1453Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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. 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.
7. 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 :

   (i) 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: 3/8/20 14.35 Hrs

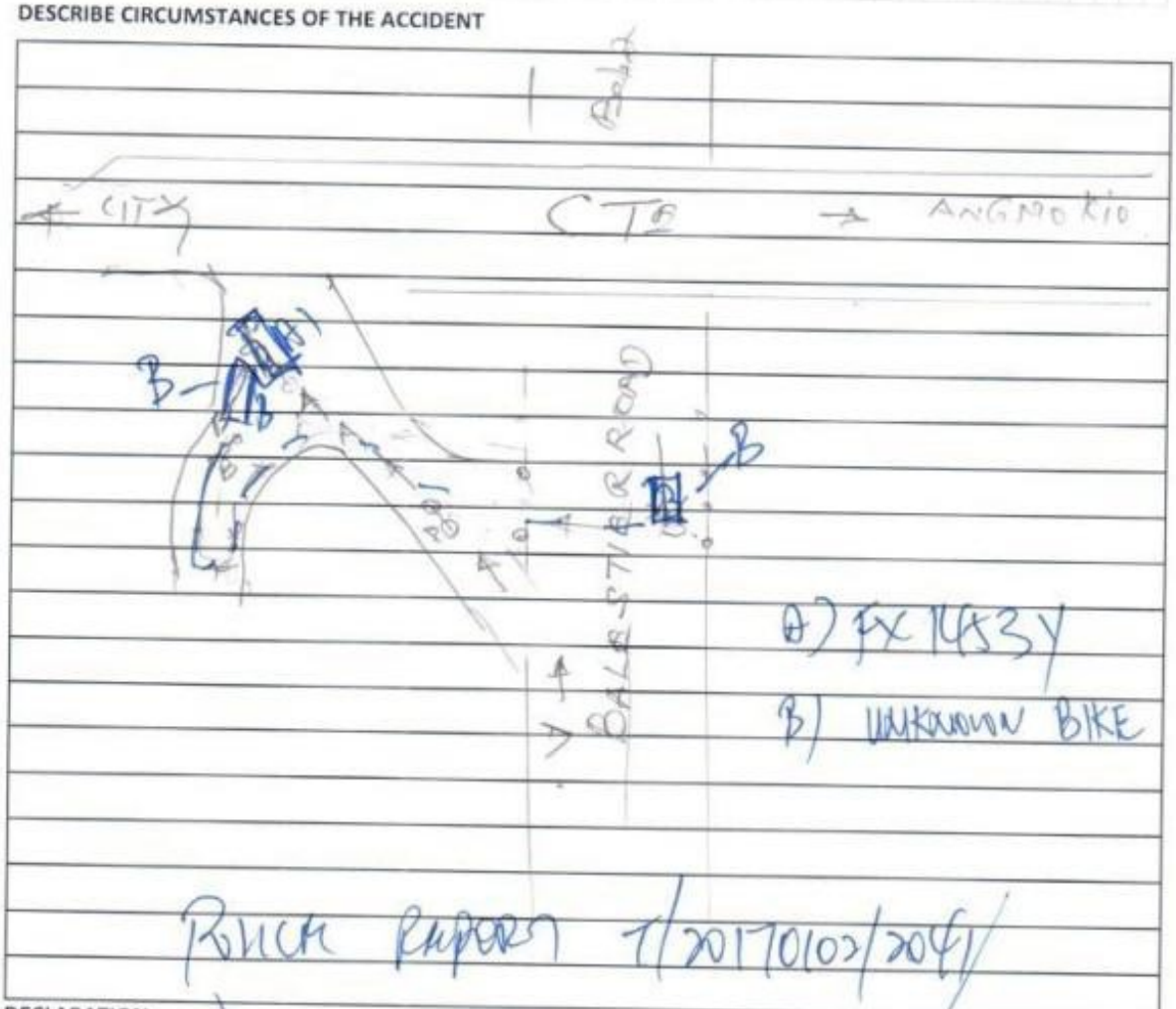
Driver's Signature
(If driver is not the policyholder)
Date & Time:

03/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Policyholder's Signature
Date & Time: 31/01/20

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

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

SINGAPORE POLICE FORCE

T/20170102/2041

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

Report No. T/20170102/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/01/2017 12:21		52

Informant's Particulars

Name of Informant:			Address:
SARANGAPANY KUMARAVELU			APT BLK 118C JALAN MEMBINA #26-119 SINGAPORE 163118
ID Type / ID No.:			Contact No.:
NRIC NO / S2653376G			Home/Office: Mobile: 90213789
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	62	05/06/1954	Rider
Race:		Language:	Institution / School Name:
Indian			
Occupation:		Driving Licence Information:	
Civil engineer (general)		Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2017 21:30	Type of Location:
Location: BALESTIER ROAD CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1453Y	Motorcycle	HONDA	TA200	Green	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1453Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT16348581	28/09/2016	27/09/2017

SINGAPORE POLICE FORCE

T/20170102/2041

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20170102/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SARANGAPANY KUMARAVELU	ID No.	S2653376G
Related Vehicle	FX1453Y (Motorcycle)	Contact No.	90213789
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2017	Date Discharge	02/01/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	KUMARAVELU KANCHANA	ID No.	S6977336B
Related Vehicle	FX1453Y (Motorcycle)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2017	Date Discharge	02/01/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/01/2017 at about 2110 to 2130hrs, I was riding my motorcycle bearing registration number FX1453Y and my wife, Kumaravelu Kanchana, was my pillion rider. I was riding on the second lane along Balestier Road heading towards CTE when a motorcycle of unknown registration number suddenly swerve from my left side and cut into my lane. I then brake and due the heavy rain I had skidded my motorcycle. Police and ambulance attended to my scene and both of us was conveyed to Tan Tock Seng Hospital.

SINGAPORE POLICE FORCE

T/20170102/2041

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

Report No. T/20170102/2041

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: A / Staff Sgt SURIANI BINTE SUHAIRI	Signature Of Informant: 02/01/17
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2017 12:21
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MUHAMMAD SULAIMAN BIN ABDUL JALIL Contact No.: 65470000	Classification Of Case:

Authentication Stamp

NP168

ORIGINAL

MAH (PTE) LIMITED

1179 SERANGOON ROAD SINGAPORE 328232
TEL: 6295 6393 FAX: 6295 0748
Reg. No. 197300055C
GST REGN NO. M2-0015088-X

Hire Purchase Agreement

Agreement No: hf123
Dated: 06th Jan 2017

A Hire Purchase Agreement made Between MAH (PTE) LIMITED, a company incorporated in Singapore and having its registered office at 1179 Serangoon Road Singapore 328232 (called "the Owner", which expression shall where the context so admits include its successors in title and assigns) And Sarangapany Kumaravelu of Blk 118C Jalan Membina #26-119 S(163118) NRIC : SZ6533756 (called "the Hirer").

The Parties agree as follows:

The Owner shall let and the Hirer shall take on hire the goods more particularly described in the Schedule to this Hire Purchase Agreement (hereinafter called "the goods" which expression shall include any accessories, replacements, renewals or additions thereto) upon and subject to the Terms & Conditions set out in the Annex to this Hire Purchase Agreement and the Act.

SCHEDULE

Description of Goods:
New / Second Hand: New
Registration / Serial No: FBL5993P
Year of Manufacture: 2016
Make & Model: Yamaha FZN150
Chassis No: ME1RG1612G2001983
Engine No: G3E3E0040852
Location of Goods: Above address

Item	*Description*	
1.	Cash price of the goods	13,026.00
2.	Deposit	
	Cash $ 5,026.00	
	Trade-in $ ____ (Trade in old Bike + Cash Deposit Fx1453Y.)	5,026.00
3.	Processing fees. (if any)	-
4.	Other fees/charges, e.g. insurance charges, freight charges, vehicle registration fees etc. $ ____	-
5.	Total fees/charges (item 3 + item 4)	$ -
6.	Total of cash price and total fees/charges less deposit (item 1 + item 5 - item 2)	$ 8,000.00
7.	Total interest (Terms Charges)	$ 800.00
8.	Total interest plus total fees/charges (item 5 + item 7)	$ 800.00
9.	Balance originally payable under the Agreement (item 6 + item 7)	$ 8,800.00
10.	Total amount payable (item 2 + item 9)	$ 13,826.00

N

(3)

11. Applied interest rate	5.00%
12. Effective interest rate	~~8.41%~~
13. Instalments is payable	~~05th~~ day of every month
14. Date of commencement of instalment payments	05.02.2017
15. Number of instalments	~~24~~
16. Amount of each instalment	~~367.00~~
Amount of 1st to 23rd instalments each	S ~~359.00~~
Amount of final instalment	S

ADDITIONAL CHARGES the Owner will impose charges for early settlement of hire-purchase agreement:

17. The method for calculating the balance payable upon early settlement:
Balance Amount
E.g. after _____ years, the balance payable is:

No interest rebate shall be granted for early settlement

18. Early settlement fees (if any):	150.00
19. Processing fees (if any):	150.00
20. Notice period required (if any):	

ADDITIONAL CHARGES the Owner will impose for assignment of right, title and interest under the hire-purchase agreement to new Owner:

21. The method for calculating the balance payable upon assignment: NOT ALLOWED	NIL
22. Processing fees (if any):	~~NIL~~
23. Notice period required (if any):	

INTEREST RATE the Owner will impose for overdue instalments:

24. The interest charged will be at the maximum permissible rate (on the overdue amount)	NIL
25. Processing fees (if any):	

Signed for and on behalf of the Owner:	Signed by the Hirer:	Countersigned by the Dealer:
Witness:	Witness:	Witness:
Name: Mah Chin Fam	Name: Mah Chin Fam	Name:
NRIC: S1183860Z	NRIC: S1183860Z	NRIC:

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAC200015336 Vehicle Registration No: FX 1453Y

Name(as shown in NRIC) : SARONGAPANY KUMARAVELU NRIC/FIN/Passport No : SXXXX376G

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 90213189

Email Address : _____

Date of Accident : 01/9/2019 Time of Accident : 21:30

Place of Accident : BRADDELL ROAD TOWARDS CTE (CITY)

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IS MSD/VMS/19-358503-CA

_____

Policyholder / Driver's Signature
Date:

29/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: