

NATIONAL Assessment Centre Services.

Ref: 1 Jan 001. MAY 200/5336

Date In: 03/07/2020	Job description	Date & Time Completed	Done by
Ref No: NPA 1886200026874	SAS e-illing		
Veh No: FX 14534	E-mail (Update Blue, AIC Blue)		
D.O.A: 01/01/2017 2:30	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (With/OD Blue, TP Blue)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whisp		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN MAKE. INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$9000] ()	

Injury: _____

NPA200/297		View/Print	
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$10)	
Contact No:	2) DA: Damage Assessment (\$100)	\$10/\$10	
Damaged Portion:	3) TP: Towing Fee	\$170	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$20	
	5) PF: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$160	
	7) NI: Idea DA + SMRT Survey		
	8) NTUC Additional Services		
	9) ON:		
	*NS: Courtesy Car / Tol Allowance	\$3	
	*NG: Repair Coordination	\$10	
	*NT: Post Repair Inspection	\$25	
	*NO: DV / Collect Excess Coordination	\$3	
	*NP: DV / Collect Excess Coordination	\$10	
	*TP: (NI) / TP (Non-INC) *Inst INC	\$20	
	*NT: Id. Mobile		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	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	MSDTMT16348581
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:

31/01/20 14:35
Hs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/01/2020
for de [Signature]

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sketch Plan of the Accident

Location: CTE → ANGMO KIO

Direction: CITY → ANGMO KIO

Vehicle A: FX 1453Y

Vehicle B: UNKNOWN BIKE

Accident Location: BALSTIER ROAD

Accident Date/Time: 1/20/170102/2041

DECLARATION

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

Policyholder's Signature: [Signature]

Date & Time: 31/01/20

Driver's Signature: [Signature]

(If driver is not the policyholder)

Date & Time: 1/35/28

Reporting Centre Personnel's Signature: [Signature]

Name: [Name]

NRIC/FIN No.: [Number]

BIKE SOLD

ACCIDENT STATEMENT

ACCIDENT DATE: 01.01.2017 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: Along Bannur Rd towards CTR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 14534
b) INSURANCE COMPANY: MSU
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SURESH KUMAR KUMARAVELU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90213789
c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Official

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Pochampet

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN BIKE MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: kumaravelu.voy@gmail.com

VIDEO

kumaravelu.rcy@gmail.com



SINGAPORE POLICE FORCE



T/20170102/2041

1 of 3

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

Report No. T/20170102/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2017 12:21		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: SARANGAPANY KUMARAVELU			Address: APT BLK 118C JALAN MEMBINA #26-119 SINGAPORE 163118		
ID Type / ID No.: NRIC NO / S2653376G			Contact No.: Home/Office: Mobile: 90213789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 05/06/1954	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Civil engineer (general)			Driving Licence Information: 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

2 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur 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
Rider			
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 Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MUHAMMAD SULAIMAN BIN
ABDUL JALIL

Contact No.: 65470000

Authentication Stamp:

NP168

Signature Of Informant:

Date/Time:

02/01/2017 12:21

Classification Of Case:

MAH (PTE) LIMITED

1179 SERANGOON ROAD SINGAPORE 328232

TEL: 6295 6393 FAX: 6295 0748

Reg. No. 197300055C

GST REGN NO. M2-0015088-X

2 ORIGINAL 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: S2653376G (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 } → 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

- 11. Applied interest rate
- 12. Effective interest rate
- 13. Instalments is payable
- 14. Date of commencement of instalment payments
- 15. Number of instalments
- 16. Amount of each instalment
- Amount of 1st to 23rd instalments each
- Amount of final instalment

5.00%
~~0.41%~~
05th day of every month
05.02.2017
24
367.00
\$ 359.00
\$

- 17. The method for calculating the balance payable upon early settlement:
Balance Amount
Eg 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:

- 22. Processing fees (if any): NOT ALLOWED
- 23. Notice period required (if any):

- 24. The interest charged will be _____
INTEREST RATE the Owner will impose for overdue instalments:
_____ at the maximum permissible rate (on the overdue amount)

- 25. Processing fees (if any): NIL

Signed for and on behalf of the Owner: 		Signed by the Hirer: 		Countersigned by the Dealer:	
Witness: 		Witness: 		Witness:	
Name: Mah Chin Farn NRIC: S1183850Z		Name: Mah Chin Farn NRIC: S1183860Z		Name: NRIC:	

CSMBox : GVT513
FAX : 6547 6259
Tel : 6547 0000



Traffic Police Department
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865

Your Ref :
Our Ref : TP/IP/00061/2017
Date : 2 Jan 2017

281-000520

SARANGAPANY KUMARAVELU
APT BLK 118C JALAN MEMBINA
#26-119
SINGAPORE 163118



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG BALESTIER ROAD SLIP ROAD ONTO CTE ON 01/01/2017 @ 9.15 PM

Please be informed that Traffic Police is investigating into the above matter and will update you of the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer MOHAMED SUFIAN BIN SUDIN at his/her office number: 65476367 or the supervisor CHEW SOOK YENG at 65476354 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE DEPARTMENT

This is computer generated and does not require a signature.



**MSIG**

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

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 31/05/2019**AGENCY:** A0074-001-10002
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/19-398503-CA**INSURED:****NAME:** SARANGAPANY KUMARAVELU
ADDRESS: 118C JALAN MEMBINA
#26-119
SE 163118**NRIC NO:** S2653376G
DATE OF BIRTH: 05/06/1954 (64 yrs)
DRIVING EXP: 23/01/1997 (22 yrs)
CONTACT NO: 90213789**BUSINESS OR PROFESSION:** CONSULTANT**PERIOD OF INSURANCE FROM:** 30/04/2019 **TO** 29/04/2020
11:24AM**REGISTRATION NUMBER:** FBL5993P**CUBIC CAPACITY:** 149**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2016**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 391.00**GST @ 7%** 27.37**TOTAL :** 418.37

NO CLAIM BONUS OF 0% IS ALLOWED

**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:**

MSIG Insurance (Singapore) Pte. Ltd.

REPLACING POLICY NO: MSD/VMS/18-381913-CA**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers