



**SINGAPORE
POLICE FORCE**



T/20201114/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20201114/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 04:40		Vide Report No.: A/20201114/0023		Station Diary No.: 16
Informant's Particulars				
Name of Informant: DELIP UTHAYAKUMAR		Address: Lane P 81 Ave Singapore 569929 28 Sin Ming Lane #06-142 SINGAPORE 573972		
ID Type / ID No.: FIN NO / G2908278U		Contact No.: Home/Office: Mobile: 90385204		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 24	Date of Birth: 21/09/1996	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Private security officer		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: 14/11/2020 02:05	Type of Location: X-Junction
Location: SERANGOON ROAD				
Lamp Post Number: 16				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JSL3207	Motorcycle				Seriously Damaged	0
SHC8158R	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20201114/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20201114/2005

CONTINUATION OF REPORT

Rider			
Name	DELIP UTHAYAKUMAR	ID No.	G2908278U
Related Vehicle	JSL3207 (Motorcycle)	Contact No.	90385204
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 14/11/2020 at about 0205hr, I was riding along Serangoon Road when I met into an accident with a Taxi with plate number SHC8158R. Accident happened at the Junction of Serangoon Rd and Kitchener Rd. I was on the extreme right lane of Serangoon Road when the taxi, driven by a Male Chinese driver collided onto my right side.

The collision caused me the flung from my motorcycle. After the collision, the said driver got down to render assistance to me. Subsequently, the ambulance came to render medical attention to me. The Police also came reference A/20201114/0023. My motorcycle was totally damaged. I then called for my friend who assisted to bring me to Intemedical 24 Hr Clinic to seek further medical treatment as I felt pain on the left side of my body, neck, back and left leg. I was given 5 days of Medical Leave. I do not have any camera on me.



**SINGAPORE
POLICE FORCE**



T/20201114/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

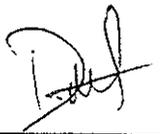
Report No. T/20201114/2005

CONTINUATION OF REPORT

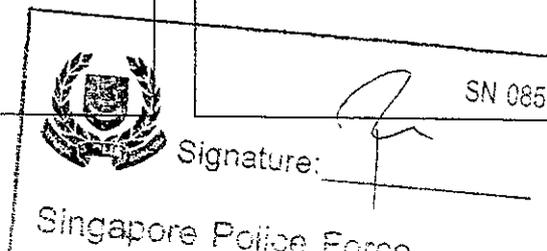
Sketch Plan

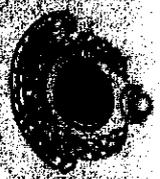
Informant is not able to provide sketch plan

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: F / Staff Sgt NOOR RAMDAN BIN JOBRI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2020 04:40
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:  SN 085

Authentication Stamp
NP168





SEKUTU MAMPU MELAKSANAKAN TRANSFORMASI
JABATAN PENGANALISISAN

VESSRIK7

No. Pendaftaran : JSL3207

No. ID : 960921086717

Nama Penyaja Berdaftar : DELIP A/L UTHAYYAKUMAR

Alamat : NO. 749, JALAN TERATAI 36/9, IN. DAHPUKA
41000 KUALA UJOHOR.

No. Pendaftaran : JSL3207

No. ID : 960921086717

Nama Penyaja Berdaftar : DELIP A/L UTHAYYAKUMAR

Alamat : NO. 749, JALAN TERATAI 36/9, IN. DAHPUKA
41000 KUALA UJOHOR.

No. Pendaftaran : JSL3207

No. ID : 960921086717

Nama Penyaja Berdaftar : DELIP A/L UTHAYYAKUMAR

Alamat : NO. 749, JALAN TERATAI 36/9, IN. DAHPUKA
41000 KUALA UJOHOR.

No. Pendaftaran : JSL3207

No. ID : 960921086717

Nama Penyaja Berdaftar : DELIP A/L UTHAYYAKUMAR

Alamat : NO. 749, JALAN TERATAI 36/9, IN. DAHPUKA
41000 KUALA UJOHOR.

ORIGINAL COPY

THE SCHEDULE

JADUAL

M.Y.3		MOTORCYCLE ALL RIDER - INDIVIDUAL	
INSURED PEMUNYA ADDRESS ALAMAT	DELIP A/L UTHAYAKUMAR NO 749 JALAN TERATAI 36/8, INDAH PURA 81000 KULAI JOHOR	Date of Issue/Time Tarikh Dikeluarkan/Waktu E-Cover Note No. No. Nota Perlindungan Account No. No. Akaun Premium	17-11-2019 3.37.08 PM AEJB0395107 JB47272 549.62
PERIOD OF INSURANCE TEMPOH INSURANS	(a) From 21-11-2019 (both dates inclusive) Dari (termasuk kedua-dua tarikh) To 20-11-2020 Hingga (b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah bersetuju menerima premium pembaharuan.	NCD 219216171119H605 20.00 % 109.92 Perindungan Tambahan	
OCCUPATION/TYPE OF BUSINESS PERNIAGAAN/PEKERJAAN	OTHERS		
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN SEWA BELI/PINJAMAN MAJIKAN			
PARTICULARS OF VEHICLE BUTIR-BUTIR KENDERAAN	Risk Excess / LEBIHAN 150.00	GROSS PREM SERVICE TAX STAMP DUTY TOTAL DUE AMOUNT PAYABLE (ROUNDED)	439.70 26.38 10.00 476.08 476.10
Make and Type of Body / Buat dan Jenis Badan KAWASAKI EX250-L	Registration No./Trailer No. / No. Pendaftaran/No. Treler JSL3207		
Engine/Motor No. No. Enjin/Motor EX250LECD8471	Engine C.C/Horse Power/Tonnage/Watt Cc Enjin/Kuasa Kuda/Tan/Watt 249.00 CC		Act. Akta 46.56
Chassis No. No. Chasis PNKEX250LLMCA5873	Seating Capacity Muatan Tempat Duduk 2	Year of Manufacture Tahun Dibuat 2016	Sum Insured Jumlah Diinsuranskan 10,000.00
NRIC No./Bus. Regn. No No. Kad Pengenalan/No. Pendaftaran Perniagaan 960921086717	HP/Phone No. & e-mail No. Telefon Bimbit/Telefon & e-mel 6014-3067103		Regn. Card No. No. Kad Pendaftaran NA Type of Cover Jenis Perlindungan COMPREHENSIVE
This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto:- Polisi ini adalah tertakluk kepada pengendorsesan yang telah dicetak atau ditambah atau dimasukkan kedalamnya.			
NAMED DRIVERS 1. ALL RIDER/DRIVER			
Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam. Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam Limitations as to Use of Authorised Driver : As described in the Certificate of Insurance. Had Penggunaan / Pemandu Yang Diberi kuasa : Seperti yang tercatat dalam Sijil Insurans		Issued By / Dikeluarkan oleh ASJ CONNECTION & SOLUTIONS / JB47272-01 41, JALAN CERMAI 7, TAMAN MESRA SALENG 81400, SENAI TEL:- HP: 6019-7578299 FAX:	
Please ensure All accidents are reported to the Police within 24 hours Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis dalam masa 24 jam. Issued in lieu of and Cancellng/Replacing Cover Note/Policy No. - Dikeluarkan Sebagai Pembetulan/Penggantian/No. Nota Perlindungan/ No. Polisi - Date of Signature of Proposal & Declaration Tarikh Tandatangan Cadangan dan Akaun		Allianz General Insurance Company (Malaysia) Berhad (735426-V)  Authorised Signature	
Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents. Kenyataan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda. ALPHA-1947272-001960188-22			

Lodging of Complaints

We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

To provide us with your feedback, you may contact us via the following channels:

Write to:	Phone	: 1-300-22-5542
Customer Feedback Center	Facebook Messenger	: @AllianzMalaysia
Allianz Arena	Email	: customer.service@allianz.com.my
Ground Floor Block 2A	Website/Live Chat	: www.allianz.com.my
Plaza Sentral		
Jalan Stesen Sentral 5		
Kuala Lumpur Sentral		
50470 Kuala Lumpur		

Avenues to Seek Redress

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

Ombudsman for Financial Services	Phone	: 03-2272 2811
Level 14, Main Block, Menara Takaful Malaysia	Fax	: 03-2272 1577
No 4, Jalan Sultan Sulaiman	Email	: enquiry@ofs.org.my
50000 Kuala Lumpur	Website	: www.ofs.org.my

If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

Write to (BNMTELELINK) :	Phone	: 1-300-88-5465
Pengarah	Fax	: 03-2174 1515
LINK & Pejabat BNM	Email	: bnmtelelink@bnm.gov.my
Bank Negara Malaysia	Website	: www.bnm.gov.my
P.O. Box 10922		
50929 Kuala Lumpur		

Walk-in (BNMLINK):
Ground Floor, Block D
Bank Negara Malaysia
Jalan Dato' Onn
50480 Kuala Lumpur

You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.

RTD CODE : 13

CERTIFICATE OF INSURANCE

SIJIL INSURANS

ORIGINAL COPY
SALINAN ASAL

M.Y.3

ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS & COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD PARTY RISKS) ACT (CAP 90) NEGARA BRUNEI DARUSSALAM

CERTIFICATE NO. AEJB0395107 NCD 20.00%
No. Sijil *Diskaun Tanpa Tuntutan*

1. Index Mark and Registration Number of Vehicle : JSL3207 249.00 CC KAWASAKI EX250-L
Tanda Indeks Dan Nombor Pendaftaran Kenderaan
2. Name of Policyholder : DELIP A/L UTHAYAKUMAR
Nama Pemegang Polisi
3. Effective date of the Commencement of Insurance for the purposes for the Regulations, Ordinance or Enactment : 21-11-2019
Tarikh efektif permulaan insuran untuk kegunaan Ordinan
4. Date of Expiry of the Insurance : 20-11-2020
Tarikh Luput Insuran
5. Persons or Classes of Persons entitled to drive :
Orang atau Kelas Pihak Yang Dibenarkan Memandu
a) THE POLICYHOLDER b) ANY OTHER PERSON WHO IS RIDING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON 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 OF REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use* *Had Penggunaan*
Use only for social, domestic and pleasure purposes and by the Policyholder in person in connection with his business.
The Policy does not cover :
(i) Use for hire or reward
(ii) Use for racing pace-making reliability trial or speed-testing
(iii) Use for the carriage of goods (other than samples) in connection with any trade or business

This Certificate is not transferable to a new owner of the Vehicle.

If for any reason the Insurance is terminated during its currency this Certificate must be returned to the Company or if this 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 compulsory Insurance Legislation.

This Certificate must be returned if the Insurance is suspended during its currency.

IMPORTANT

If you are involved in an accident causing injury to any person or damage to any property or other vehicle you must :

- (a) Try to obtain names and address of any witness to the accident.
- (b) Report to the Company immediately.
- (c) Refer to the Company immediately all communications received from the Police Authorities.
- (d) Sent to the Company immediately all letters from Third Parties unanswered.
- (e) Not pay money to any Party involved in the accident without the Company's written permission.

* Limitations rendered Inoperative by Section 95 of the Road Transport Act, 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore or Section 7 of the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam are not included under this heading.

Had yang tidak beroperasi oleh Seksyen 95 Akta Pengangkutan Jalan 1987 (Malaysia) atau Seksyen 8 Akta Kenderaan Bermotor (Gantugri dan Risiko Pihak Ketiga) (Cap 189) Republik Singapura atau Seksyen 7 Akta Singapura atau Seksyen 7 Akta Insurans Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam adalah tidak termasuk di bawah tajuk ini.

I/We certify that the Policy to which the Certificate is Issued in accordance with the provisions of Part IV of the Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore and the Motor Vehicles Insurance (Third Party Risks) Act (Cap 90) Negara Brunei Darussalam.
Saya/kami bersejua bahawa Polisi di mana Sijil ini dikeluarkan tertakluk di bawah proviso Bahagian IV Akta Pengangkutan Jalan 1987. (Malaysia) Akta Kenderaan Bermotor (Risiko Pihak Ketiga & Gantugri) (Cap 189) Republik Singapura dan Akta Kenderaan Bermotor (Risiko Pihak Ketiga) (Cap 90) Negara Brunei Darussalam.

Agent Code
Kod Ejen

: JB47272

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (735426-V)



Authorised Signature

