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	I-Motor YY/	O (Within: OD 2hra,	7', 4pt2)	•	
(11) - TP / Reporting Only	I-Photo Upl	onded	1		
	Assessment/S	nrvey Report	9		
TP Insurer:	Ass't Report	y Fax / Hand to	Owner/Wksp		
Professed Wisp / INC Assign Wksp / GW: (Tol:	Fax:	The state of the s
	T.48F2 0E	. INC()/Non-INC(·).	
Owner / Driver: (90 31311		Tel:	*)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-20	%; P: 21-79%.	P: 80-1009	%]
	arranty: YES ()/NO(
Excess: (\$) Loading: \$1,000) () / \$2,000	()	Martin Series S. J. Ser. 199 at	-রুক্ত সময়	Trans
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2) QC Check / Post Repair Inspection	.(·)			7 ,
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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.

ACCIDENT STATEMENT

Date of Submission	24/12/2020 11:21 (SGT)
Date of Accident	한다면 어머니의 아이는 이 아이에게 되었다면서 하는 사람이 되었다.
	23/12/2020 17:00 (SGT)
Exact Location of Accident	Chai Chee Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	***************************************	FBE2661D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	J & J INFRASTRUCTURE PTE LTD
Company Reg No	
Email Address	HUISHAN@JJINFRA.COM.SG
Mobile Phone No	(Phone) +65-68445834
Alternative Phone No	(Office) +65-68445834

VEHICLE PARTICULARS

Manufacturen

Manufacturer	Honda
Model	Cbf150
Variant	- 100 A 100
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to	10000#1100#00000000 50 0250 50 50
your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	60917660

DRIVER

Name of Driver	***************************************	ANDIYAPPAN PALANIVEL
Work Permit No		GXXXX737T
Data Of Dirth		04/00/4000

YEL PERFORM B	
Date Of Driving Pass	09/04/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96114691
Alt. Phone Number	3 2 5
Email Address	HUISHAN@JJINFRA.COM.SG
Address	12 SHAW RD (SHAW LODGE) #07-06
Address complement	
Postcode	367951
Is the driver the policyholder?	No.
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
vehicle Registration Number of Other vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	¥ 1
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	O. Western Handle Day
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No.
Was any injured conveyed to hospital by ambulance?	10.000
Was any other material or property damaged?	- Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No No
	A VELVOLE PROPERTY A
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJD5734T
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	SAMUEL SIEW YONG JIE
NRIC No	SXXXX545Z
Contact Number	8
Address	4

Address complement

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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>.
- 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.
- 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 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.
- 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' law yers/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;
- (fii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

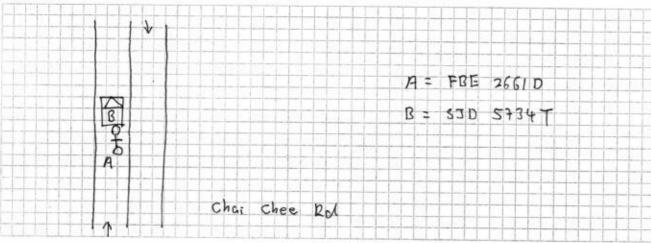
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Driver's Signature (If driver is not the policyholder) / Date & Time

H

Witnessed by Reporting Centre Personnel

Sketch Plan



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Declaration

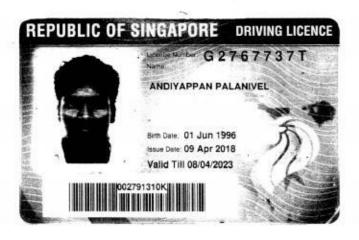
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

H

Witnessed by Reporting Centre Personnel





WORK PERMIT

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

Employer
J & J INFRASTRUCTURE PTE, LTD.



ANDIYAPPAN PALANIVEL

0 37044040

CONSTRUCTION







K1537944

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver

09 Apr 2018 09 Apr 2018

VISIT PASS Immigration Regulations

26-08-2019

ANDIYAPPAN PALANIVEL



G2767737T

01-06-1996

INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



NP 428A





MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

For any enquiries please call the Underwriting agent: WTT Insurance Agencies Pte Ltd 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel : 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No :

60917660

Agency

A0633-001-W0857

Date :

08 Jul 2020

Name

J & J INFRASTRUCTURE PTE.LTD.

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the Third Party

period from 00:01AM

29 Jul 2020

to midnight on

28 Jul 2021

unless the

on cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBE2661D	Insured Value Third Party Liability (TPL)	
Engine No.	KC11E2012212	C.C. 149	
Chassis No.	LALKC11A993265110		
Year Manufactured	2009	Year of Registration 2010	
Make & Model	HONDA [CBF150]		
Remarks	Company Use		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

60864790/E01

MSD/VMT/19-501890

ACCIDENT STATEMENT

	LOCATION: Chai thee Rd.
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: PBE 26610.
	b)INSURANCE COMPANY:
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: How da CBF150
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: WORK
	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: J & J IN Fr 9 STructure (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT:G8445834
	c)ADDRESS:
Y 7	
٥	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
He of par	Scan 43, DRIVER
Indudina	a) NAME: Andiyappan Palanive (MALE / FEMALE)
(1)	CONTACT: 40 22 17 46
(-)	c)ADDRESS: 18 12 Shaw Rd (Shaw Lodge) #10
	cs) 767951
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	f)YEARS OF DRIVING EXPRERIENCE:
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DRY / WET / OTHERS)
	6. WAS ANYBODY INJURED (YES / NO)
	7 -IDEDODITO TO DOLLOS DISTOLICO
	7. a)REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
of passes	IF YES, PLEASE STATE WHICH POLICE STATION:
of passe	8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 18. O VEHICLE NUMBER: 53057347. MODEL: Handa fit
of passe	8. THIRD PARTY VEHICLE Meyer a) VEHICLE NUMBER: SJD 5734 T. MODEL: Handa fit driver) b) DRIVER'S NAME: Samuel Siew Yong Jie
of passeducting o	IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WOST OF VEHICLE NUMBER: SJD 5734 T. MODEL: Handa fit driver) b) DRIVER'S NAME: Samuel Siew Yong Jie C) NRIC/FIN/PASSPORT: S95235452 CONTACT:
duding o	IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WIGHT OF VEHICLE NUMBER: STORY T. MODEL: Hands fit Shiver b) DRIVER'S NAME: Samuel Siew Yong Jie C) NRIC/FIN/PASSPORT: S95 235452 CONTACT: 9. THIRD PARTY VEHICLE
(_)	IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE MOSE a) VEHICLE NUMBER: STONE STEW YONG JIE c) NRIC/FIN/PASSPORT: S95 235452 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:
iduding o () o of pass	IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WIGHT OF VEHICLE NUMBER: STORY T. MODEL: Hand fit Shiver b) DRIVER'S NAME: Samuel Siew Yong Jie C) NRIC/FIN/PASSPORT: S95 235452 CONTACT: 9. THIRD PARTY VEHICLE

email = hulshan@jjinfra.com.sg

fax =

VIDEO - No