SN09218R000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2021 09:37 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30/08/2021 09:37 (SGT))

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.

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 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 30/08/2021 09:37 (SGT) Date of Accident 19/08/2021 18:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS JURONG** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SGJ5116G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KURUBALAN S/O MANICKAM NRIC No SXXXX278B Email Address kurubalan@hotmail.com Mobile Phone No (Phone) +65-90088003 Alternative Phone No +65-90088003

VEHICLE PARTICULARS

Manufacturer

Model Sunny Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy No Policy Number Cover Note Number 80050402

DRIVER

Name of Driver KURUBALAN S/O MANICKAM NRIC No SXXXX278B

Date Of Birth 31/10/1957 Occupation Indoor Date Of Driving Pass 23/05/2001 Driving experience 20 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-90088003 Alt. Phone Number +65-90088003 Email Address kurubalan@hotmail.com Address **BLK 15 FARRER PARK RD** Address complement #08-37 Postcode 210015 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number **BLB6028** Vehicle Category Commercial vehicle DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20210821/7025 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

BLB6028

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour	-
Vehicle Category	- Commercial vehicle
Name of Driver	ASNAN BIN AG SELAMAT
Passport No/FIN	7XXXXXXXXX5439
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	KURUBALAN S/O MANICKAM Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SGJ5116G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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)

Lunderstand, 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;
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

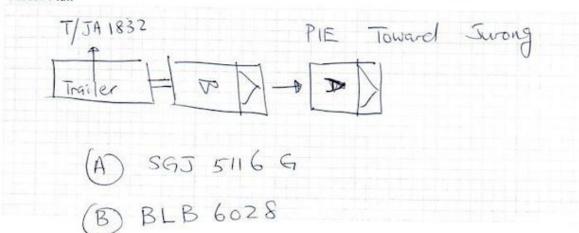
Policy holder's Signature / Date &

Time

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

Witnessed by Reporting Centre

Sketch Plan



POL	0-	70	21/4	0	412	= 1
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		9:				
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	7.5					
0.5%						

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20210824/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SGJ5116G	MSIG INSURANCE (SINGAPORE) PTE, LTD.	300333337	13/07/2021	12/07/2022	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Peo	destrian Cro	ssing: NA
Driver	NUMBER REPORTS TO A SECOND				oonig. 177
Name	KURUBALAN S/O N RENGARAJU	KURUBALAN S/O MANICKAM RENGARAJU			S1330278B
Related Vehicle	SGJ5116G (Car)			Contact No	90088003
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2021		Date	19/0	08/2021
No. of Days grant	ted Medical Leave	05	Degree of	Ser	

Brief Details.

On 19 August 21, at about 1845 hours travel from Thompson Rd into Whitley Road to enter Pan Island Expressway (PIE). The traffic was slow moving. My motor vehicle SGJ 5116G entered the 3rd lane of the PIE. After I joined the PIE, the vehicles were moving at very slow rather snail phase. To my left was turning lane for traffic going to Whitley Road in the direction of Steven Road. While my car was keeping phase with the traffic for about half minute. All of a sudden there was a strong impact to the rear. My car was thrust forward from the impact, I was thrown against my steering. Before I could recover from the sudden impact and shock there was another impact while I was trying to look back. Then my car was pushed further and the impacting Prime Mover with large trailer did not seem to apply the brake. I felt someone was doing it deliberately. After pushing and impacting for about 50 seconds the Huge Lorry/ Prime Mover stopped. I got down with my handphone in Video mode. I asked the driver a Malay Gentleman why he did what he did causing serious damage. The whole of rear booth was smashed in. He said he was looking to his rear and did not

Notice my car. He did even know that he has crashed into my car. He was sorry and panicky. So I related and asked him to confirm the cause of accident for me to record the facts and factors causing the collision.

We did not want to block the traffic, so we quickly exchanged particulars, than went to the point where he crashed into my car to recover the Lorry's front number plate for me to record the Lorry Registration Number. He said it is his company Lorry and it is registered in Johore Bahru.

The name of driver Asnan Bin Ag Selamat holder of Malaysian identity card no. 780706-12-5439 The offending Lorry number BLB 6028 and attached trailer T/JA 1832.

I told him not to worry but to contact me and provide his company and the Lorry's Insurance Details. He promised to come on Saturday to complete reporting formalities in Singapore.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20210824/7025

CONTINUATION OF REPORT

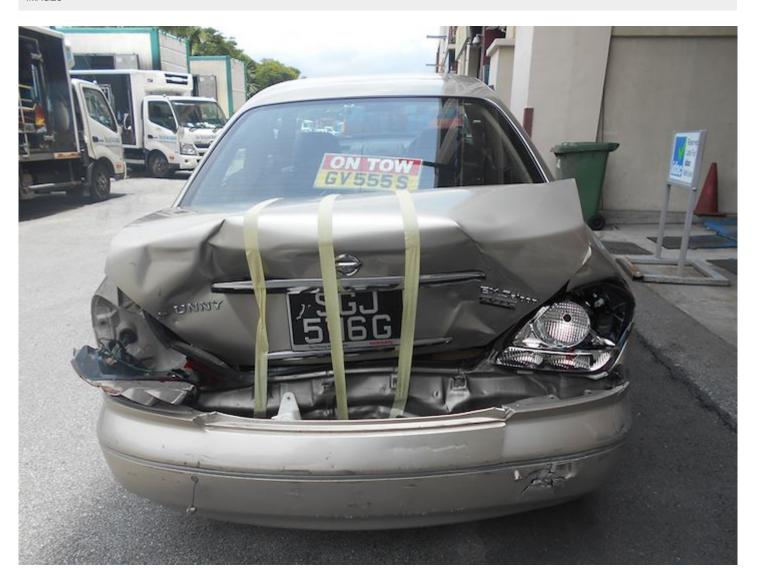
The rear tyre were not jammed. So I drove slowly to the Whitley Road, turned into Bukit Timah Road and stopped beside Steven MRT in the Pathway that enters into the school, Singapore Chinese Girls School. As the traffic flow was not heavy, I slowly drove the car to my carpark at Farrer Park Road with the hazard light switched on.

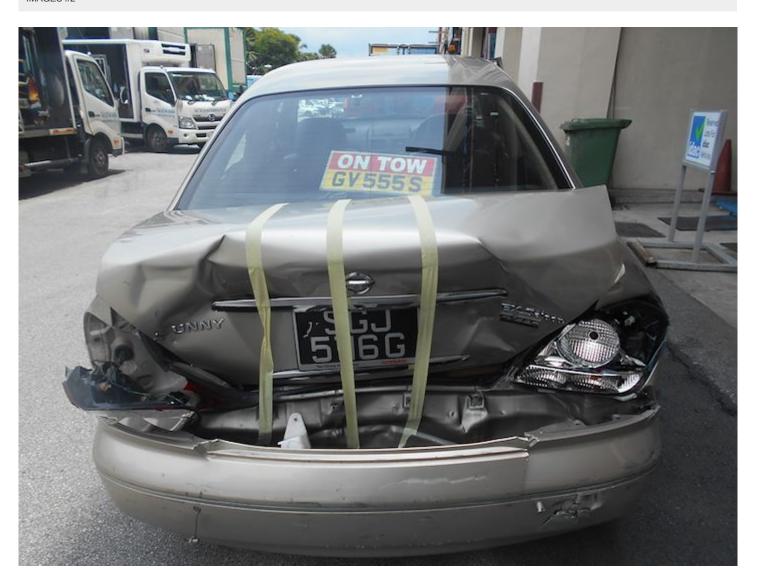
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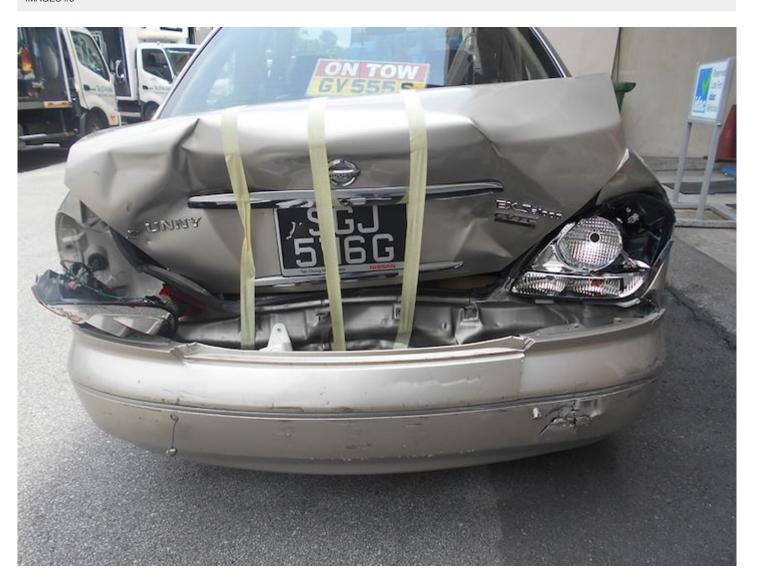
And lower back. I came home had some food and took two Ponstan pain killers and laid down in my bed for about two

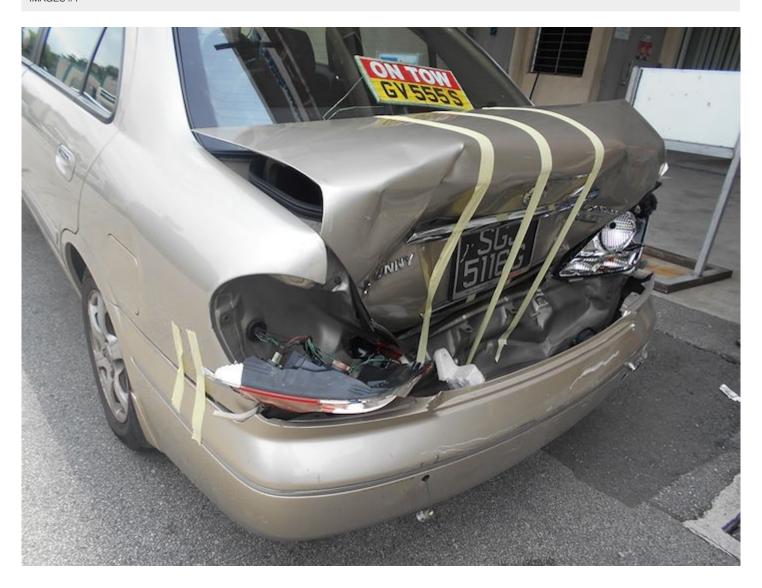
Hours, after which I took a taxi to Raffles Hospital. The doctor ordered various x-rays and scan. I stayed for about three hours and I was told by the doctor that some clinical aspects has been outsourced and there will be delay to get results. I was given the option to go home and the doctor promised to call. I was given pain killers and five days medical sick leave.

This morning I had general discomfort and pain along the same areas of the body. I took the prescribed pain killers and that has been quite relief.



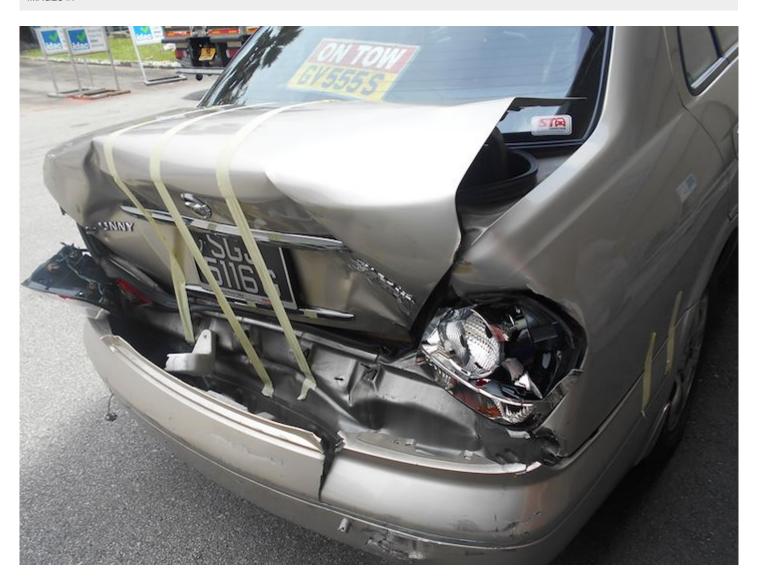


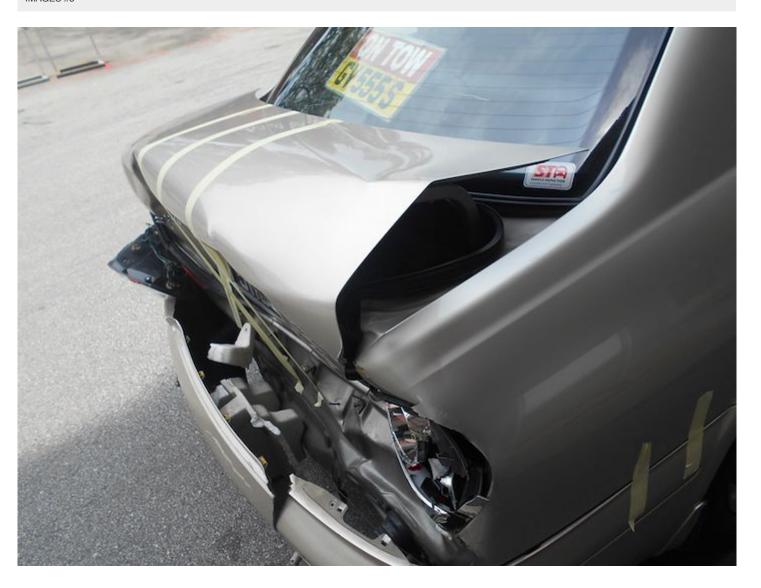




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210824/7025

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: /08/2021 17:17		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars		and the same of th	
Name of Informant: KURUBALAN S/O MANICKAM RENGARAJU		Address: 15 FARRER PARK ROAD #08-37 SINGAPORE 210015			
ID Type / ID No.: NRIC NO / S1330278B Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mobile: 90088003			
		Email: kurubalan@hotmail.com			
Sex: Age: Date of Birth: Male 63 31/10/1957		Type of Informant: Driver			
Race: Indian		Language: English	Institution / School Name:		
Occupation: Advocate/Solicitor		Driving Licence Information Class:	ation: Date of Expiry:		

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/08/2021 18:45	Type of Location Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather:	12.2.	Road Surface:	F	Road Cased Limits
Clear		Dry	100	Road Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control:	1	Fraffic Volume:

	ehicle Involv	eu				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
BLB6028	PRIME MOVER LORRY					0
SGJ5116G	Car	NISSAN	SUNNY 1.6EXA	Beige		0

le Insurance			
surance Company	Insurance No	Effective	Expiry Date
		Suranea Campani	Suranas Campany





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20210824/7025

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Details of Perso	n Involved	-			
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian Cro	ssing: NA
Driver	NUMBER OF THE PARTY OF THE		A SECTION AND A		Jonny. 1171
Name	KURUBALAN S/O N RENGARAJU	KURUBALAN S/O MANICKAM RENGARAJU			S1330278B
Related Vehicle	SGJ5116G (Car)			Contact No	90088003
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2021		Date	19/0	08/2021
No. of Days grant	ted Medical Leave	05	Degree of		

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3 of 4 Report No. T/20210824/7025

CONTINUATION OF REPORT

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4 of 4 Report No. T/20210824/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2021 17:17
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No : 65476404	Classification Of Case:

NP168

Authentication Stamp