ASS, PEC. BV:	REF:	CS/TP21	009227/Aqc
		ASSI	GNMENT
From. Estimated Cost:	Date:		Veh No: SGJ5116G. Yr Regn: 2006 / July Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD R	RES / EVA / INV / MV		Truck / Trailer or
To Inspect Vehicle No:			Make: Nissun Suny. c.c 1597 Colour Gold. A/C: Insured/Std/NI/NA
at Workshop m/s			Sp.Reading W9077 T/Radio: Insured / Std / NI / NA
of			Eng/No:
Insured: Policy No.			C/No: JAICFANIGZO101683
Claims No.			Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:		Steering: morder/ Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:			Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 185/65 R 15
(Policy Condition) Remark: The veh had commo		N/S O/S	R: 195/65RIS . BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: IDAC Accident Rport:	Consistent?: Yes	or No	Front R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes		L/Bal. 06 mm L/Bal. 06 mm D.O.I. 31/08/21
Est. Repairs: 10 Lum Sum:	days Res.: Yes % 3 Val.: Yes		'Survey held at
CA / REV / REP. / 24		Vehicle: IN / OUT	Des. of Damages : Frt Rear I O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / In:	n Contacted: struction Sta Vehicle	Independen	

e / Time	TP Msia Velicle	Independent.	COE Expiry: 12/07/26.
	C 15 0000107 10	2 1 (D. 105504.40.0	2007
	final fig \$9801.87, 10	0 days (Red \$5501.43, 3	66%)
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	PV: 24-1K		
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ate/Time, File Pas	s to? : Preli. Report	Days Of Repair: 10	

ate/Time, File Pass to?	: Preli. Report	Days Of Repair: 10	- Company
16/02 Typist	: Final Report	Resurvey No. of Trip: 2	Survey Fee:
pate/Time, File Return to?			Transportation:
actor mile, i se recuire		Add Fee: : Site Insp (\$)3+RS
		COLUMN TO THE PARTY OF THE PART	

SI : Interview (\$ Tech. Invs (3 TP Report Formet: : Westend (\$ Louis Com L.B.J. (* 9801.87

SN09218R000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2021 09:37 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30// 3/2021 09:37 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process. 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

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.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/08/2021 09:37 (SGT) 19/08/2021 18:45 (SGT) PIE, Singapore TOWARDS JURONG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGJ5116G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Oviner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

KURUBALAN S/O MANICKAM

SXXXX278B

kurubalan@hotmail.com (Phone) +65-90088003

+65-90088003

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Nissan Sunny

Private use

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd.

ThirdParty

No

80050402

DRIVER

Name of Driver NRIC No

KURUBALAN S/O MANICKAM SXXXX278B



Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Nu nber Email Address Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

31/10/1957

23/05/2001

+65-90088003

20 YEARS AND 3 MONTHS

(Phone) +65-90088003

kurubalan@hotmail.com

BLK 15 FARRER PARK RD

Indoor

#08-37

210015

Yes

OTHER INFORMATION

Was any foreign ve:nicle involved in the accident? Yes Number of vehicles involved in the accident 2 Yes Was anybddy injured in the Accident? Was any injured conveyed to hospital by ambulance? No Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

FOREIGN VEHICLE 1

Vehicle Regis ration Number

Vehicle Category

BLB6028

No

Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Statlon Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police (Phone) +65-65470000

(Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210821/7025

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

BLB6028

Accident report SN09218R000A

Vehicle Mode Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Passport No/FIN Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

Commercial vehicle ASNAN BIN AG SELAMAT 7XXXXXXXXXX5439

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?

KURUBALAN S/O MANICKAM Male

SERIOUS SGJ5116G Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. 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.
- 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.
- 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.
 - (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' law yers/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 unitd 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.

A. Cinella Onley halter's Sanature / Date &

Policyholder's Signature / Date & T. ne

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

Witnessed by Reporting Centre

Sketch Plan

Trailer H TO D

(A) SGJ 5116 G

(B) BLB 6028

K	efer	70	e Accident	P-2-1	410	=/
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We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (F 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

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	MSIG INSURANCE (SINGAPORE)	300333337	13/07/2021	12/07/2022

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No	The second secon		
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KURUBALAN S/O MANICKAM RENGARAJU		ID No.	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	8/2021
	ted Medical Leave 05	Degree o	f Serie	ous

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 the 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 Johnre Bahru.

The name of driver Asnan Bir. 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.

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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 jammad. 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.

I felt a little disoriented immediately after impact but was able hold myself and deal with the situation. I felt a little dizzy and general pain over the neck, both shoulders

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	vernicle	
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	278B	
Vehicle No.:	SGJ5116G	
Vehicle to be Exported:	No.	
Intended Deregistration Date:	31 Aug 2021	
Vehicle Make:	NISSAN	
Vehicle Model:	SUNNY 1.6EXA	
Primary Colour:	Beige	
Manufacturing Year:	2006	
Engine No.:	QG16410274	
Chassis No.:	JN1CFAN16Z0101683	
Maximum Power Output:	81.0 kW (108 bhp)	
Open Market Value:	\$12.484.00	
Original Registration Date:	13 Jul 2006	
First Registration Date:	13 Jul 2006	
Transfer Court:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$6,034.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	12 Jul 2026	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$49,519.00	
COE Rebate Amount:	\$24,093.00	
Total Rebate Amount:	\$24,093.00	

The information contained herein is correct as at 31 Aug 2021

OK