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SN0821B50003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/11/2021 12:28 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/11/2021 12:28 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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
- 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 05/11/2021 12:28 (SGT) Date of Accident 26/10/2021 08:00 (SGT) **Exact Location of Accident** Woodlands Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBD8197T

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner VELLAICHAMY GUNASEKARAN NRIC No SXXXX385C Email Address guna9466@yahoo.com Mobile Phone No (Phone) +65-90235472 Alternative Phone No +65-90235472

#### VEHICLE PARTICULARS

Manufacturer

Bajaj Model Pulsar 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 - Reporting only Vehicle Category Motorcycle Transmission Manual CC 199

#### INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number MSD/VMT/21-421324-CA Cover Note Number

#### DRIVER

Name of Driver VELLAICHAMY GUNASEKARAN NRIC No SXXXX385C

Date Of Birth 24/05/1965 Occupation Indoor Date Of Driving Pass 17/07/2002 Driving experience 19 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-90235472 Alt. Phone Number +65-90235472 Email Address guna9466@yahoo.com Address BLK 163 LORONG 1 TOA PAYOH #03-1012 Address complement Postcode 310163 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? No 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20211026/2113 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC9474B Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour White

Vehicle Category Name of Driver NRIC No	Commercial vehicle VIKNESVARAN S/O G TANAGOPAL SXXXX359C
- Contact Number	(Phone) +65-88047381
Address	(1 110110) 100-00047361
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	<b>&gt;</b> 0
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender Phone No Address	VELLAICHAMY GUNASEKARAN Male (Phone) +65-90235472
Address Complement	
Post Code	•
Approximate Age Years Old	
Injuries Sustained	- CLICUT IN U.D.
Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	FBD8197T
Was this injured conveyed to hospital by ambulance?	ī.
and injured conveyed to hospital by ambulance?	No

#### 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
- 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 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, acknow ledge, 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
- (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.

Policyholder's Signature / Dat Time Sketch Plan	e & Driver's Signature (If driver & Time	is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
A) FBD 81977 B) PC 9474B	B		

Circumstances of the Accident  PAPA TO POLICE 1/201/036/21/3
1 112211220121

### Declaration

We declare the foregoing particulars are true in every respect.

5/1121

Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (76, 12, 2011) (DD/MM/YYYY), TIME: (08:00) (HH:MM)
LOCATION: MODUOUD AVE 2
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: F13 D 81 97 T
b) INSURANCE COMPANY: MS 116
CIPOLICY NUMBER: MSD/WIT/21-421324-CA
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Baza pulsas
FITYPE-(SALOON COURT AND
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 LYES THO
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Vella Chany Gurasercoon (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 5268038TC CONTACT: 96235 472
CIADDRESS: 1860ch 163 03-1012 Comm8-1
Toopasol simpore 310/63
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Who of personnes DRIVER
(Including driver) a)NAME: Vellar As above (MALE/FEMALE)
CONTACT:
1100000
c/ADDRESS: ps alone
c)ADDRESS: ps aloue.
"d)DATE OF BIRTH: (24 /05 / 15 6) (DD/MM/YYYY)
"d)DATE OF BIRTH: (24 105 / 15 (20) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)
"d) DATE OF BIRTH: (24 /05 / 15 6 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) DATE OF DRIVING PASC
"d)DATE OF BIRTH: (24 /05 / 15 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)OME OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
*d)DATE OF BIRTH: (24 /05 / 15 (5) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)CATE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/ NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
*d)DATE OF BIRTH: (24 /05 / 15 60 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  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:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
"d)DATE OF BIRTH: (24 /05 / 15 60 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)OME OF DRIVING PASC  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: (DR) / WET / OTHERS
"d)DATE OF BIRTH: (24 /05 / 19 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)OME OF DRIVING PASS  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)
"d)DATE OF BIRTH: (24 /05 / 15 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)OME OF DRIVING PASC  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. a)REPORTED TO POUCE (YES / NO)
"d)DATE OF BIRTH: (24 /05 / 15 6 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)OME OF DRIVING PASC  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. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
d)DATE OF BIRTH: (24 /05 / 15 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)DATE OF DRIVING PASC  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. a)REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE
"d)DATE OF BIRTH: (24 /05 / 19 6 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)OM (E) OF DRIVING PASS  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. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  PC 9 4 74 13 MODEL:
C)ADDRESS:  *d)DATE OF BIRTH: (24 /05 / 15 6 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)OME OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  We of passenger a) VEHICLE NUMBER: PC 947413 MODEL:  Including driver)  b) DRIVER'S NAME: VIX NO PLAYER AM S/A THAM COOP POLICE INCLUDING AND POLICE INCLUDING A
C)ADDRESS:  d)DATE OF BIRTH: (24 /05 / 15 D) (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:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PC 947413 MODEL:  Including driver)  b) DRIVER'S NAME: VIKANOLOGIAM S/0 Than an pal  c) NRIC/FIN/PASSPORT: S SU 30 3 5 5 CONTACT: Se 12 (1) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C)ADDRESS:  "d)DATE OF BIRTH: (24 /05 / 15 22 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  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:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PC 947473 MODEL:  Including driver)  b) DRIVER'S NAME: VIKAN PLANAR OF ANY OF ANY OF ANY OF ANY VEHICLE  O) NRIC/FIN/PASSPORT: S 84 30 359 CONTACT: S 8 10 14 7 3 84
C)ADDRESS:  "d)DATE OF BIRTH: (24 /05 / 15 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUIDOOR)  f)DATE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PC 9474 T3 MODEL:  Including driver)  b) DRIVER'S NAME: VIX NO PLOYER OF THAM OF POLICE STATION:  (1) PRINCEPIN MARE: VIX NO PLOYER OF THAM OF POLICE STATION:  (2) NRIC/FIN/PASSPORT: SQL 30359 CONTACT: SQL DLL 384  (3) VEHICLE NUMBER: DS CLOVE MODEL: MODEL:  (4) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: MODEL: NO POLICE STATION:  (5) NRIC/FIN/PASSPORT: SQL 30359 CONTACT: SQL DLL 384  (6) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: MODEL: NO POLICE STATION:  (6) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: NO POLICE STATION:  (7) PASSZUNGER MARTY VEHICLE  (8) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: NO POLICE STATION:  (9) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: NO POLICE STATION:  (10) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: NO POLICE STATION:  (11) PRINCEPINGER MARTY VEHICLE  (12) VEHICLE NUMBER: DS CLOVE MODEL: MODEL: NO POLICE STATION:  (13) PRINCEPINGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (14) PRINCEPINGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PRINCEPINGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PRINCEPINGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PASSZUNGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PASSZUNGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PASSZUNGER MARTY VEHICLE NUMBER: DS CLOVE MODEL: NO POLICE STATION:  (15) PASSZUNGER MARTY VEHICLE NUMBER: DS CLOVE MARTY NO
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"d) DATE OF BIRTH: (24 /05 / 15 25 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUIDOOR)  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:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES!/NO)  7. a) REPORTED TO POUCE (YES!/NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PC 947413 MODEL:  Including dviver)  b) DRIVER'S NAME: VIK M D & VICTOR OF DATE  C) NRIC/FIN/PASSPORT: S & 430359 CONTACT: S& D 47384  A) VEHICLE NUMBER: AS CLOVE MODEL: Maloul
"d)DATE OF BIRTH: (24 /05 / 15 6) [DD/MM/YYYY]  e) OCCUPATION: (INDOOR / OUIDOOR)  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:  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:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PC 9474 T3 MODEL:  WODEL:  NO of passenger  O) NRIC/FIN/PASSPORT: SQL 30359 CONTACT: S& D47 381  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.  PROSSENGER  O) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.
"d)DATE OF BIRTH: (24 /05 / 15 6) [DD/MM/YYYY]  e) OCCUPATION: (INDOOR / OUIDOOR)  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:  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:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PC 9474 T3 MODEL:  WODEL:  NO of passenger  O) NRIC/FIN/PASSPORT: SQL 30359 CONTACT: S& D47 381  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.  PROSSENGER  O) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.
d)DATE OF BIRTH: (24 /05 / 15 12 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  first of priving PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)IROAD SURFACE: (DR) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  18. THIRD PARTY VEHICLE  19. VEHICLE NUMBER: PC 947413 MODEL:  Including driver)  10. DRIVER'S NAME: V1 x 20 20 20 20 20 20 20 20 20 20 20 20 20
"d)DATE OF BIRTH: (24 /05 / 15 6) [DD/MM/YYYY]  e) OCCUPATION: (INDOOR / OUIDOOR)  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:  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:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PC 9474 T3 MODEL:  WODEL:  NO of passenger  O) NRIC/FIN/PASSPORT: SQL 30359 CONTACT: S& D47 381  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.  PROSSENGER  O) VEHICLE NUMBER: PS CLOVE MODEL: MS DOWN.

VIDEO





1 of 3

Report No. T/20211026/2113

Police Station Of Origin: 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 26/10/202	Report M 1 22:38	ade:	Vide Report No.: Station Diar 128		
Informan	t's Particu	lars			
Name of I VELLAICH		NASEKARAN	Address: SEKARAN APT BLK 163 LORONG 1 TOA PAYOH #03-1012 SINGAPORE 310163		
ID Type / ID No.: NRIC NO / S2680385C Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 90235472 Email:		
Sex: Male	Age: 56	Date of Birth: 24/05/1965	Type of Informant: Driver		
Race: Indian		Language:	Institution / School Name:		
Occupation: FACILITY ENGINEER		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/10/2021 08:00	Type of Location Straight Road
WOODLAND	S AVENUE 7			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of V	ehicle Involve	d				CATAGOS ASSESSOR
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD8197T	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
PC9474B	Van	TOYOTA		White	Damaged	0

Details of Vo	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
FBD8197T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72286300	05/01/2021	04/01/2022





2 of 3

Report No. T/20211026/2113

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Perso	n Involved		Cide-in-	Man	
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedestrian Crossing: NA			
Driver	[作品] 1944年 (1945年) 1947年 (1947年)		Ver	TO SERVICE	THE PARTY OF THE
Name	VELLAICHAMY GUNASEKARAN	N .	ID No.		S2680385C
Related Vehicle	FBD8197T (Motorcycle)		Contact No.		90235472
Hospital/Clinic	EJ FAMILY CLINIC & SURGERY	,	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/10/2021	Date Disch			)/2021
No. of Days gran	ted Medical Leave 03	Degree of	Injury		
Driver			<b>WARE</b>	Sa Maju	
Name	VIKNESVARAN S/O G TANAGO	PAL	ID No.		S8430359C
Related Vehicle	NIL		Contact No.		88047381
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

#### Brief Details.

On 26/10/2021 at about 0755hrs, I was travelling along Woodlands Ave 2 towards Woodlands Central on the first lane. It was not raining and the vision is clear.

Subsequently, a white van bearing PC9474B was infront of me however the driver applied emergency brake. I could not brake efficiently on time hence I collided onto his rear portion area. I suffered some sore and light bruises on my bottom right side of my body. There were only slight damages on the said van. We managed to exchange particulars and agreed to settle it with our own insurance. None of the party was conveyed by ambulance and neither of us complain of any pain at that point of time.

I consulted doctor from EJ Family Clinic and Surgery and was given 3 days of MC dated on 26/10/2021 until 28/10/201 by Dr Tan Eng Chun (MC: 0000090138)

I am lodging this report for insurance purposes.





3 of 3

Report No. T/20211026/2113

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

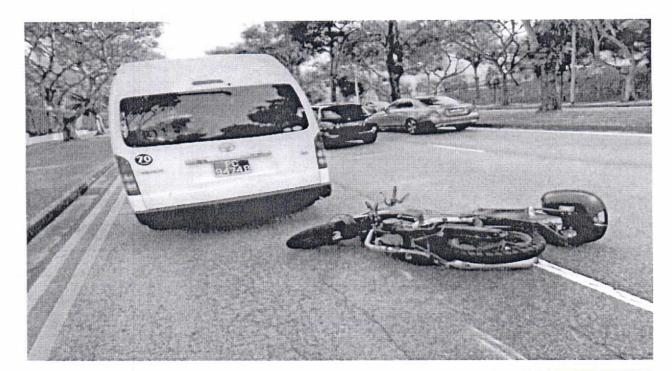
CONTINUATION OF REPORT

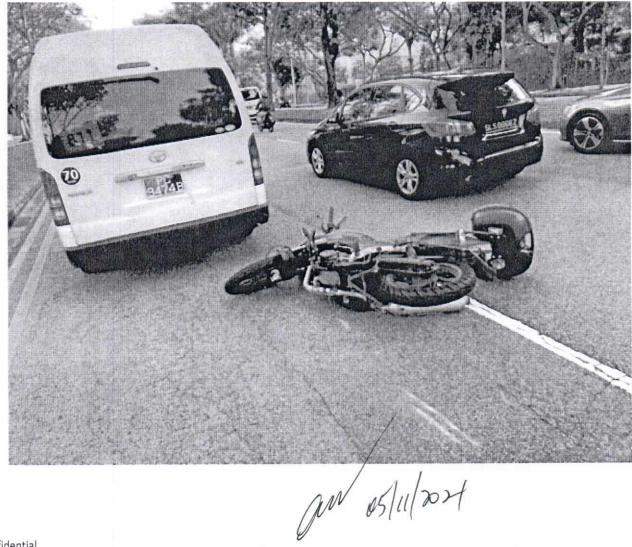
### Sketch Plan

Informant is not able to provide sketch plan

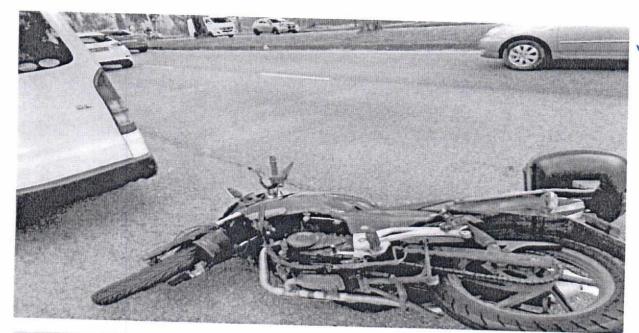
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Repor	t Signature Of Informant:
Sgt 3 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	A VD
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2021 22:38
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG	Classification Of Case:
Contact No.: 65476151	SINGAPORE SN 168
Authentication Stamp NP168	SAFFGLIAS OHING REPREDAY





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an/os lu/2021



CA 550229

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 058807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

## CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia). Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO

MSD/YMT/21-421324-CA A0074-001/10225

SUM INSURED :

TPL

**EXCESS** 

NIL

1. I- x mark and Registration Number of Vehicle

FBD8197T

BAJAJ

199 c.c.

2. Name of Policyholder VELLAICHAMY GUNASEKARAH

3. Effective date of the Commencement of Insurance

0252PM 05/01/2021

for the purposes of the Act 4. Date of Expiry of Insurance

04/01/2022

5. Persons or Classes of Persons entitled to drive a. The Policyholder.

Provided that the person driving 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 or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
  - 1. use for hire or reward.
  - 2. Use for racing.pace-making.reliability trial or speed-testing.
  - 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
  - 4. Use for any purpose in connection with the Motor Trade.
- \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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."

Repl CN: 72286300 18/01/2021 (CG)

COMMERCIAL AGENCY PTE. LTD.
Underwhing Agent

For MSIG Insurance (Singapore) Pte. Ltd.