SL0Y236N0001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 26/06/2023 10:44 (SGT) SUBMITTED BY: LKK Auto BM VERSION: 1 (26/06/2023 10:44 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 26/06/2023 10:44 (SGT) Reported by **Actual Driver** Date of Accident 20/06/2023 19:30 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TOWARDS TUAS SLIP ROAD INTO NORMANTON PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD8727P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHINNAIYAN PRABAKAR NRIC No SXXXX971I Fmail Address praba610@gmail.com Mobile Phone No (Phone) +65-91057434 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Bajaj Model Pulsar Variant Exact purpose for which vehicle was being used at time of accident **Employment**

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 179

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300475619 VMP

DRIVER

Name of Driver CHANDHIRARASU BALAMURUGAN Passport No/FIN GXXXX329M Date Of Birth 12/12/1985 Occupation Outdoor

Date Of Driving Pass 29/05/2009 Driving experience 14 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92277250 Alt. Phone Number Email Address praba610@gmail.com Address BLK 760 WOODLANDS AVENUE 6 #04-06 Address complement Postcode 730760 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **BROTHER IN LAW** 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 Collision - Change/cross lane 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? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT G/20230622/7043 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

SMZ9063T

Official Accident report SL0Y236N0001

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	CHANDHIRARASU BALAMURUGAN
Gender	Male
Phone No	(Phone) +65-92277250
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBD8727P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 ladgement 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' lawyers/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;

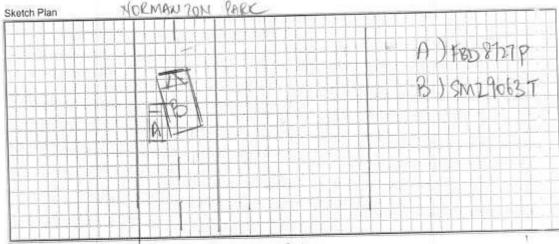
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

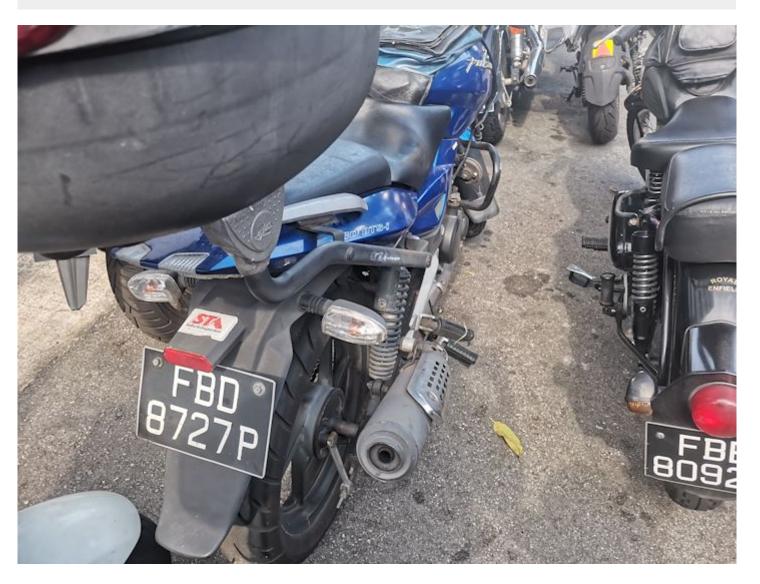
13-66-2023 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

26 06 000



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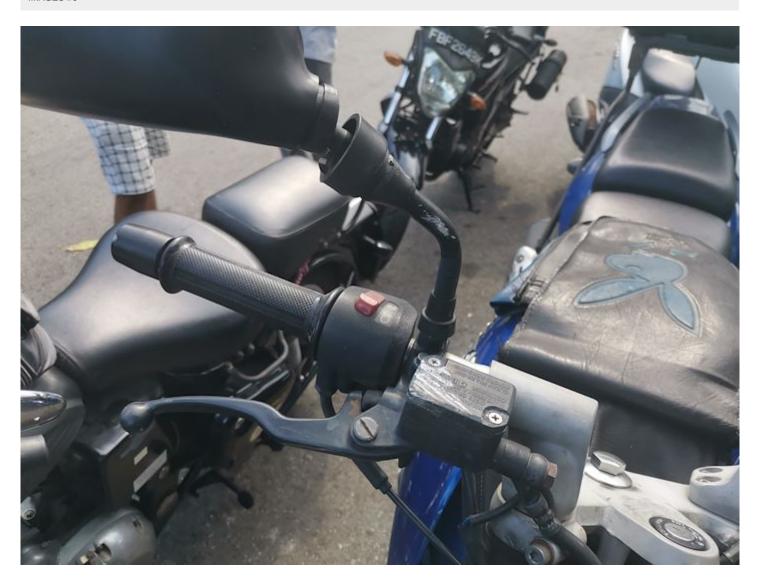


















1 of 2

Report No. G/20230622/7043

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Vilton. Incident number is D/20230620/0115.

Date/Time Report Made 22/06/2023 11:21	Vide Report No.		Station Diary No.	
Name Of Informant CHANDHIRARASU BALAMURUGAN	Address 760 WOODLANDS AVENUE 6 #04-0 730760			6 SINGAPORE
ID Type / ID No. FIN NO / G6261329M	Contact No. Home/Office: Mobile: 92277250			
Nationality INDIAN	Email Address subakaraadik@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Other heavy truck and lorry drivers	Male	37	12/12/1985	Indian
Institution/School Name	Language English			
Date/Time Of Incident 20/06/2023 19:30 - 20/06/2023 19:35	Location Of Incident AYER RAJAH EXPRESSWAY			
Brief details.	op typica distribution			

I was the rider of FBD8727P during that time. I was slowing down and about to stop along AYE(Tuas) slip road into Normanton Park on the lane 2 of 2-lane road when i felt an impact from my right side. The car that hit onto me stopped after making a left turn and attended to me. He asked me required ambulance and i told him yes. He replied me ok and he was seen holding his handphone and left the scene. He stayed at the scene for around 3 to 5 minutes. I went to NUH and discharged with 14 days MC after passed midnight. The car that hit me is SMZ9063. My motorcycle was with TP and my IO in-charge is

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: 22/06/2023 11:21		
Officer In-Charge Of Case:	Classification Of Case:		
This report is lodged at Traffic Police Kiosk 2			





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230622/7043

Victim			
Person Name	CHANDHIRARASU BALAMURUGAN		
ID Type	FIN NO	ID No	G6261329M
Gender	Male	Age	37
Race	Indian	Language	English
Occupation	Other heavy truck and lorry drivers	Address	760 WOODLANDS AVENUE 6 #04-06 SINGAPORE 730760
Mobile No	92277250	Is Informant A Victim?	Yes

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: 22/06/2023 11:21		
Officer In-Charge Of Case:	Classification Of Case:		
This report is lodged at Traffic Police Klosk 2			