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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report	06/04/2017 19:00	
Date Of Accident	06/04/2017 15:05	
Exact Location Of Accident	WEST COAST ROAD	
Country/State of Loss	SINGAPORE	

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDR6817D	
Insured/Policyholder		
Name Of Registered Owner	SASUADIMAI JEGANDHAS	

NRIC No	S7764912C		
Email Address	JEGANDHAS1@YAHOO.COM.SG		

Mobile Phone No	(LOCAL) +65-91992560		
Alternative Phone No	OTHERS-66840895		

Vehicle Particulars	

Model	A4-1.4 TFSI S TRONIC (A)

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
Are you claiming under your own insurance policy	YES	

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE

AUDI

Fleet Policy NO Policy Number

Cover Note Number

Driver

 Name of Driver
 SASUADIMAI JEGANDHAS

 NRIC No
 \$7764912C

 Date Of Birth
 03/06/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 18/06/2008

Driving Experience 8 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91992560

Fax Number

Manufacturer

Contact Number OTHERS-66840895

EMail Address JEGANDHAS1@YAHOO.COM.SG

Address

BLK 408 YISHUN AVE 6

#06-1266

Postcode

S760408

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION- HEAD TO REAR (INSURED HIT TP)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

TRAVELLING ALONG WEST COAST ROAD WHEN VEHICLE IN FRONT GBC583U STOP SUDDENLY. COULD NOT REACT IN TIME AND COLLIDED WITH THE CAR IN FRONT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC583U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- This Form must 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>.
- 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)

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WEST COST ROPO

AFIBDAUZEA CA VADEA

Page 3 of 13

Sketch Plan #2

Describe Circumstances of the Accident

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Accident Photo







Accident Photo









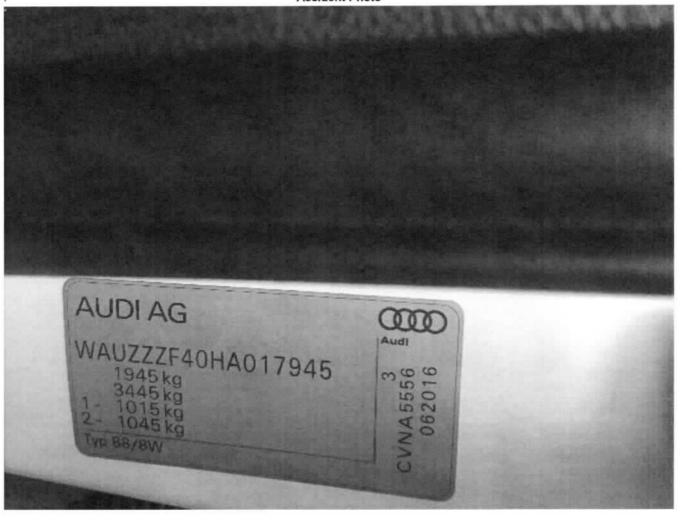








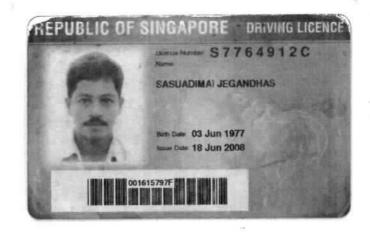
Accident Photo

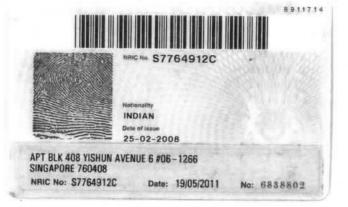


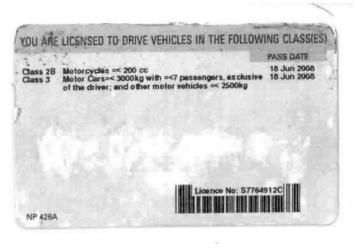
REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7764912C



SASUADIMAI JEGANDHAS சேசடிமை ஜெகன் தாஸ் INDIAN Date of birth 03-06-1977 S7754912G Country of birth









CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

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1) VEHICLE REGISTRATION NO.	THE PARTY OF THE P
2) NAME OF INSURED	SASUADIMAT JEGANDILAS
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OF INBURANCE FOR THE PURPOSES OF THE AC	
4) DATE OF EXPIRY OF INSURANCE	24 Aug 2017
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*Limitations randered inquerative by Sautian & of the Motor Vehicles	
Section 93 of the Road Transport Act, 1987 (Maleysia), are not to b	a included under these headings.
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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, 1957 (Malaysia).

Issued At Singapore 26 Aug 2016

AIG Asia Pacific Insurance Pte. Ltd.

S04 | 25-200 PREMIUM LEASING - AP 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE UBNI'RE SINGAPORE 159938

AUTHORISED REPRESENTATIVE

PRLYCO

CBOOM

Ca has No 70 ICYO BYAN

DODOON SHIRE CA

24-hours AIG Auto Hotline: (65) 6338 6200

Important: Keep this document in your car

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15 DAYS LOSS OF USE / CAR REPLACEMENT BENEFIT

Applicable only If this benefit is included in your motor insurance. Please roler to your Policy Schedule for details.

Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certification of Insurance (CI) should be produced without demand when collecting the Rental Car and Premium Automobiles. Pte Lid reserves the right to verify the identity of the holder. The Cl is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the Policy Issued to the policyholder. The validity of this benefit is conditional upon the Motor Policy Insured herein being in force.

Steps to activate Loss of Use / Car Replacement Benefit and Important Information

- To activate your loss of use car replacement, please call Premium Automobiles Re Ltd at 64741223 after filling/reporting your accident claim.
- Your rental car will be made available within 3 hours of activation with Premium Automobiles Pte Ltd, subject to availabilit
- At the time of collection of the Rental Car, the original insurance policy and scheduled Issued by AIG, a copy of the Accident Report from the 3. Authorised Workshop must be produced.
- The number of days of loss of use entitlement is based on the period your vehicle is in the repair workshop subject to a maximum of 15 days.
- A refundable security deposit of \$\$350 is required by the rental company during each rental period. The rental car will be picked up and returned at Premium Automobiles Re Ltd upon activation of the benefit
- Rental cars are strictly for use in Singapore only. Additional premium of \$\$354 per day is applicable if the rental car is to be driven to
- Extension of cental beyond repeir period approved by AIG surveyor will be chargeable to customer by the rental company on per day basis.
- Upgrade of Rental Car is available upon request subject to additional charges by the rental company.
 Excess liability for all Rental Cars is \$\$3,000. Customers may choose to reduce the liability to \$\$1,500 per day and by paying the Collision. Damage Waiver of S\$25 per day.

For use of Rental Car in Malaysia, additional excess liability of \$2,000 applies.

If ow net falls to inform Premium Automobiles. Pte Ltd that he is travailing into Malaysia using the Rental Car and if any accident happens, the entire cost of repair will be the owner's sole responsibility. Premium Automobiles Pte Ltd reserves the right to pursue the full repair cost against the owner

Additional age requirement

Mnimum 23 years old to maximum 65 years old with at least 2 years of driving experience

Premium Automobiles Pte Ltd Operations Hours

Monday to Friday: 0900hrs - 1800hrs

Saturday: 0900hrs to 1300hrs except Sundays and Public Holidays

Customer Service Line: 64741223 Facsimile: 67457823

55 Ubl Road 1 Singapore 408699

*Premium Automobiles' Terms & Conditions apply

IMPORTANT NOTICE

If you sail your motor vehicle, this Notice is IMPORTANT and MUST be complied with Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlew full for any parson to use or cause or parmit any other person to use a motor vehicle without a valid policy of insurance under the Act

The insured is further warned that on the sale of a motor vahicle, they must surrander the Certificate of insurance and the Polloy to the insurance company. If the Certificate of insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

The Policy will case to be valid once the implor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned if the insurance company agree to cover the new owner, they will issue a new Certificate of insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

Catherine Chong (LKK Auto)

From:

Claims Department <claims@premiumauto.com.sg>

Sent:

Wednesday, 12 April, 2017 8:14 PM 'Catherine Chong (LKK Auto)'

To:

Cc:

'Claims Department'

Subject:

RE: Request Certificate Insurance for vehicle no. SDR 6817D

Dear Catherine,

Cl number is 2100480593-00001.

Hope the above information helps.

Many thanks!

Claims Advisor

Tan Eng Su Jeffery

Premium Automobiles Pte Ltd (Reg No 199902271W)

55 Ubi Road I Road Singapore 408699

p. +65 6388 2323 d. +65 6768 9911 f. +65 6841 1183

e. claims@premiumauto.com.sg w. www.audi.com.sg



Email Disclaimer

This email, including any attachment, is confidential and may also be privileged. If you have received it in error, please notify us immediately by reply email and then delete this message from your system Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Wednesday, 12 April, 2017 1:11 PM

To: 'Claims Department'

Subject: RE: Request Certificate Insurance for vehicle no. SDR 6817D

Dear Jeffrey,

Kindly provide us the policy number.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)