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 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	26/12/2017 16:40
Date Of Accident	24/12/2017 17:55
Exact Location Of Accident	BLK 119 BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4761S

Insured/Policyholder

Name Of Registered Owner ANNIE STELLA JAYAKUMAR

NRIC No S8586627C

Email Address DINESHOUT@GMAIL.COM Mobile Phone No (LOCAL) +65-96562670 Alternative Phone No OTHERS-96562670

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI

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?

If No. Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver DINESH KRISHNA KUMAR

NRIC No S8481665E Date Of Birth 25/05/1984 INDOOR Occupation Date Of Driving Pass 19/12/2012

Driving Experience 5 YEARS AND 0 MONTHS

Gender MALE

(LOCAL) +65-96562670 Mobile Number

Fax Number

Contact Number

DINESHOUT@GMAIL.COM **EMail Address**

Address

20 SIMEI STREET 1 MELVILLE PARK #01-06

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO BICYCLIST

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

3

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ANNIE

GENDER:

: FEMALE

Passenger 2

NAME:

YES

: URAESH

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLCIE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Sketch Plan

SKETCH PLAN

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- 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
- 7. By the loggment 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)
 - (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.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: UM 121 Sion 1

NRICHTIN NO.: GSSSSSSGAM

Sketch Plan #2

SKETCH PLAN	Λ.	
care bail	D814 119	BIE
	Lift	Entrove cor
太	X XI LXI	Impact
/ >	B A	> - one way
DESCRIBE CIRCUMSTANCE	× / X X X	B-E-Scorer
	- Porce Report	
DECLARATION I/We declare the foregoing par	ticulars are true in every cospect.	(a)
Policyholder's Signature Date & Time	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: LIM YEE STAND NRIC/TIN No. 6 5550 5600

Police Report



Potce Station Of Origin Traffic Police Division HQ 10 Ubi Avenus 3 SINGAPORE 408866 Tel No: 66470000

Report No. 1/2017 1226/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Tims Report Made: 26/12/2017 13:43 Vide Report No.: Station Diary No.:

Informa	nt's Partic	ulars		
Name of Informant DINESH KRISHNA KUMAR			Address: 20 SIMELSTREET 1 #01-16 SINGAPORE 5/29844	
	/10 No.: 0 / \$84816	55E	Gnatact No : Home/Office: Mobile 96562670	
Nationality: INDIAN			Email: dineshout@gmail.com	
Sex: Male	Age: 33	Date of Birth: 25/05/1984	Type of Informant: Driver	
Race.			Language: English	institution / School Name
	ion: 188 process nt/busingss		Driving Licence Information: Class: 28.3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident. 24/12/2017 05:5	Type of Location Car Park
Location			The same of the same	
BEDOK NOR	TH ROAD			
Drop point for	the blk 119			
Weather. Cloudy		Road Surface: Dry		Road Speed Limit:
		The state of the s		Road Speed Limit: Traffic Volume: No Traffic

Details of Vehicle Involved						
Venicle No.	Тура	Make	Model	Color	Condition	No of Passenger
SLE4761S	Car	AUDI	A3	White	Slightly	3
					Damaged	

Details of V	chicle Insurance		1970	
	Insurance Company	Insurance No	Effective	Expiry Date
SLE47615	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100476250-01000	22/07/2017	21/07/2018

Police Report



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tol No: 65470000



4 513 Report Nat T/2017 (22070)5

CONTINUATION OF REPORT

Any Pedastrian I No. of Pedestrian			
Driver	is injured. NIL	Use of Pedastrian Ch	asing: NA
Name	DINESH KRISHNA KUMAR	ID No.	S8481665E
Related Vehicle	SLF4/615 (Car)	Contact N	0 96562670
Hospital/Clinic	N/L	Class of Driving Licence & Expiry Dat	Class: 28,3 Cate of Expiry: No
Date Treatment	NIL	Date Discharge Nit	•
	ed Medical Leave NIL	Degree of injury NIL	

Brist Details.

We were at my friend's place car park of bit 119 Bedok North Road Singapore 460119, waiting closer to the block's entrance to pick film up, the Kid ridding e-scotter very fast from behind and lost control due to over spending he bumped in to my car leaving scratches and big dont at the driver's door.

My wife and i got down to check over the person and found to be a kid must be age 12/13 years and he found to be ok with no hurt or scretches, we confirmed he is okay and asked about his whereabouts, he mentioned he stay in the opposite block and we asked for his parents contact to inform the incident, he gave us a number (+65 93503603) and when asked further for details he said that his number, then he said that his father is currently oversees for work and his name is ISKANDAR (Father's Name), we fall scoptical and asked him for his address, he said number 512 and my friend could sense that he is lying because bit 512 is not anywhere close by, hearing this he field for with his e-scooter, i didn't make any attempt to stop him worning that could lead him to drive faster and get in to another addition or fall that could lead him to injuries.

Note: All incident mentioned above has a video evedience.

Police Report





Police Station Of Origin: Traffic Police Division HQ 10 Ubl Avenue 3 SINGAPORE 408885 Tel No: 65470000 3 of 3 Report No. To20171226/7005

CONTINUATION OF REPORT

Sketch Plan

Authoritication Stamp

NF168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant. The Identity of the person making this report has been sufficiented by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 26/12/2017 13:43
Officer in Charge Of Case: TP / FPIB / SOH PENG GUAN Contact No.: 65478171	Classification Of Case:

	x











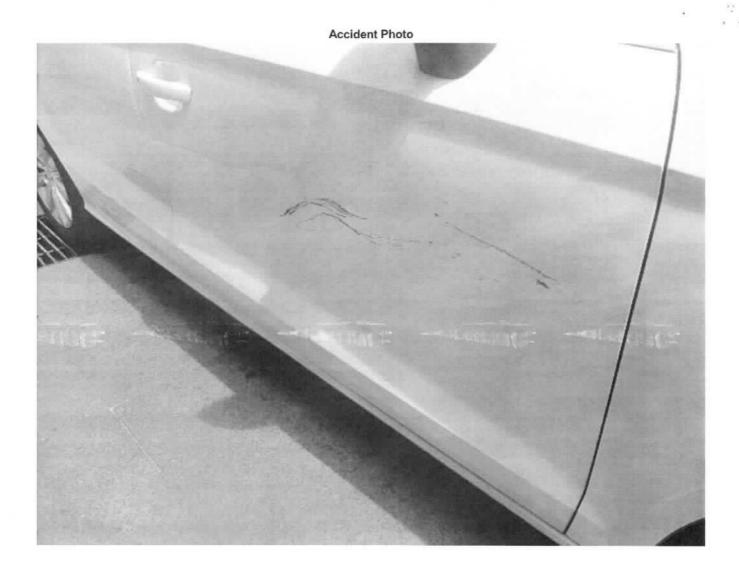


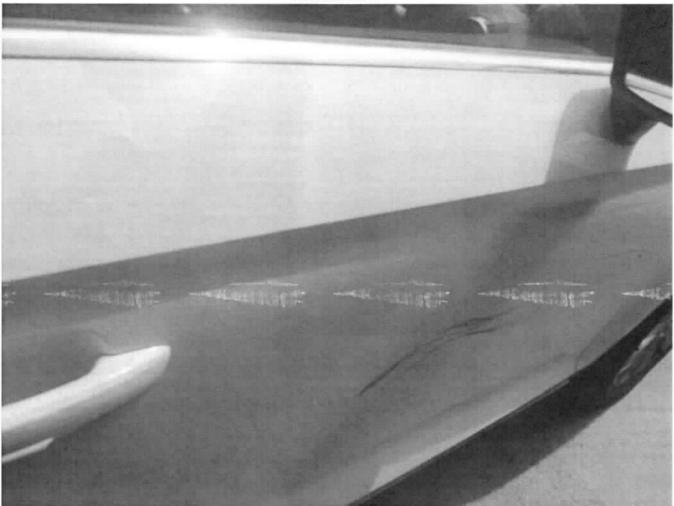


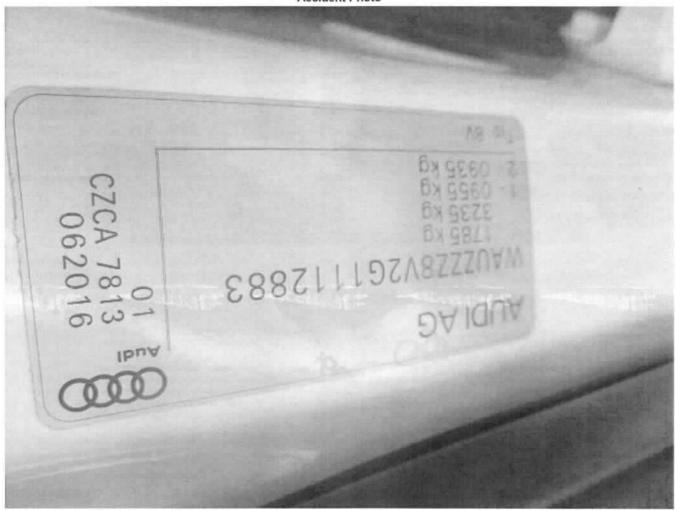


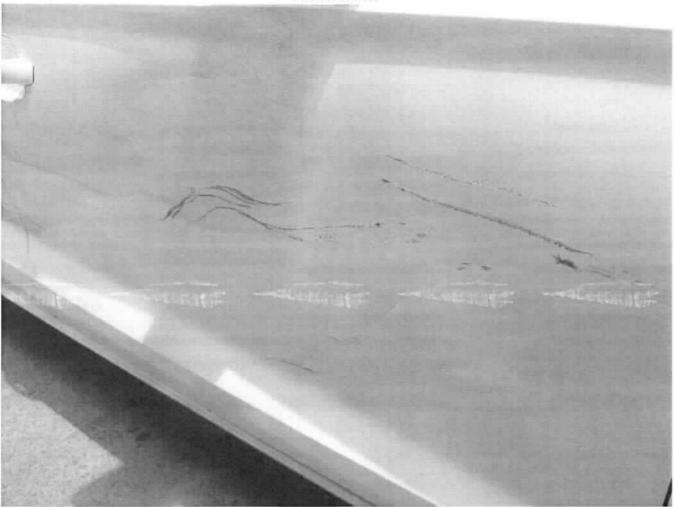




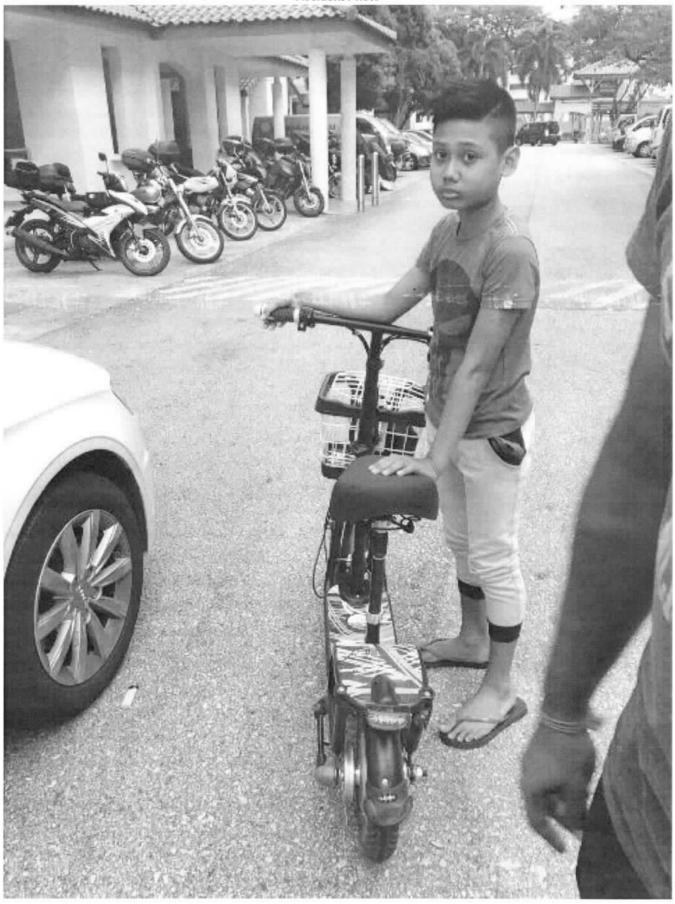














HOTLINE TEL (65) 6419 3000 FAX: (65) 6415-3723 CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.X.1

AUDI AUTO PROTECTOR (Insured Not Driving Policy)

CERTIFICATE NO. 2100476250-01000

OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$100.00

\$\$600.00(1)

SUM INSURED INSURING WITH COE/PARF SLE4761S

ANNIE STELLA JAYAKUMAR

Market Value Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

DATE OF EXPIRY OF INSURANCE

22 Jul 2017

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE . SUBJECT TO AGE CONDITION :30 years old and above

Any person other than the Insured who is driving on the Insured's order or with his penniss.

A Young and or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or ha An Unnamed Driver Compulsory Excess of \$5500 in addition to any other Excess that may be applicable under this Policy applies to any drivers who are not named in the Policy. less tha

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.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

1. Audi Customer Service Center - 55 Ubi Road 1 (Tel: 63662323)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre

NAMED DRIVER

DINESH KRISHNA KUMAR

United Overseas Bank Limited HIRE PURCHASE COMPANY

* 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.

1/ 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).

13 Jun 2017 Issued At Singapore

504125-200 PREMIUM LEASING - AP 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE SINGAPORE 159938

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8481665E





DINESH KRISHNA KUMAR

INDIAN Date of birth 25-05-1984 Country of birth INDIA

38481686E

9051916

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc 19 Dec 2012
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Dec 2012
of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S8481665E

NRIC No. S8481665E

INDIAN

11-08-2009

20 SIMEI STREET 1 MELVILLE PARK #01-16 SINGAPORE 529944

NRIC No: \$8481665E

Date: 14/10/2015