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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.
- 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 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

ACCIDENT STATEMENT

I was a second of the second o	ACCIDENT STATEMENT	
Date Of Report	05/07/2018 13:44	
Date Of Accident	24/06/2018 11:30	
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE (OPEN CARPARK)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG6031D	
Insured/Policyholder		3324
Name Of Registered Owner	KANDIKATTU SREENIVASA PRASAD	
NRIC No	S2680709C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96209796	
Alternative Phone No	OTHERS-96209796	
Vehicle Particulars		45
Manufacturer	BMW	-
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP	
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	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	-
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPCSN1222761705	
Cover Note Number		
Driver		
Name of Driver	BANDLA SUDHA RANI	
NRIC No	S6882478H	
Date Of Birth	22/01/1968	
Occupation	INDOOR	
Date Of Driving Pass	29/06/2006	
Driving Experience	11 YEARS AND 11 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-82992369	
Fax Number		
Contact Number	OTHERS-82992369	
EMail Address	NOEMAIL	

93 HILLVIEW AVENUE Address

#07-22

669626

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

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

PLS REFER TO THE ATTACHED STATEMENT.

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- By the lodgment 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:
 - 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.
- (d) 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)

Redla Rai

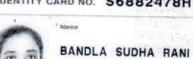
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6882478H



INDIAN Date of birth

22-01-1968 Country/Place of birth INDIA





5181839





12-06-2013

93 HILLVIEW AVENUE #07-22 SINGAPORE 669626



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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

29 Jun 2006

NP 428A





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax 6222 1033 Website: www.sg.cntaiping.com Co. Reg. No. 200208384E

Our Reference: SNM18D03214/C01/1

Date: 28 JUNE 2018

via Ordinary & Registered Mail

KANDIKATTU SREENIVASA PRASAD 93 HILLVIEW AVENUE #07-222 THE PETALS SINGAPORE 669626

Dear Sir / Madam

ACCIDENT INVOLVING SKG6031D AND SHB8790U ON 24 JUNE 2018 ALONG BUKIT BATOK DRIVING CENTRE OPEN CARPARK

We refer to the abovementioned accident.

Please be advised that the third party vehicle, SHB8790U, is filing a third party property claim against your vehicle.

We have appointed LKK Auto Consultants Pte Ltd, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us IMMEDIATELY through LKK Auto Consultants Pte Ltd or any of our authorized workshops. You may log onto our website www.sg.cntaiping.com for location of the respective workshops.

We regret to advice that we and/or LKK Auto Consultants Pte Ltd will not be handling the third party claim and your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly, Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd

Attn

JOY

CC3/CTI18011721/K1JA3

Contact No: 68412409

via Email:

JOY@LKKAUTO.COM

CC : Agent - (BR0085A) - FINANCIAL ALLIANCE PTE LTD

F02/LKKDSANR-2013



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Co. Reg. No. 200208384E

MX1E R SN

BR0085A

Cov. Type: C

PLM 301756

MOTOR PRIVATE CAR

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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN1222761705

Engine No : B310I512N46B20BE Chano: WBANT120X0CX30378

Index Mark and Registration Number of Vehicle

SKG6031D

2. Name of Policy Holder

KANDIKATTU SREENIVASA PRASAD

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

25 October 2017 Named Drivers Ex Sect. I 88750.00 Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

Ex Sect. I - Age <= 25..... \$\$3,000.00

24 October 2018 Ex Sect. I - Age >= 26...... \$\$500.00

* Age as at date of accident

- 5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his permission.

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. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

* 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 (Melaysia), 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

orised Officer

Authorised Signatory