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 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.

| aforesaid. | J |
|--|--------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 24/07/2018 17:13 |
| Date Of Accident | 22/07/2018 15:00 |
| Exact Location Of Accident | NICOLL HIGHWAY |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGX721T |
| Insured/Policyholder | |
| Name Of Registered Owner | PANNERSELVAM ABRAHAM |
| NRIC No | S7867267F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90216785 |
| Alternative Phone No | OFFICE-90216785 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | t . |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMDC17S010045 |

Policy Number DMPC17S019945

Cover Note Number

Driver

Name of Driver PAUL ANURAJ
NRIC No G0549569K
Date Of Birth 27/12/1982
Occupation INDOOR
Date Of Driving Pass 16/02/2017

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93926500

Fax Number

Contact Number

EMail Address NOEMAIL

Address 59 COMPASSVALE BOW #03-18

Postcode 544988

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 4

Passenger 1

NAME: : MANI

GENDER: : MALE

Passenger 2 NAME: : ANIJ PAUL

GENDER: : FEMALE

Passenger 3 NAME: : RYAN

GENDER: : MALE

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

I WAS TRAVELLING ALONG NICOLL HIGHWAY ON EXTREME SECOND LEFT LANE. I ON MY RIGHT SIGNA AND CHECK BLIND SPOT. WHEN CLEAR, I SWERVED TO RIGHT. OUT OF SUDDEN, VEHICLE B WHO'S QUEUING ON EXTREME RIGHT LANE CUT INTO MY PATH ABRUPTLY. I HAD NO TIME TO REACT AND HIT BY VEHICLE B AT THE RIGHT PORTION.

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 SLL9405B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

VEHICLE B

PRIVATE CAR

KOH HIANG WEE

NRIC/Passport Number

Contact Number

96170757

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 7. 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)
 - (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")
- 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
- 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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Name:

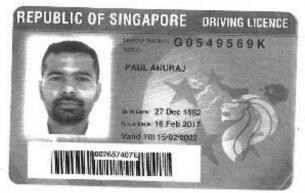
lee brothers

Reporting Centre Personnel's Signature

Sketch Plan #2 Pg. 1

| SKETCH PLAN | |
|--|--|
| | Middle Road Theory rather Theory rather Theory rather |
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT 11/2/2014 |
| I was tavellin | INDAMMOLD . |
| * | |
| I on my | ight signal and check blind spot. |
| when clear | I swarmed to right. Out of suiden, Veh B who's |
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| DECLARATION I/We declare the foregoing partic | lars are true in every respect. |
| | 0 1 |
| () M | W. Smy |
| Policyholder's Signature | Driver's Signature Reporting Centre Personnel's Signature |
| Date & Time: | (If driver is not the policyholder) Date & Time: NRIC/FIN No.: |

Driving License





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

EFFECTIVE DATE

NF 428A

PAUL ANURAJ 27-12-1952 M FI4 Date of losse INDIAN Date of Exploy G0649669K 04-02-2017 01-02-2019 MULTIPLE JOURNEY VISA ISSUED. YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OF HAS EXPIRED, OR WHEN A NEW CAPD IS ISSUED TO YOU.

VISIT PASS

Immigration Regulations

INSURANCE

ERGO

CERTIFICATE OF INSURANCE MOTOR VEHICLES (THIRD-PARTY BISKS AND COMPENSATION) ACT (CHAPTER 186), MOTOR VEHICLES (THIRD PARTY BISKS AND COMPENSATION) (BULLS, 1960). ROWLE PARENCE AND 1800 (MOLAYS A) MOTOR OFFICE ES (THISD-CMETY BISKS) BLI 15, 1950 (MALAYS A)

CERTIFICATE NO. DMPC17S019945

C17070689

Type of CI: Private Vehicle

Cover: Comprehensive

B000017 ANIKA INSURANCE BROKERS & CONSULTANTS PTELLTD

1) Registration No. of Vehicle:

SGX7211

2) Name of Policyholder:

PANNERSELVAM ABRAHAM

3) Commencement Date of Insurance 11/10/2017

4) Expiry Date of Insurance:

10/10/2018

5) Fersons or Classes of Persons entitled to drive

1) PANNERSELVAM ABRAHAM

2) Any other person who is driving on the Policyholder's order or permission.

Excess (Section 1) (S\$700.00)

Unitarned Drivers (Section 1): Additional : 55500.00 Non-Auth Workshops(Seption 1): Additional : \$5300.00

Windscreen: \$8100.00

Young & Inexp Drivers(Section 1): \$\$3,000.00

- 6) Name of Finance Company/Fire Purchase Owner: RICARDO CARS FTL LTD
- 7) Provided that the person criving is permitted in accordance with the licensing or other laws or regulations to drive the Worm 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 thising the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

(1) Had only for social demostic and pleasure purposes
(2) Use for Hollayholder's business
This Policy does not cover
(1) Use for hire or reward, racing, pade making reliability trial or speed testing
(2) Use for the carrage of goods other than samples in connection with any trade or business
(3) Use for any purpose in commischion with the Motor Trade

Limitations randomed inoparative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Art (Chapter 189), and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings for Items 7 & 8).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mutur Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of FRGO (resurance Pte. Ltd. (Approved Insurer)

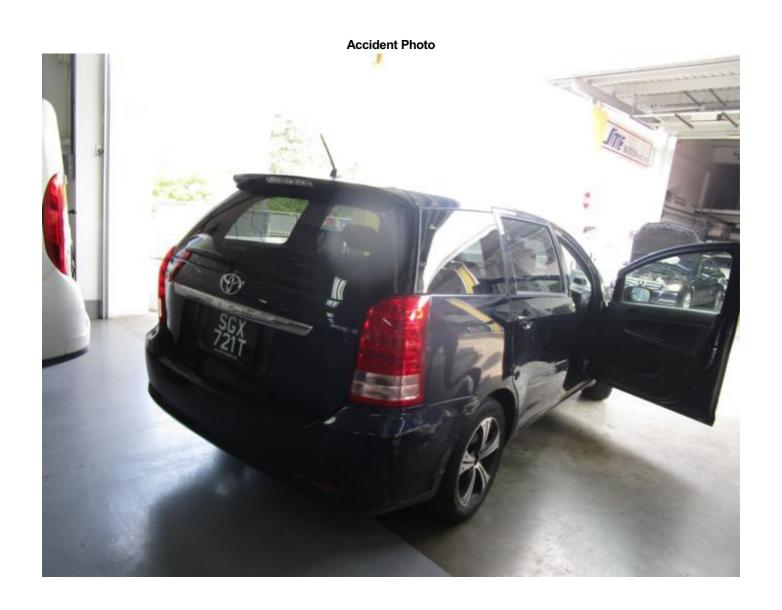
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AUTHORIZED SIGNATURE

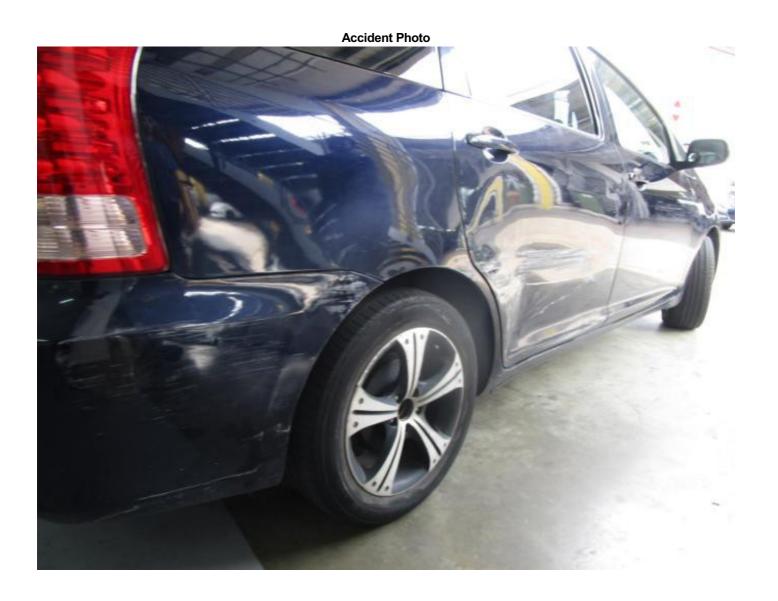
Accident Photo











Accident Photo





Accident Photo



