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. | |
|--|--------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 02/10/2018 09:07 |
| Date Of Accident | 21/09/2018 12:05 |
| Exact Location Of Accident | JUNC OF AMBER RD & MOUNTBATTEN RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKV4141D |
| Insured/Policyholder | |
| Name Of Registered Owner | LATA W/O ASHOK KHEMLANI |
| NRIC No | S2580837A |
| Email Address | LATA_AK@HOTMAIL.SG |
| Mobile Phone No | (LOCAL) +65-81394959 |
| Alternative Phone No | OTHERS-81394959 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA 3 |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 80440109 QMX |
| Cover Note Number | |
| Driver | |
| | |

Name of Driver LATA W/O ASHOK KHEMLANI

NRIC No S2580837A

Date Of Birth 10/06/1961

Occupation INDOOR

Date Of Driving Pass 28/11/1995

Driving Experience 22 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81394959

Fax Number

Contact Number OTHERS-81394959
EMail Address LATA_AK@HOTMAIL.SG

Address 30 BAYSHORE ROAD

Postcode 469974

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 - 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?

Was any injured conveyed to hospital by

ambulance?

NO YES

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)

NO 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINE PARADE N.P.C

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180921/2209

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 SKX684U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NADARAJAN S/O RAMAN

NRIC/Passport Number S7520960F Contact Number 91299926

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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 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 ladgment 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.
- (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) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

| SKETCH PLAN | | | | |
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| B-SKX6 | | 18/0 | AIL | |
| B-SKX6 | 840 | 1 | THE STATE OF | |
| | | 16 | 1 | AMBERR |
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| ESCRIBE CIRCUMSTANCES C | OF THE ACCIDENT | | 11 | |
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| Plo reh 1 | History | 1 - | / | , |
| 113 Mga | o the police | report: | 12018092 | 1/2209 |
| 570 | | | | |
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| ECLARATION | CONTROL OF CONTROL OF THE CONTROL OF | | | |
| We declare the foregoing particul | ars are true in every respect. | | 0 | |
| Latith | | 1 | gu 02/1 | 0/18 |
| licyholder's Signature | Driver's Signature (If driver is not the policyholder) | Reporti | Centre Personnel's Sig | |

NRIC/FIN No.:

Date & Time:

Individual Statement



T/20180921/2209

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20180921/2209

Tel No: 1800-4428999

CONTINUATION OF REPORT

| Driver | - The Language States | | | 100 | 2000 | |
|------------------|-------------------------|-----|-----------------|---|-----------|-----------------------------------|
| Name | LATA W/O ASHOK KHEMLANI | | | ID No |). | S2580837A |
| Related Vehicle | SKV4141D (Car) | | Contact No. | | 81394959 | |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | | NIL | |
| | | | Degree of | | | |
| Driver | | | Service Control | | - | Part Alexander |
| Name | NADARAJAN S/O RAMAN | | ID No. | | S7520960F | |
| Related Vehicle | SKX684U (Car) | | Contact No. | | 91299926 | |
| Hospital/Clinic | NIL | | | Class Drivin Licent Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | A1 | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |

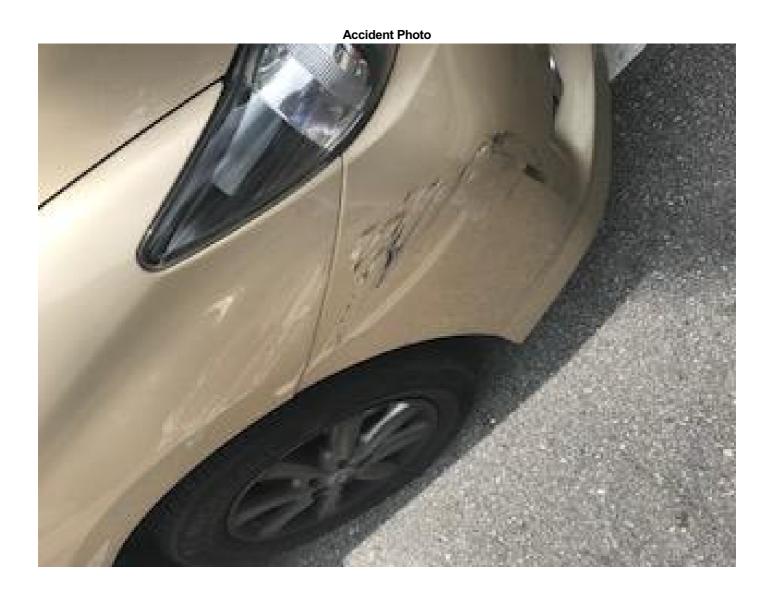
Brief Details.

On 21/09/2018 at about 1205hrs I was driving along Amber Road. The traffic volume was high and the cars were driving slowly at the point of time. There was two lane, I keeping to the left side of the road as I was intending to filter into Mountbatten road.

I check my blind spot and signaled and proceeded I was about to move on to the filter lane, a car suddenly came from the rear left and hit onto the side front portion of my car. I then came out to make a check and found that a Champagne coloured Toyota had collided onto my vehicle. At that point of time, no one sustained any injuries both myself and the other party.

My car sustained dents and scratches at the front passenger left side portion of my vehicle. The other party sustained scratches on the right front portion of his vehicle. Both of us the exchange particulars and parted ways.

I am lodging the report as for insurance purposes.

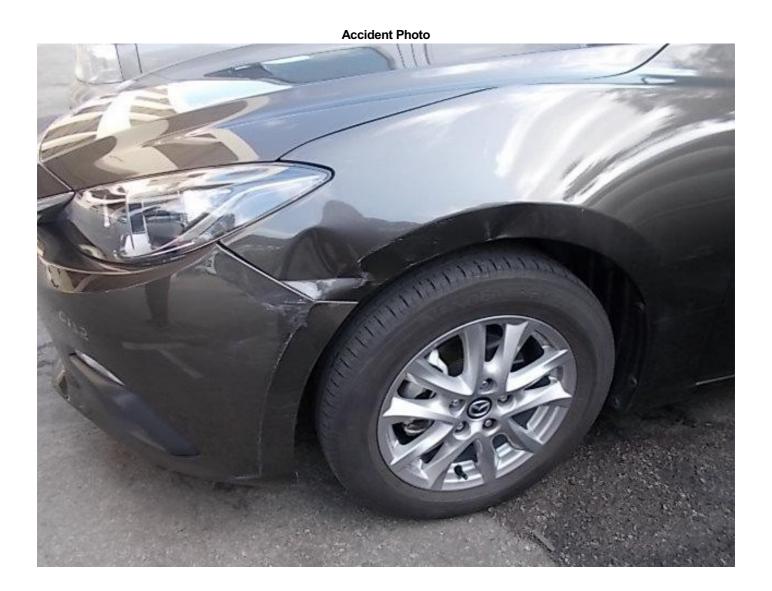


Accident Photo

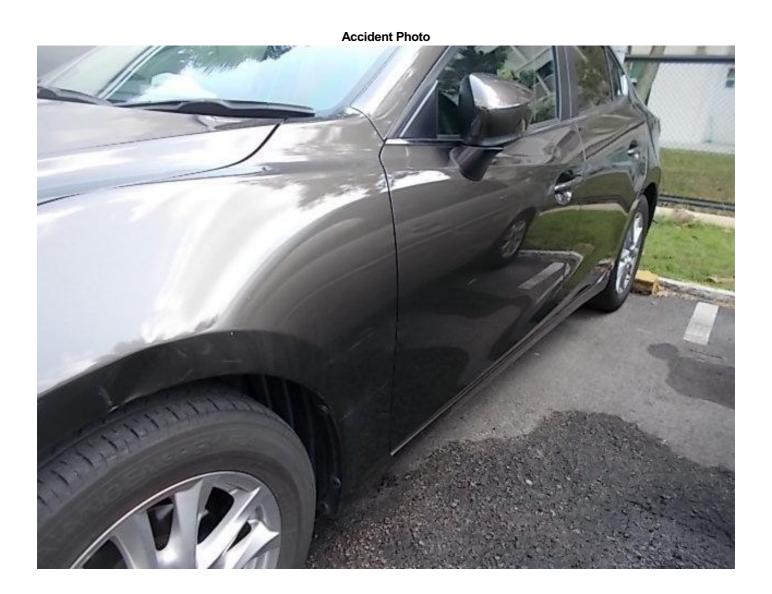


Accident Photo







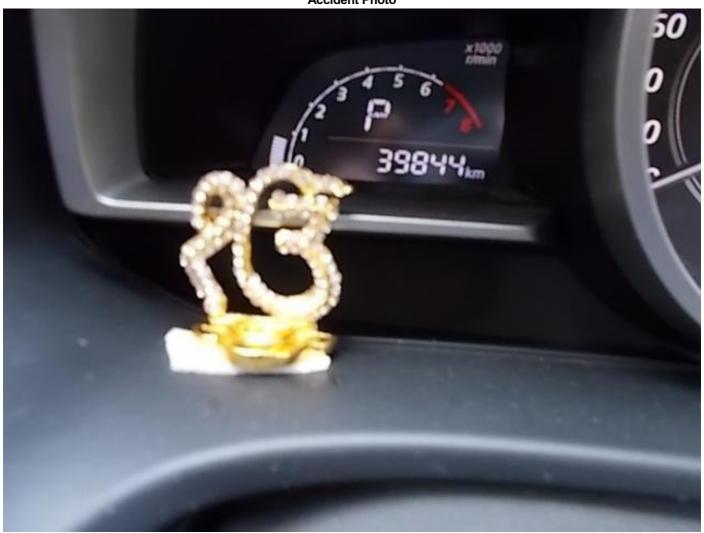








Accident Photo



Police Report





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

2 of 3 Report No. T/20180921/2209

Tel No: 1800-4428999

CONTINUATION OF REPORT

| Driver | ALL SUPPLIES | - | | | | |
|---|---------------------|--------|-------------|---|------------|-----------------------------------|
| Name | LATA W/O ASHOK R | HEMLAN | ll . | ID No. | | S2580837A |
| Related Vehicle | SKV4141D (Car) | | Contact No. | | 81394959 | |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry; NIL |
| Date Treatment | NIL | | Date Disc | | NIL | |
| No. of Days granted Medical Leave NIL Degree of | | | | NIL | | |
| Driver | | | The last | | | |
| Name | NADARAJAN S/O RAMAN | | ID No. | | \$7520960F | |
| Related Vehicle | SKX684U (Car) | | | Contact No. | | 91299926 |
| Hospital/Clinic | NIL | | | Class Drivin Licens Expiry | g >e & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disci | | NIL | |
| No. of Days grant | ted Medical Leave | NIL | Degree of | | NIL | |

Brief Details.

On 21/09/2018 at about 1205hrs I was driving along Amber Road. The traffic volume was high and the cars were driving slowly at the point of time. There was two lane, I keeping to the left side of the road as I was intending to filter into Mountbatten road.

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My car sustained dents and scratches at the front passenger left side portion of my vehicle. The other party sustained scratches on the right front portion of his vehicle. Both of us the exchange particulars and parted ways.

I am lodging the report as for insurance purposes.

Police Report





Police Station Of Origin Manna Parade N.P.C 300 Marine Parade Road SINGAPORE 449298 Tel No: 1800-4428999 3 of 3 Report No. 1/20180921/2209

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474685 stating the **report number** as reference.

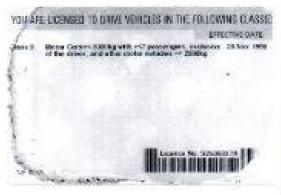
| Signature Of Officer Recording The Report: G / Sgt 2 AMSYAR HAKIM BIN AHMAD JAMAL | Signature Of Informant Later AK |
|--|---------------------------------|
| Signature Of Interpreter. Not applicable | Date/Time: 21/09/2018 21:17 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case |
| Authentication Stamp | |

Identification Card









Police Report





1 of 3

Report No. T/20180921/2209

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 21/09/201 | CONTRACTOR OF THE PARTY OF THE | (ade: | Vide Report No.: | Station Diary No.: 41 |
|------------------------|---|------------------------------|--|----------------------------|
| Informan | t's Partic | ulars | | |
| Name of I | | KHEMLANI | Address: 30 BAYSHORE ROAD #16-03 | 7 SINGAPORE 489974 |
| ID Type / NRIC NO | | 37A | Contact No.: Home/Office: | Mobile: 81394959 |
| Nationality SINGAPO | | EN | Email: | |
| Sex: Female | Age: 57 | Date of Birth: 10/06/1961 | Type of Informant: Driver | |
| Race: Sindhi | | | Language: | Institution / School Name: |
| Occupation Housewiff | | | Driving License Information: Class: | Date of Expiry: |

| Type of Accident | Non-Injury | Drink Drive No | Date/Time of Accident 21/09/2018 12:05 | Type of Location X-Junction |
|-----------------------------------|------------|--|--|--------------------------------|
| AMBER ROA MOUNTBAT Weather: | | Road Surface: | | Road Speed Limit: |
| Clear | | Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Wo | irking | Traffic Volume: Heavy |
| Type of Collis | ion | | | Anyone conveyed by |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-----------|-----------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SKV4141D | Car | | - 1000000 | N - 3-760 | Slightly Damaged | 0 |
| SKX684U | Car | | | | Slightly Damaged | 0 |

| Details of Person Involved | |
|---------------------------------|---|
| Any Pedestrian Involved: No | - 100 - 000 - 100 |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |