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 liability.
- 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.	a nereby consent to the dronwing of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	19/02/2019 08:45		
Date Of Accident	31/01/2019 17:00		
Exact Location Of Accident	JUNCTION OF ORCHARD BOULEVARD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKV352M		
Insured/Policyholder			
Name Of Registered Owner	ANITA KRISHNAN SHANKAR		
NRIC No	S7083238J		
Email Address	SATISH.SHANKAR@BAIN.COM		
Mobile Phone No	(LOCAL) +65-96966425		
Alternative Phone No	OFFICE-62281022		
Vehicle Particulars			
Manufacturer	BMW		

Model 420I-2.0 CONVERTIBLE (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number CN008780

Cover Note Number

Driver

Name of Driver BALAN SATISH SHANKAR

NRIC No S2699886G Date Of Birth 02/02/1967 Occupation **INDOOR Date Of Driving Pass** 27/02/2002

Driving Experience 16 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96966425

Fax Number

Contact Number

EMail Address SATISH.SHANKAR@BAIN.COM

20 HOLLANDGREEN Address

Postcode

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

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident? NO

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.

NO

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 Vehicle Make/Model/Colour

SLC3853C

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

SKETCH PLAN

- Privates report correctly the details of the accident to speed out to clinical process.
- 7 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as operating they will determinentation or examinishing of waterful focus may after insurance companies to reputilists policy liability.
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- Any false reporting mey be suferred to the Police for investmentors.
- This report will be forwarded by the immers to the GIA Records Monoproper Cardia established by the Commist Association of Singapose (GIA) for ambieng and that copies of this report will be a loss but treatly residually super application by interested parties.
- By the Notigement of this report to the insurers, you hereby convert in the inching of this report at the center and to copies of the triusestate aldelium ebens gried trouge
- Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, agree and cereant that
 - (a) My insurer, my workshop and the General Insurance Association of Singapore (GRA') maybe provided to sollect, use, disclose analyse process my personal data/personal information set at a this (form) and any other personal information provided by one or processed by my minuter (collectively line "Personal Information") and disclose and inscrete seath Personal Information to all immunicity who have insured vehicle(a) involved in this recident (all insurance who have insured musiciples involved in this secident shall be collectively referred to as the "lesurers"), the insurers' lewyers have from the Monetary Authority of Stephone and any relevant government agency/outhority (such as the police), for the purposept) of
 - (i) proceeding, handling and/or dealing with my claims including the settlement of the chans and any recognitive investigations relating to the classes
 - (ii) investigating the accident and/or my claims:
 - (iii) conying out and/or dealing with my instructions or responsible to any anguidas by me.
 - (by authoristering my claims (including the mailing of correspondence, stataments, nection, reports or notions to me, which could involve disclosure of cedain personal data about me to bring stress distance of the same at well as on the extental cover of envelopes/mell packages), and/or
 - (v) complying with applicable lew in admir/stering, processing, housing arctic dealing or thing claims. (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(a) involved in this accessed and the insurers involved involved from, maryiam permitted to collect. use, disclose and/or process my Personal information for one or record the attrive Preposes; and
- (c) my Porsonal follomation may/ope to stactoand by any of the innorms and/or FMA to thus took purity service providers or agenta probabling their twyors/law times), which may be sited outsion of Singaprine, for one or name of the above Purposas
- (ii) my Personal information will also be collected and used to compile states triobary for the personal information will also be collected and used to compile states triobary for the personal information will also be collected and used to compile states. and management in present and all future cleans.
- (e) the information an collected under (d) above may be shared it inclined
 - (i) to all transpage analog very other third parties that material is sentening, eveningating, controlling or managing fraud, opportunity. live enforcipront and government agencies as reasonably required for the purposes status, or

(ii) for complying with requirments under any regulations, fasse or court under

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Driver's Stp. stury

If other is one the policyles in-

COMPONIDELING PURLICIONIS PTE L'18 EXTERNAL BURNESS DV. PARISAN GRANCH NAME & SIGNATURE COLOR

DESIGNATION

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Page 1

Sketch Plan #2

IMPORTANT NOTE Under General Condition — Cor discovery of damage wheth DECLARATION We declare the foregoing parties.		De within 21 days of occurrence oboy for more information. CONTROL OF ESTIMATION PTE LTD ESTIMATION OF ESTIMATION	
Under General Condition – C or discovery of damage wheth	Conduct of Ctalm of the Motor Policy, you have to decide the or not to claim under the policy. Please check your p	te within 21 days of occurrence olicy for more information.	
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Intung The of	my left rear wish ner can was how as condenced by	a number slight elling at except	500
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SKETCHPLAN	B-Other ear (SL	C 3463C)	

CERTIFICATION OF INSURANCE Pg. 1

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



Original

Agent Code: 11615

Policy No.(if any): P1653183

Renewal

SmartDrive Ouote Ref:

MOTOR COVER NOTE

No. CN008780

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975: or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	ANITA KRISHNAN SHANKAR
MAKE AND DESCRIPTION OF VEHICLE	BMW 420 I CONVERTIBLE A/T HID NAV
VEHICLE REGISTRATION NO.	SKV352M
YEAR OF MANUFACTURE	2014
ENGINE NO.	C2030949N20B20B
CHASSIS NO.	WBA3V12080PX80920
ENGINE CAPACITY/TONNAGE	1997
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 27/08/2018 TO: 26/08/2019
EXCESS (S\$)	700
AXA PREMIUM WORKSHOP?	No

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).



Issued by SD CONTEGO SERVICES on 10/08/2018 5:08 pm

AXA INSURANCE PTE LTD

Authorised Signature

•Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged;
 - Cover note issued and cancelled before inception.
 - · Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid. For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

10 COLLECTION SLIP FOR NEW SINGAPORE CITIZEN

(PINK IC) ==== \$10.00

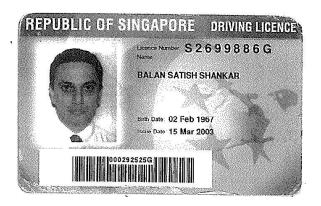
NAME ANITA KRISHNAN SHANKAR

game :503 24/08/2018

RECISTRATION OFFICER: K Parameswari

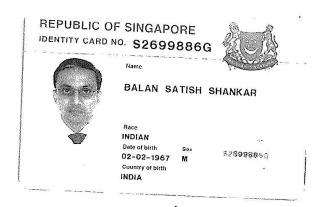
DOCUMENTS ARE TO BE PRESENTED AT GROUP SERRONS

DRIVER IC AND LICENCE Pg. 1



4

1



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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: \$26998866\$

NP 428A



Accident Photo





Accident Photo



