

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 withholding 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.

ACCIDENT STATEMENT

| | |
|----------------------------|----------------------------|
| Date Of Report | 18/09/2019 13:23 |
| Date Of Accident | 17/09/2019 19:00 |
| Exact Location Of Accident | PIE TOWARDS CHANGI AIRPORT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMA6124C |
| Insured/Policyholder | |
| Name Of Registered Owner | MANAV BATRA |
| NRIC No | S7787851C |
| Email Address | MANAVBATRA@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-91805432 |
| Alternative Phone No | Others-91805432 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | JAGUAR |
| Model | F-PACE-2.0 P RWD (A) |
| Exact Purpose for which vehicle was being used at time of accident | Social |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800066042 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MANAV BATRA |
| NRIC No | S7787851C |
| Date Of Birth | 09/12/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/09/2011 |
| Driving Experience | 7 YEARS AND 11 MONTHS |

| | |
|---|---------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91805432 |
| Fax Number | |
| Contact Number | OTHERS-91805432 |
| EMail Address | MANAVBATRA@YAHOO.COM |
| Address | 760 BEDOK RESERVOIR ROAD #04-07 |
| Postcode | 479245 |
| 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 | CHAIN COLLISION |
| 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 | 4 |
| 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) | 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

Please refer attachments.

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 | SKK8143E |
| Vehicle Make/Model/Colour | MAZDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HO HIM YAW |
| NRIC/Passport Number | S7182560D |
| Contact Number | |

Address
Postcode
Insurance Company Name NTUC Income Insurance Co-operative Ltd
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL9863L
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGS7713Y
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name FWD Singapore Pte. Ltd.
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

| SINGAPORE ACCIDENT STATEMENT | |
|--|---|
| IMPORTANT NOTICE | |
| 1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. 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 repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation. | |
| ACCIDENT STATEMENT | |
| Date and Time of Accident | Date: 17/09/19 Time: 7pm |
| Exact Location of Accident | PIE towards Changi Airport |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SUA 6124 C |
| INSURED / POLICYHOLDER (OWN VEHICLE) | |
| Name of Registered Owner (See Insurance Cert.) | Manav Batra |
| Personal Identification - NRIC (Singaporean/PR) | S7787851C |
| - FIN/Passport Number | |
| - Not Applicable | |
| VEHICLE PARTICULARS (OWN VEHICLE) | |
| Vehicle Make / Model | Manufacturer <u>Jaguar</u> Model <u>F-Pace</u> |
| Type of Vehicle* | <input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, <u>SUV</u> |
| Exact Purpose for which vehicle was being used at time of accident | <u>Social</u> |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting) |
| Vehicle: Category* | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle |
| INSURANCE COMPANY (OWN VEHICLE) | |
| Name of Insurance Company * | <u>AIG Asia Pacific Insurance</u> |
| Type of Policy | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Policy Number | <u>180066042</u> |
| Motor CI | |
| DRIVER | <input checked="" type="radio"/> Same as Insured above |
| Name of Driver | <u>Manav Batra</u> |
| Personal Identification - NRIC (Singaporean/PR) | <u>S7787851C</u> |
| - FIN/Passport Number | |
| Date of Birth | <u>09</u> dd/ <u>12</u> mm/ <u>1977</u> /yy |
| Driving Date Pass | <u>19</u> dd/ <u>09</u> mm/ <u>2011</u> /yy |
| Year of Driving Experience | <u>7</u> Year(s) <u>11</u> Month(s) |
| Occupation | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | <u>9180 5432</u> |

| | | | |
|---|--|--|-------------------------------------|
| Address of Driver | 760 Bedok Reservoir Road #04-07 | | Postcode (479245) |
| Email Address | | | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| If No, Relationship of the Driver with the Insured | owner | | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | | |
| GENERAL INFORMATION OF THE ACCIDENT | | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Chain Collision | | |
| Weather Conditions | <input checked="" type="radio"/> Clear | <input type="radio"/> Raining | <input type="radio"/> Others, _____ |
| Road Surface | <input checked="" type="radio"/> Dry | <input type="radio"/> Wet | <input type="radio"/> Others, _____ |
| OTHER INFORMATION | | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Was any body injured in the accident? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | |
| Number of Passengers (Including Driver) | 1 | | |
| DETAILS OF POLICE ACTION | | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes | <input checked="" type="radio"/> No (If Yes, please state which Police Station.) | |
| Police Station Name | | | |
| Police Station Address | | | |
| Police Station Contact | Tel No. | Fax No. _____ | |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes | <input checked="" type="radio"/> No (If Yes, against whom?) | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | | |
| Vehicle Registration Number | SKK8143E | | |
| Vehicle Make/ Model/ Colour | Mazda | | |
| Details of Properties | | | |
| Name of Driver | Ho Hin Yaw | | |
| Personal Identification - NRIC (Singaporean/PR) | S7182560D | | |
| - FIN/Passport Number | | | |
| Contact Number | | | |
| Address | | | |
| Name of Insurance Company | NTUC Income Insurance | | |
| Nature of Damage | | | |
| No. of Passenger (Including Driver) | | | |
| (Note - Please use page 6 if you need to add more vehicles) | | | |

| DETAILS OF OTHER VEHICLE / PROPERTY 2 | |
|---|----------------|
| Vehicle Registration Number | SLL 9863L |
| Vehicle Make/ Model/ Colour | Toyota |
| Details of Properties | |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Contact Number | |
| Address | |
| Name of Insurance Company | MSIG Insurance |
| Nature of Damage | |
| No. of Passenger (Including Driver) | |

| DETAILS OF OTHER VEHICLE / PROPERTY 3 | |
|---|-----------------------|
| Vehicle Registration Number | SGS 7713Y |
| Vehicle Make/ Model/ Colour | Honda |
| Details of Properties | |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Contact Number | |
| Address | |
| Name of Insurance Company | FWD Singapore Pte Ltd |
| Nature of Damage | |
| No. of Passenger (Including Driver) | |

| DETAILS OF OTHER VEHICLE / PROPERTY 4 | |
|---|--|
| Vehicle Registration Number | |
| Vehicle Make/ Model/ Colour | |
| Details of Properties | |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Contact Number | |
| Address | |
| Name of Insurance Company | |
| Nature of Damage | |
| No. of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law yers/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

SNA1124 C SKK2142E

Describe Circumstance of the Accident

I was driving back from work on PIE towards chagi
Suddenly I found the car in front SKK8143E
jammed brake and I unable to stop my vehicle
and collided with SKK8143E from behind

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7787851C**
 Name: **MANAV BATRA**
 Birth Date: **09 Dec 1977**
 Issue Date: **05 Nov 2016**

002626395H




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7787851C**

Name: **MANAV BATRA**

Race: **INDIAN**
 Date of birth: **09-12-1977** Sex: **M**
 Country of birth: **INDIA**

S7787851C




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

| | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 19 Sep 2011 |

NP 428A

Licence No: S7787851C



9169911

NRIC No. **S7787851C**

Nationality: **INDIAN**
 Date of Issue: **06-07-2012**

Address:
760 BEDOK RESERVOIR ROAD
#04-07
SINGAPORE 479245







CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

| | | | |
|-----------------------------|------------------------------|------------------------|---------------|
| Name of Policyholder | : MANAV BATRA | Vehicle No. | : SMA6124C |
| Period of Insurance | : 13 Jun 2018 To 12 Jun 2020 | Policy No. | : 1800066042 |
| Engine No. | : 171117Y0692PT204 | Endorsement No. | : |
| Chassis No. | : SADC2AX1JA288206 | Issued Date | : 14 Jun 2018 |

ABOUT THE COVER

| | | | | | |
|--------------------------------|-------------------------------------|---------------------|----------------|-----------------------------------|--------|
| Make/Model | : JAGUAR F-pace 2.0 Petrol Prestige | Sum Insured | : Market Value | First Year of Registration | : 2018 |
| Engine Capacity/Tonnage | : 1,997.00 CC | Off Peak Car | : No | Insuring with COE/PARF | : Yes |
| Driver Restriction | : NA | | | | |

Person 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/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MANAV BATRA - \$900 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63786333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486614

WEARNES AUTOMOTIVE - DPB (J)
 45 LENG KEE ROAD
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Gene-AL Tan

Accident Photo



Accident Photo



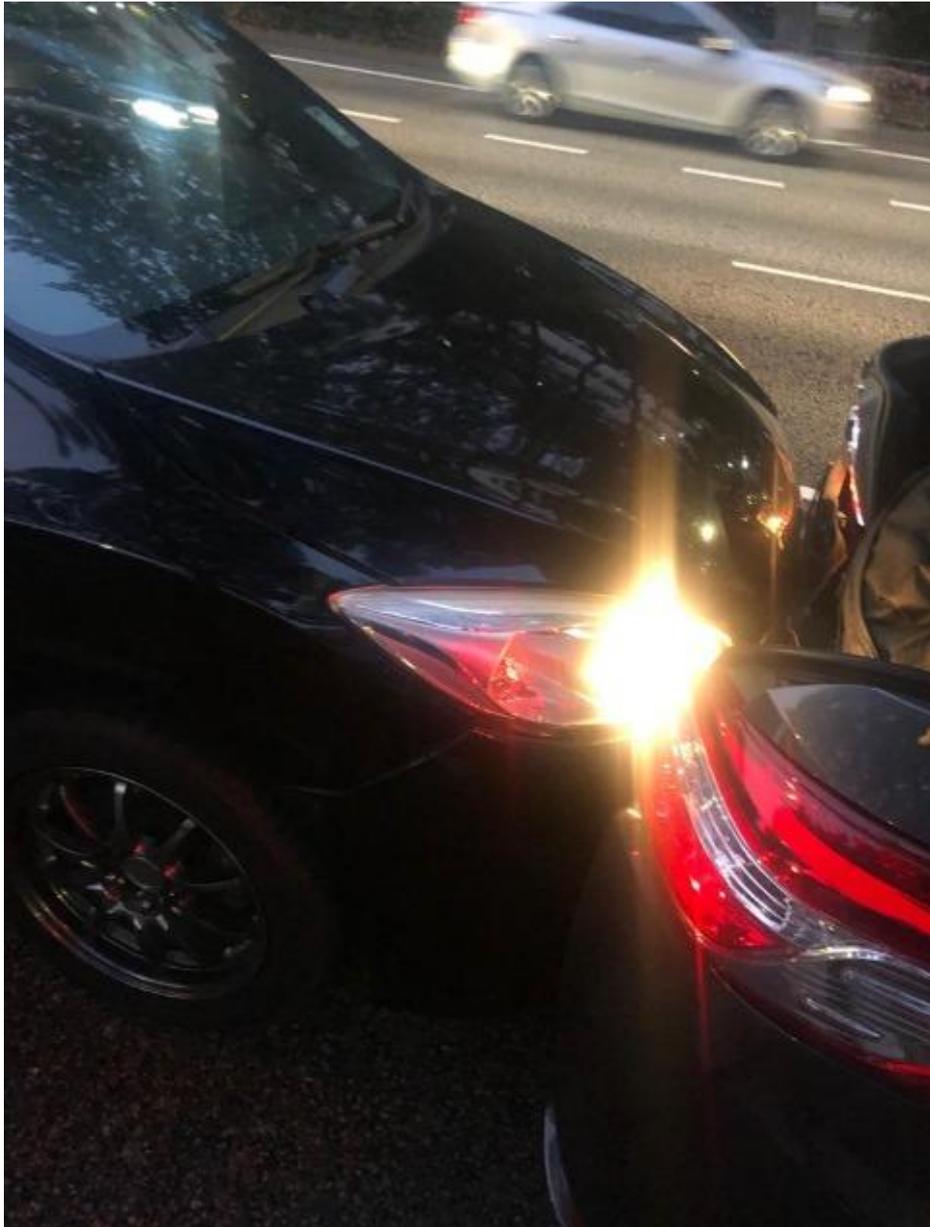
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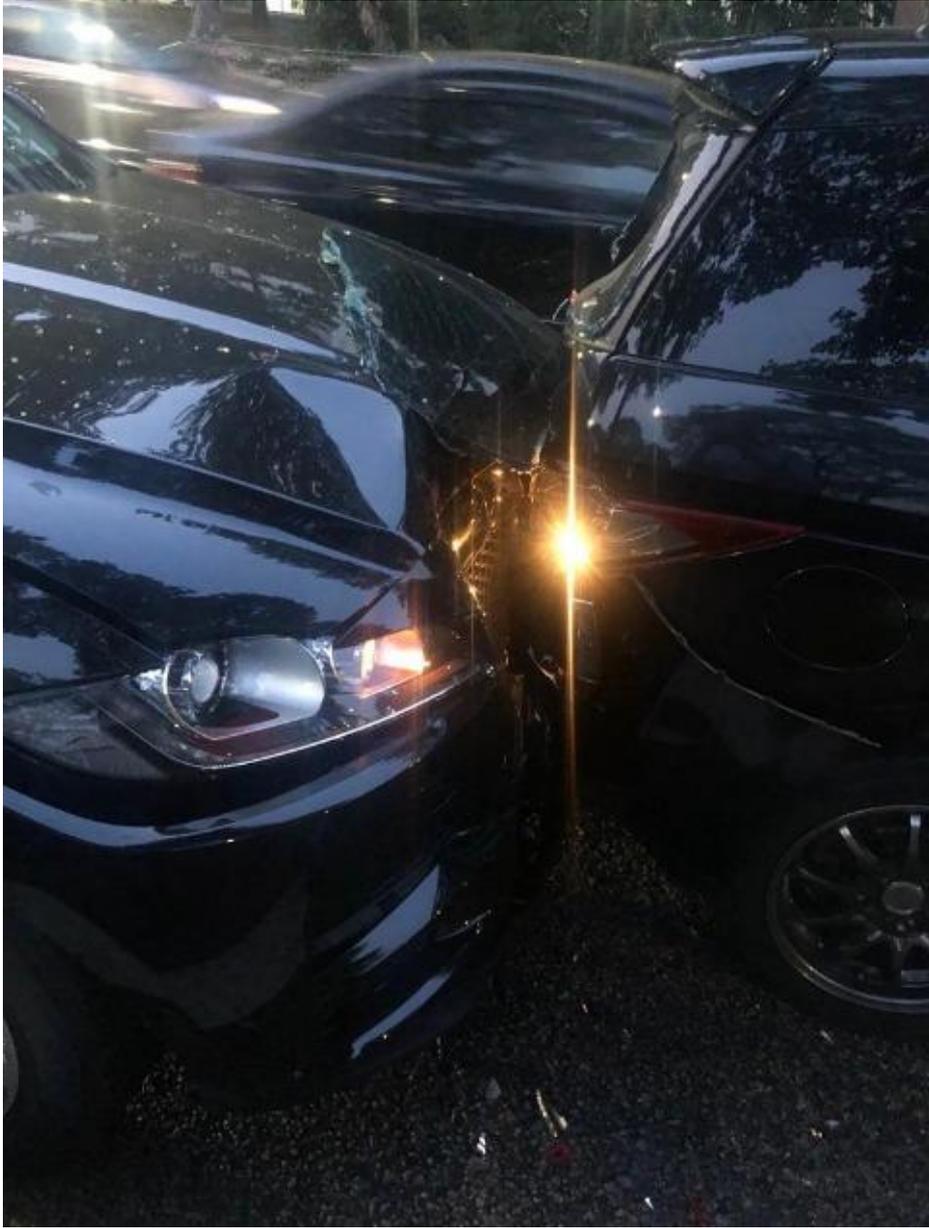
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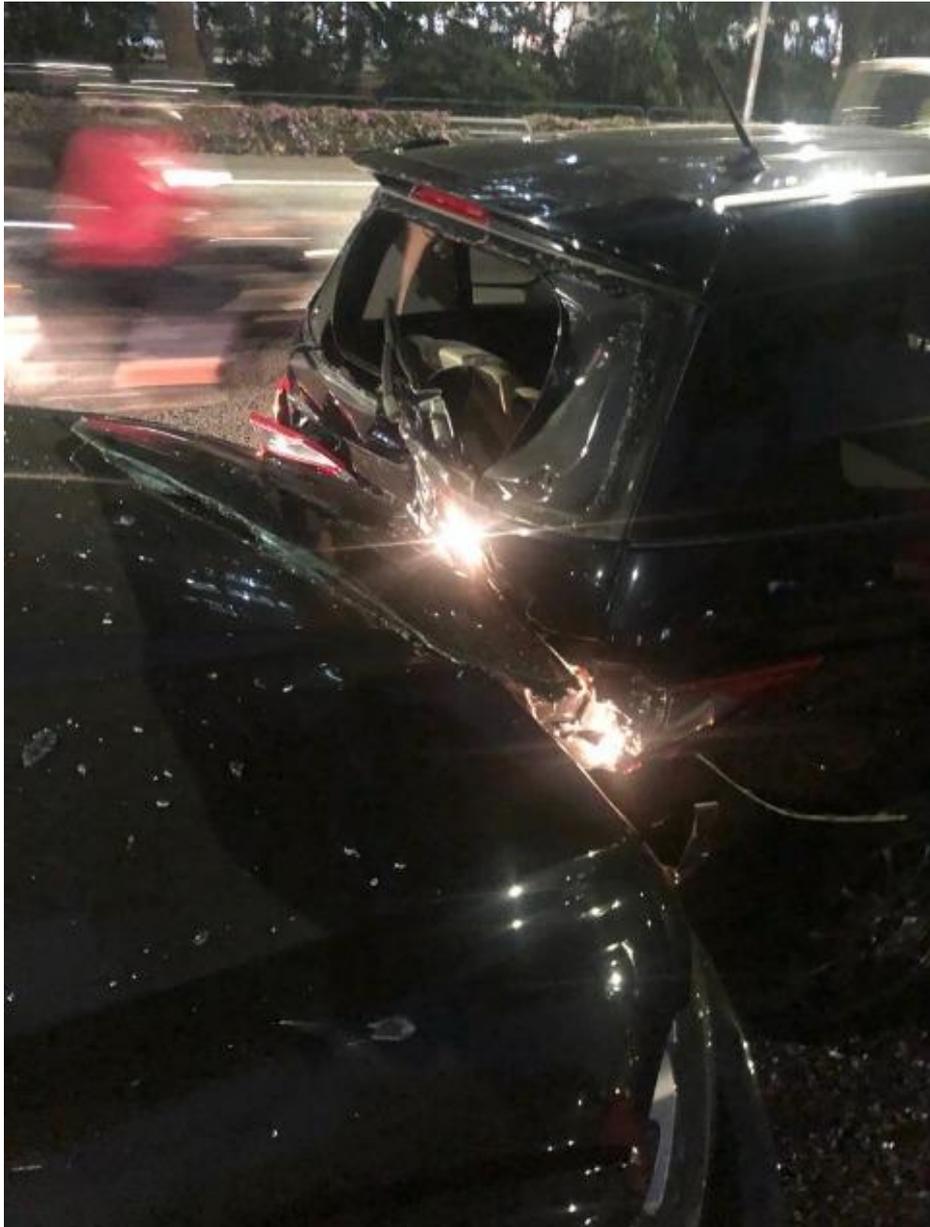
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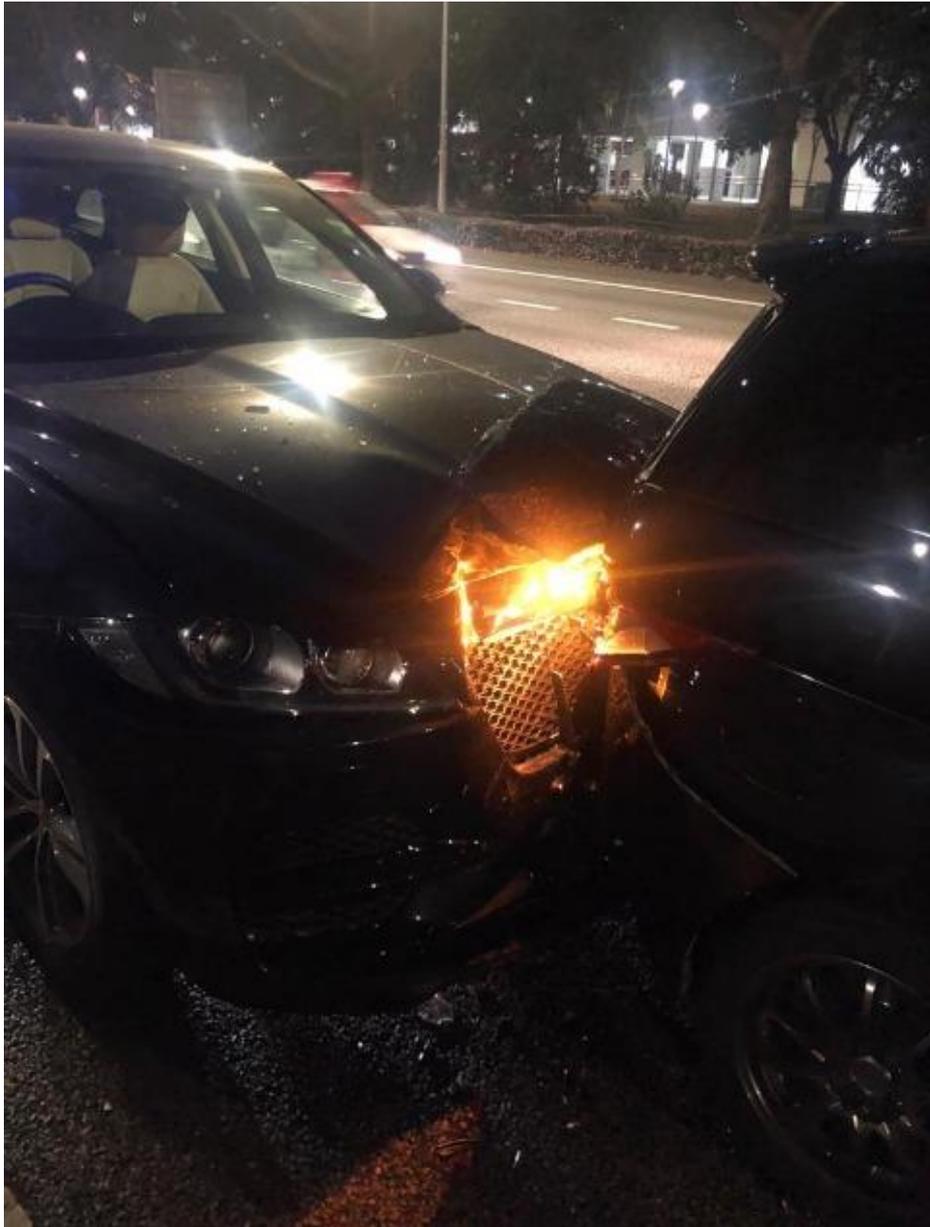
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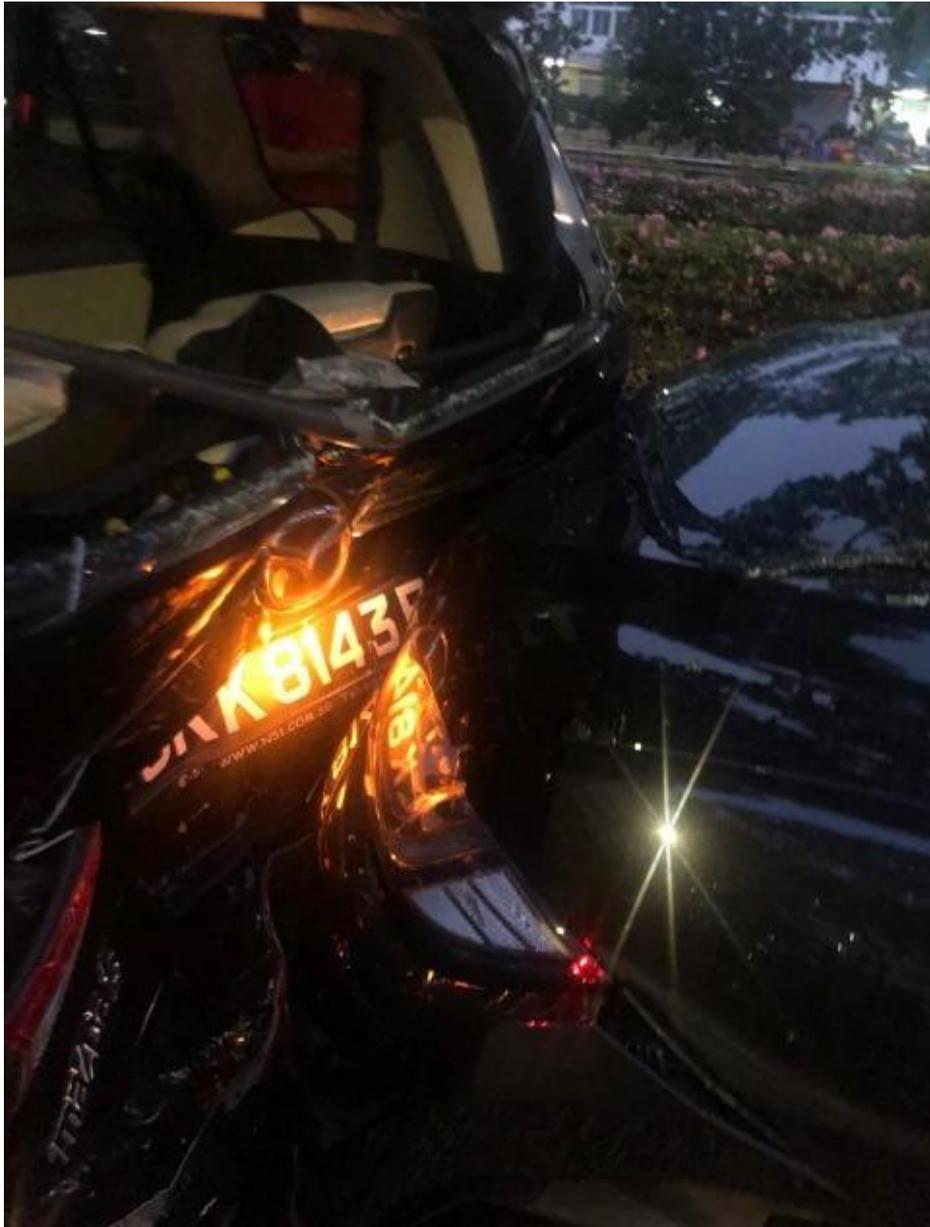
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Accident Photo



Accident Photo



Accident Photo



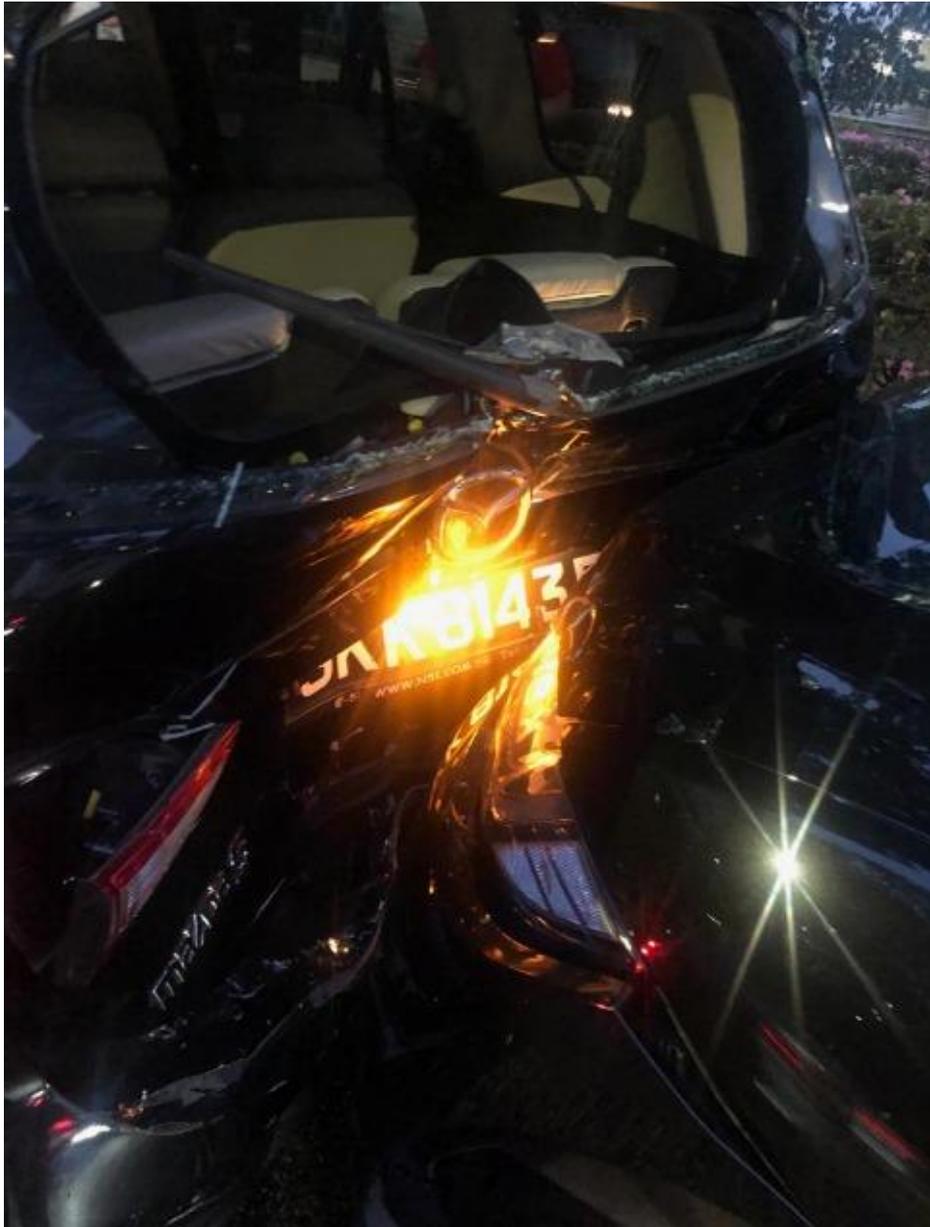
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