SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 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 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/08/2020 16:39
Date Of Accident	05/08/2020 07:15
Exact Location Of Accident	LEFT TURN FROM YIO CHU KANG RD TO UPP THOMSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA3051K
Insured/Policyholder	
Name Of Registered Owner	LAKSHMANAN THENAPPAN
NRIC No	S7080314C
Email Address	LTHENA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90080471
Alternative Phone No	OFFICE-90080471
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 PTF. LTD.

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100454187

Cover Note Number

Driver

Name of Driver LAKSHMANAN THENAPPAN

NRIC No S7080314C

Date Of Birth 22/07/1970

Occupation INDOOR

Date Of Driving Pass 19/09/1997

Driving Experience 22 YEARS AND 10 MONTHS

Gender MALE

Mobile Number +65-90080471

Fax Number

Contact Number OFFICE-90080471

EMail Address LTHENA@YAHOO.COM.SG

Address BLK 820 YISHUN ST 81 #05-658

Postcode 760820

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 - HEAD TO REAR

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 NO

NO

NO

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : THENAPPAN HARSINI NEAYYAMNAI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND 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 SFF25B

Vehicle Make/Model/Colour BMW 520I BLACK

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver KIAN L TAN

NRIC/Passport Number

Contact Number 82289789

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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: 4813

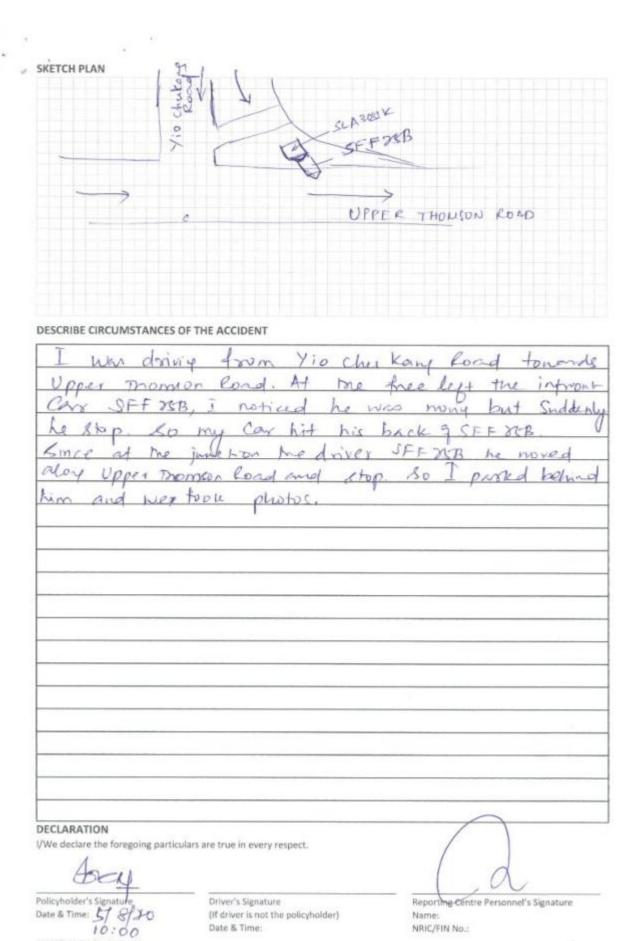
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Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centra Personnel's Signature

NRIC/FIN No.:





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Lakshmanan Thenappan
VEHICLE NUMBER	: SLA 3051K
DATE/TIME OF ACCIDENT	: 05 Ay 2000 - 07:17am.
PLACE OF ACCIDENT	: Yie Chukany Kard/Thomson land
THIRD PARTY VEHICLE (IF ANY)	: SFF 25B
************	**********
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?
TO ALL VEHICLES INVOLVED?	on and the extensiveness of the damages
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Laushman Thenagopa	

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lakshmanan Thenappan Period of Insurance : 26 Feb 2020 To 25 Feb 2021

Engine No. : 1ZRY222451

Chassis No. : MR053REH104540816 Vehicle No. : SLA3051K Policy No. : 2100454187-04

Endorsement No.

Issued Date : 10 Feb 2020

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC First Year of Registration : 2016 Sum Insured : Market Value Driver Restriction : NA Off Peak Car : Yes Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

a) the independent Bit Any other persons who is driving an the Poksyholder's order or with harber permission. This Policy will indemnify the Poksyholder or any authorised driver only if height resets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("VIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 antition has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for stocal, domestic and pleasure purposes and for the Policyholder's business. This Policy dose not cover use for five or reward, driving fast, racing, secs-making, relability stall or speed feating, this 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 1500cc - 1600cc Optional

* Lientations randered inoperative by Section & of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1981 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 5 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Lakshmanan Thenappon - \$600 (Own Damage). \$600 (Flood Cover)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Wither the first 3 years of the first registration of the Vehicle in Stingapore. You have the option of having the accident repairs carried out at the Soile Agents workshop. For other Agents workshop in the Soile Agents workshop. For other Agents and Reporting Centree/ALC Authorised Repairers, please contact our 24-hour accident energency tratine at +65-6338 6200. Alternatively, You may refer to ALC weeksite www.aig.ng.or all Sci Standard Age. Simply search and downtoat 'ALC Sci Standard energency tratine at +65-6338 6200.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

IWe hereby certify that the policy to which this Centificate 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 (Maraysia), Road Transport (American Act 2015 and Motor Vehicles (Third Party Risks) Roads, 1999 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

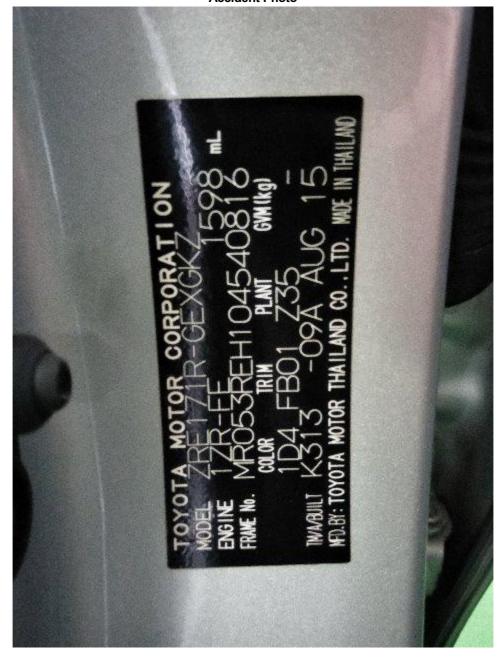
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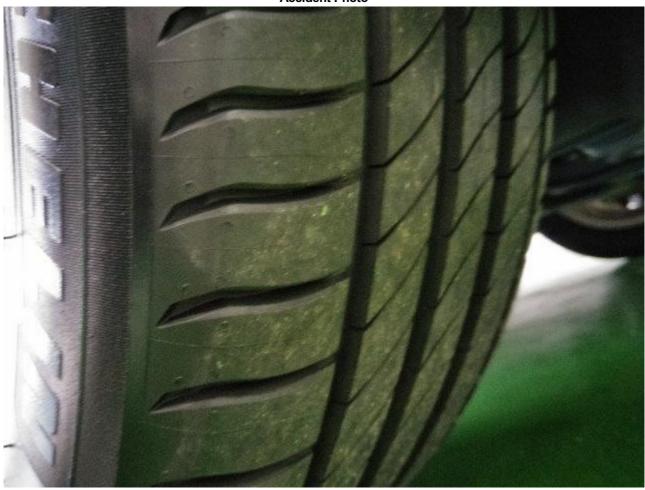




Accident Photo









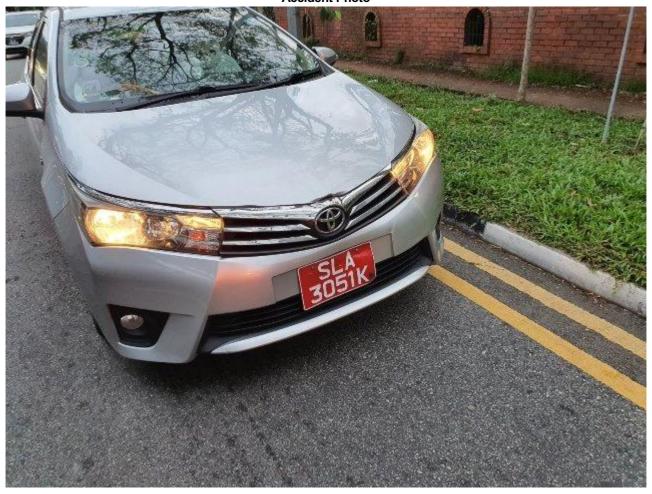


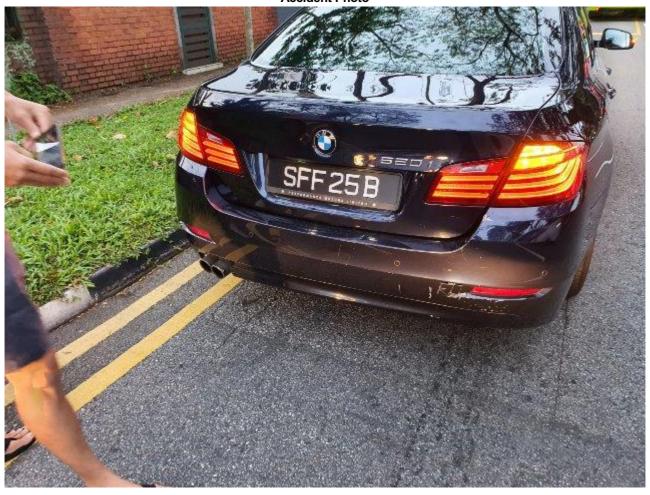










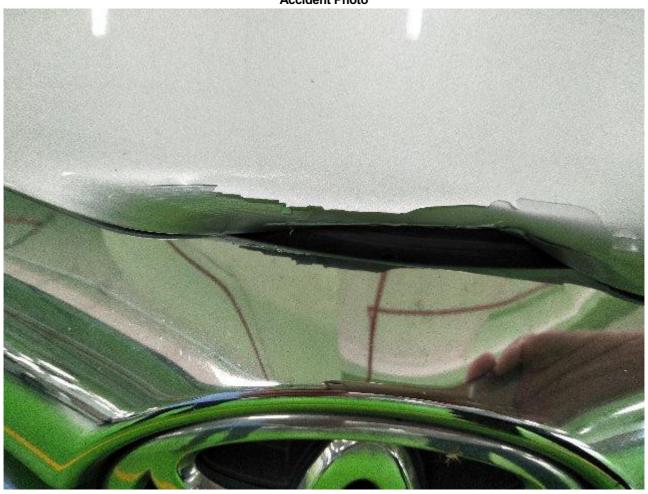






Accident Photo

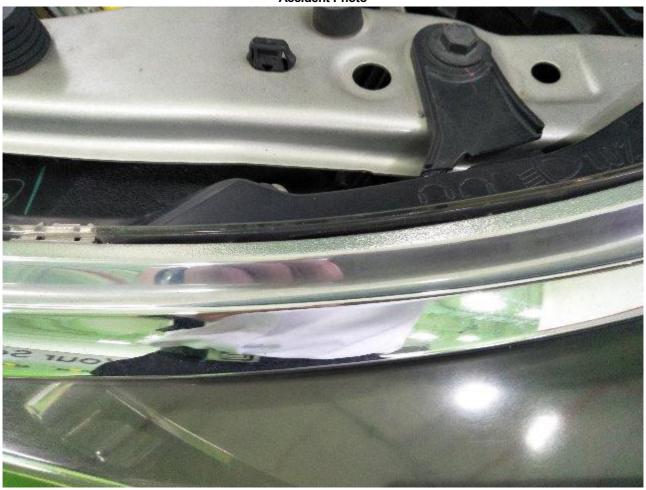












Accident Photo



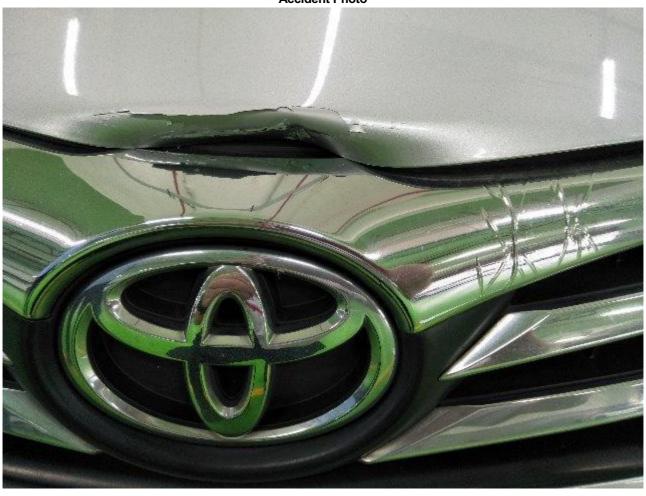


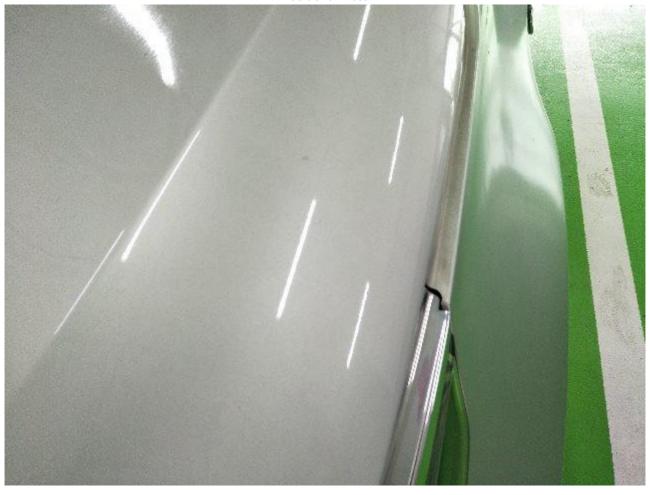












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66850020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

PARTI	CULARS OF PERSON MAKING THE AMEND	DMENTS:
Origina	al Report No : mg m 2 >00 66	Vehicle Registration No: SLA 3051 C
		THENERIAM STOROSTA C
(-veni	icle Driver / Vehicle Owner) (*) Please dele	ete as appropriate
Addre	ss :	Singapore()
Contac	ct (Tel) :	Mobile No.:
Email .	Address :	
Date o	of Accident : 05 08 20	Time of Accident: 7.17am
	of Accident : Fran 18ft tur	n From You CHU KANG ROYAND to UPPER
		THOM THOM
Insura	ince Company: AlG	
ADDIT	TIONALINFORMATION / AMENDMENTS:	
		ccident and would like to include additional information or
	the following amendments:	
1	Idditional Photo	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-		
-		
	//	
	16	
Policy Date:	holder / Driver's Signature	Reporting Centre Personnel's Signature Name:
100000000000000000000000000000000000000		NRIC/EIN NO

Date: