VERSION: 1 (19/04/2021 13:09 (SGT))



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.

ACCIDENT STATEMENT

Date of Submission 19/04/2021 13:09 (SGT) Date of Accident 16/04/2021 23:00 (SGT) Exact Location of Accident Braddell Rd, Singapore Additional Location Information FROM CTE TURNING TO BRADDELL RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM2889M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOGANATHAN RAVISHANKAR NRIC No S2661074E Email Address LOGANRAVISHANKAR@GMAIL.COM Mobile Phone No (Phone) +65-98161640 Alternative Phone No +65-98161640

VEHICLE PARTICULARS

Manufacturer Mercedes Model E300 Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto 1991

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA559992 Cover Note Number 10/12/2020 - 06/12/2021

DRIVER

Name of Driver LOGANATHAN RAVISHANKAR NRIC No. S2661074E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/11/1962 Indoor 09/11/1994 26 YEARS AND 5 MONTHS Male (Phone) +65-98161640 +65-98161640 LOGANRAVISHANKAR@GMAIL.COM 5 SUNDRIDGE PARK RD - 358136 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DE	RIVER
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SKZ6900X Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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.
- 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 <u>repudiate policy liability</u>.
- 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.
- 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 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: [9]4 [202]

Driver's Signature

(If driver is not the policyholder)

Date & Time: (4 | 4- | 202 |

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Gladian Stetchbandonn V

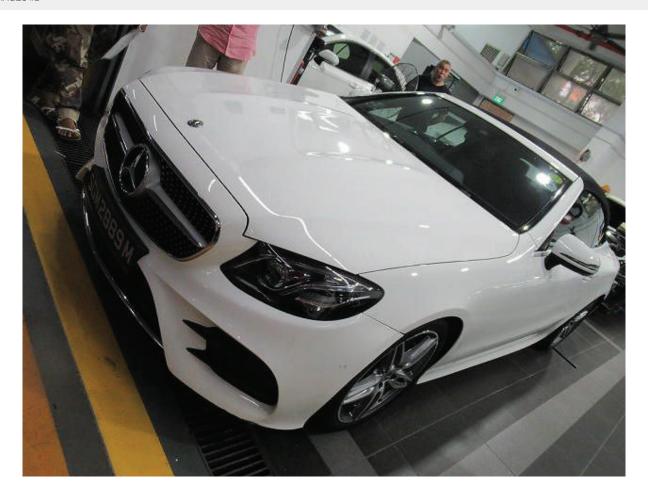
Date of accident: 16/4	12021 Time: 23:00	Location: BRADDELL ROAD
My Vehicle A: SGM	Vehicle B: SK26	900X Vehicle C:
KETCH PLAN		
Lynwood Grove		
	1 00	
	MAG.	
	/台11	
	B	
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
		
REFER TO POLICE	REPORT: 7/20210417/7022	
		46174
		#4.00.00
		The same of the sa
		o, and a second
	,	
Claim OD/TP at Ah	Lim Motor Claim OD/P	t other workshop Reporting Only
	rd a copy of my efile accident report	
My workshop : OPTINA	WERKS FIE UTD	
Email address : 646 - 40	an 9 ou : 59 Ahan Pavishankar	
	tvickankar o givait.com	
O .		
		ame for you to submit own damage claim under
	heck with your own insurer for more	e uniormation.
ECLARATION	rticulars are true in every respect.	(2Rg)
we declare the ipregoing pa	titulais are true in every respect.	
## 1.	HP	W/LE)
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
olicynoider's Signature late & Time: [4 202	(If driver is not the policyholder)	Name:
1. 1110001	Date & Time: (9/4/202/	NRIC/FIN No.:

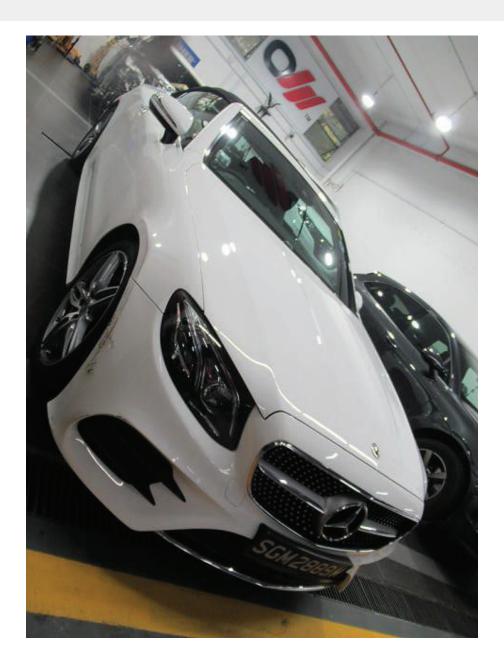


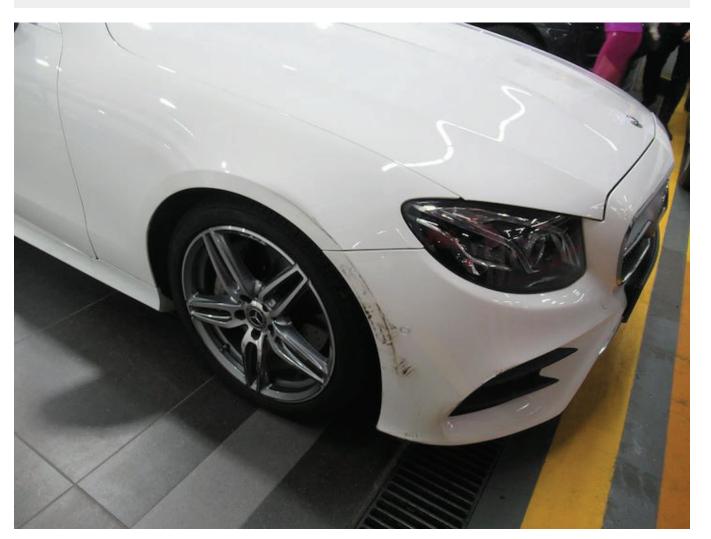
POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	1914 2021 To: Owner of Vehicle Number: SG IN 2889 M
	ewing has been advised to you via your workshop, <u>AH LIM MOTOR COMPANY</u> through their staff Zila Mui Hong, Wei Jie . Please tick the applicable box if you had been advised on any of the following:
5	You had been advised by the workshop that in the case that you wish to claim against your own policy, then is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
()	You had been advised by the workshop on the liability and merits of the case accordingly.
()	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident. If fire damage and you claim under your own insurance, any applicable excess will be waived However, there will be no recovery prospect and NCD will be affected. If fire damage and you are claiming against the Third Party, your NCD will not be affected However, the recovery is not quaranteed, and AXA will not be held responsible.
()	You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get: > \$200 off on your Basic Own Damage Excess or > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or > Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
()	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no othe option except to indent it from overseas.
()	There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
()	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
()	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
()	For vehicles below three (3) years old or under warranty with a local distributor, your insurance company wit use only original parts to repair your vehicle. For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be replaced and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
()	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs or
()	workmanship related to the accident. For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
5	Opers Plantin Only.
Signed	ayayackdowlodged by:
authofiz	nd signature of policyholder/ authorized driver and company stamp (where applicable) ed driver to either the gamed drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers permitted to driver the drivers of the case of commercial vehicles. Name and signature of workshop personnel including company stamp

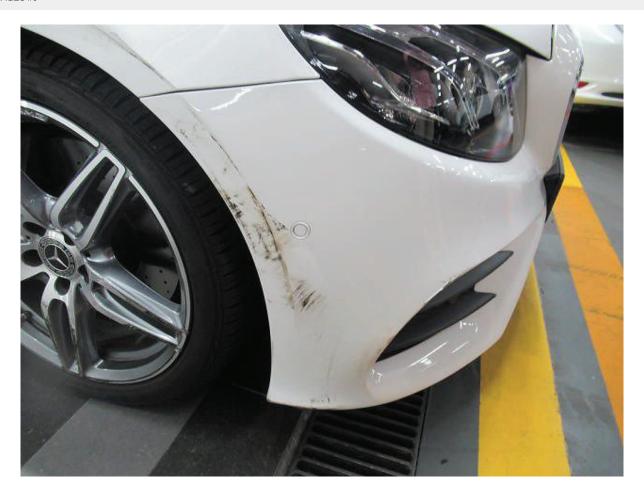


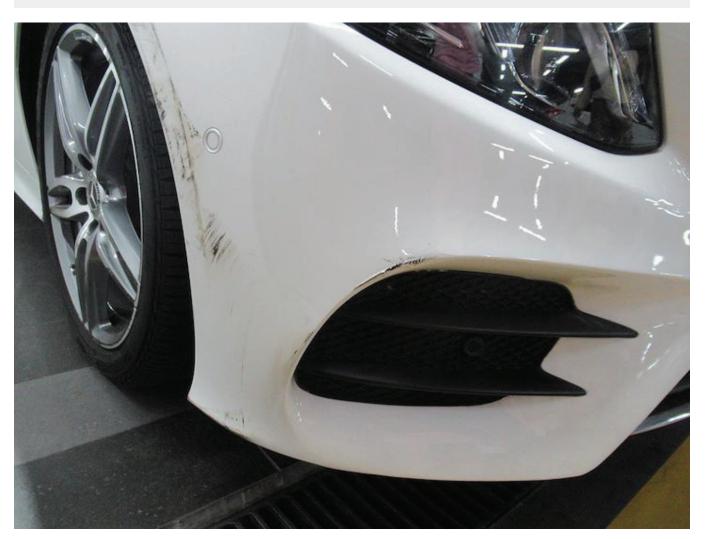
























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210417/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2021 19:10		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	Informant: ATHAN RA	VISHANKAR	Address: 5 SUNDRIDGE PARK ROAD SINGAPORE 358136		
ID Type / ID No.: NRIC NO / S2661074E			Contact No.: Home/Office:	Mobile: 98161640	
Nationality: SINGAPORE CITIZEN		Email: loganravishankar@gmail.com			
Sex: Male	Age: 58	Date of Birth: 10/11/1962	Type of Informant: Driver		
Race: Tamil		Language: English	Institution / School Name:		
Occupation: Chief operating officer/General Manager		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/04/2021 23:00	Type of Location: Straight Road
Location: BRADDELL F	ROAD	Road Surface:		Road Speed Limit:
		Dry		[] [] [] [] [] [] [] [] [] []
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		30 Km/h Traffic Volume: Light

Details of Ve	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGM2889M	Car	MERCEDES BENZ	E300 AMG LINE AUTO	White		0

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM2889M	AXA INSURANCE SINGAPORE PTE LTD	GA559992	10/12/2020	06/12/2021



T/20210417/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210417/7022

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Driver						
Name	LOGANATHAN RAVISHANKAR		AR .	ID No.		S2661074E
Related Vehicle	SGM2889M (Car)			Contac	t No.	98161640
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	granted Medical Leave NIL		Degree of	f	NIL	2244 - 1770 - 1770

Brief Details.

At about 11pm on the 16th of April 2021, I was coming from CTE (city) and turning onto Braddell road, where two lanes funnel into one, when I was hit by another car.

I was driving smoothly and I had put my indicator to turn onto Lynwood grove, when suddenly I heard a loud bang. The car rushed to overtake me and cut into my lane, consequently hitting my front. Immediately, I stoped the car about 10 meters away from the Lynwood Grove turning, and the other party (a male) also stopped his car. He came out of the car and I asked him why he did that and I asked him to give his details but he refused. It was a Grab Taxi, there was a passenger in the back seat who came out as well. I told the driver that I was going to call the police if he didn't give me his details but he refused and drove off. I took a picture of his number plate: SKZ6900X. Driver did say sorry but refused to give me his details. The passenger started arguing with me saying that it was just a slight accident and I should just let them go immediately. For some reason, I was unable to dial the number for the police on my phone and in the meantime they drove off.

My car is damaged on the front driver's side, including the wheel rim. The driver's car was a Mazda, he was driving quite fast when he tried to overtake me/cut into my lane. I was driving slowly because I was supposed to take a left turn. Moreover, I had the right of way and was in front of him, however he was planning to cut ahead of me.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210417/7022

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2021 19:10
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168

Authentication Stamp





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 03288

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act. 1987 (Malaysia) -Motor Vehicles (Third-Party Risks.) Rules, 1959 (Malaysia)

Policy details

Policyholder name Cover

Period of Insurance

Finance loan company

LOGANATHAN RAVISHANKAR Comprehensive Flexi

Certificate number Chassis number Engine number

GA559992/1 WDD2384482F027020 27492031210339

Plan name NCD applicable Vehicle registration number

SGM2889M

from 10/12/2020 to 06/12/2021 (both dates inclusive)

Maybank Singapore Limited

Persons or classes of persons entitled to drive*

(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor 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 driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the corriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

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

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 1.200.00

An Additional Excess is applicable as follows:

- 1, \$\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. SS5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to SS2,500 if You have chosen AXA Premium.

Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of insurance has been lost or destroyed a Statutory Declaration to the offect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-

Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no habitity under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 2