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.

- 4. The issue and acceptance of this is form by instrained 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 26/04/2021 18:23 (SGT) Date of Accident 23/04/2021 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information NEAR 273 CAR PARK BLOCK JURONG WEST AVE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR9394F

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner PAMMI ANIL KUMAR NRIC No. SXXXX142F

Email Address PAMMI.ANIL@GMAIL.COM

Mobile Phone No (Phone) +65-93217720

Alternative Phone No +65-93217720

VEHICLE PARTICULARS

Manufacturer Hyundai Model 130

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? Yes Vehicle Category Private car

Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number VPA/P2379931

Cover Note Number

DRIVER

Name of Driver CHINNASAMY VIJIPRIYA NRIC No SXXXX493Z

Accident report SK0G214Q0007

Date Of Birth 03/03/1979 Occupation Indoor Date Of Driving Pass 07/01/2020 Driving experience 1 YEAR AND 3 MONTHS Gender Female Mobile Number (Phone) +65-93217720 Alt. Phone Number Email Address PAMMI.ANIL@GMAIL.COM Address BLK 273A JURONG WEST AVENUE 3 #07-33 Address complement Postcode 641273 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER SKETCH PLAN & STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKZ8405X Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	(Phone) +65-81808565
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

XA INSURANCE PTE LTD Shenton Way, #24-01 XA Tower, Singapore 068811 Justomer Centre #01-21 el:1800 8804888 Fax:-/ebsite:www.aua.com.sg IST Registration Number: 199903512M ustomer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■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)

: VPA/P2379931 CERTIFICATE NO. Account No. : 08260

Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : PAMMI ANIL KUMAR

Vehicle Registration No. : SMR9394E

Period of Insurance : From 01/02/2021 To 31/01/2022 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

 (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
 (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, the carriage 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.

Basic Own Damage Excess

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver \$\$2,500.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

* Limitations rendered ineperative 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.

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

N.B : Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

M Authorized Signature

Issued by - SGOASH2 on 06/01/2021

IMPORTANT:

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 Decisration to the effect must be made. Failure to comply with this obligation is an effecce under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 1901)

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

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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the noursing.
- 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 copie; of
 the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

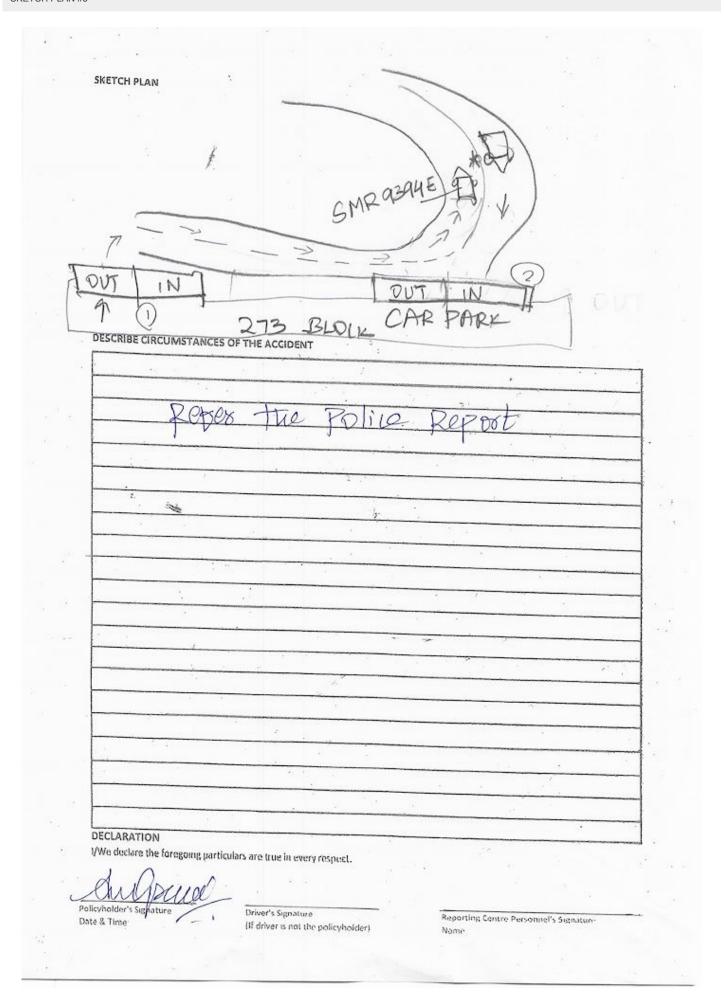
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the 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 Purpuses, 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)

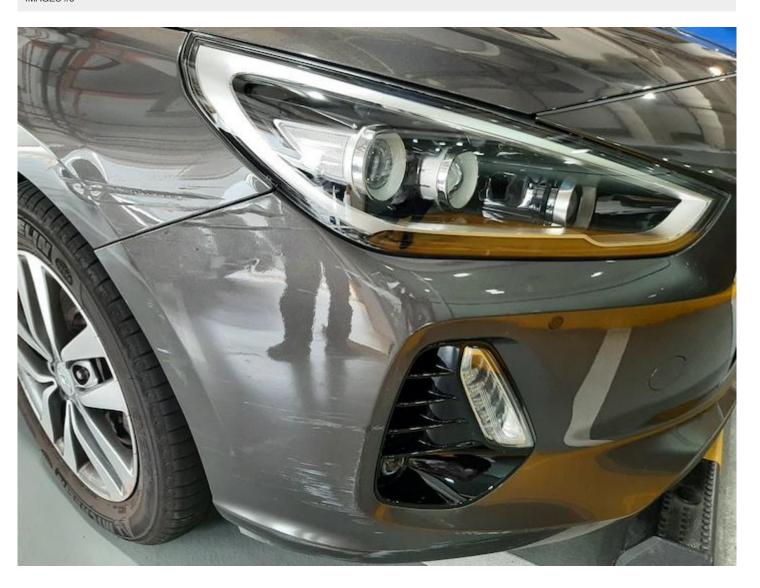
Reporting Centre Personnel's Signature-

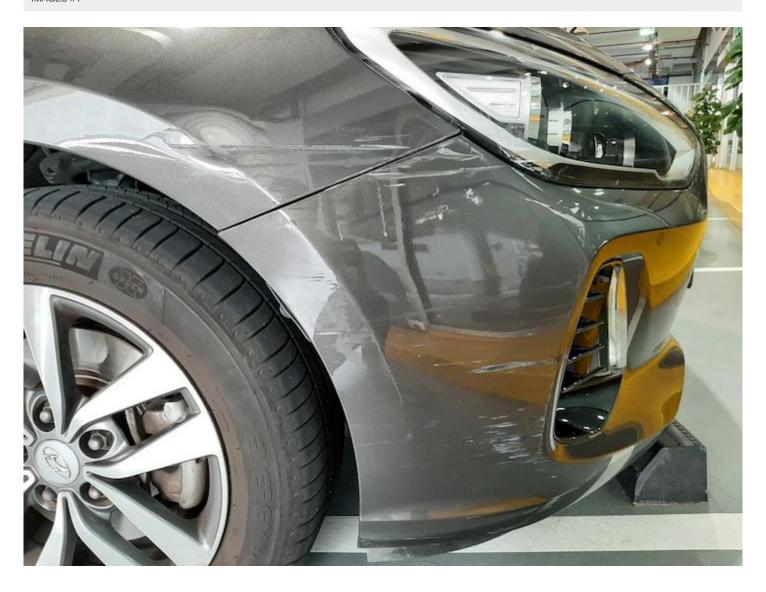
Name

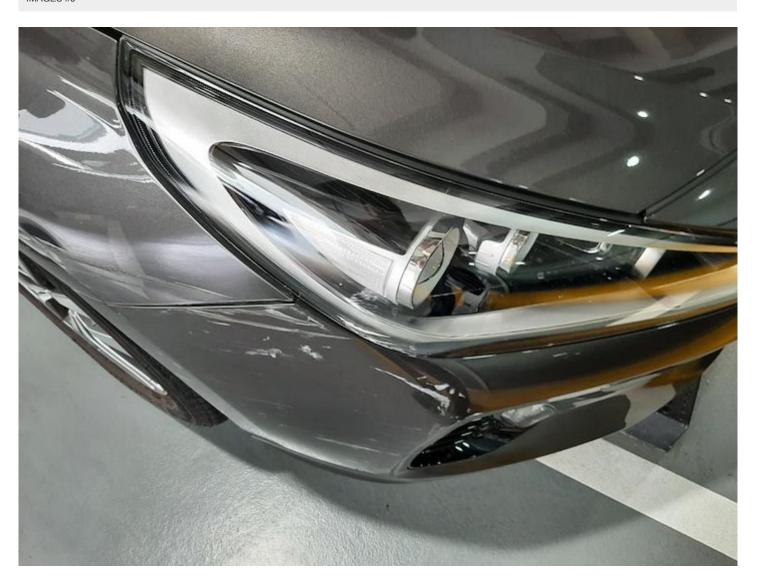


















Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

. 1 of 3 Report No. T/20210424/2049

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2021 13:52		Made:	Vide Report No.:	Station Diary No.: 78	
Informar	it's Partic	ulars		122 Th 200 Th	
Name of Informant: CHINNASAMY VIJIPRIYA			Address: APT BLK 273A JURONG WEST AVENUE 3 #07-33 SINGAPORE 641273		
ID Type / ID No.: NRIC NO / S7963493Z Nationality: INDIAN		93Z	Contact No.: Home/Office: Mobile: 93217720		
		8.600111	Email:		
Sex: Female	Age: 42	Date of Birth: 03/03/1979	Type of Informant:		
Race: Indian			Language:	Institution / School Name:	
Occupation: PROJECT ENGINEER		ER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive; No	Date/Time of Accident: 23/04/2021 14:10	Type of Location Bend
Weather:	ST AVENUE 3	Road Surface; Dry		Road Speed Limit:
Cloudy				
Cloudy Traffic Flow: Two Way Type of Collisi		Traffic Control: Not Controlled		raffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMR9394E	Car				Slightly	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20210424/2049

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 1 BARRET TAN THIAN POH	6 nimo
Signature Of Interpreter:	Date/Time:
Not applicable	24/04/2021 13:52
Officer In Charge Of Case:	Classification Of Case:
Staff School One SHEE LUI Contacting 65476225	
Authertication Stamp	
SIGNATURE	



T/20210424/2049

12021042412040

2 of 3

Report No. T/20210424/2049

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver		A STATE OF THE STA		30 SERVE		
Name	CHINNASAMY VIJIPRIYA			ID No		S7963493Z
Related Vehicle	SMR9394E (Car)			Conta	ct No.	93217720
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Distincto	Date Disc	charge	NIL	1000
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	STATE OF THE PARTY

Brief Details.

On 23/04/2021 at about 2pm I was heading to work. As I come out from the carpark, there was another car approaching and was heading towards the carpark. At first I did not know anything, until I heard someone was shouting. When I looked back I saw the other driver was telling me to stop. I got down to check what happen, he told me that I hit his car. He thought I was driving away but I did not realize anything.

After which he asked for my particulars which I gave to him, however I was still new to this and I do not know what to do and I was panicking at that point of time, I did not take down his particular I manage to took down the phone number of the other party (+65 81808565), the purpose for this report is for my insurance company follow up action.