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 06/06/2022 14:17 (SGT) Date of Accident 03/06/2022 23:40 (SGT) Exact Location of Accident 139 Upper Paya Lebar Rd, Singapore 534845 Additional Location Information AYC CRESCENT, JTC LAUNCHPAD CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SNB4546P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

JAHANARA PARVEEN Passport No/FIN GXXXX936T

Email Address JAHANARA.P@GMAIL.COM Mobile Phone No (Phone) +65-91787090

Alternative Phone No +65-91145582

VEHICLE PARTICULARS

Manufacturer Audi Model Q3

Variant 1.4 TFSI S-TRONIC

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? Yes Vehicle Category Private car Transmission Auto

CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number 7210090240

Cover Note Number

DRIVER

Name of Driver JAHANARA PARVEEN Passport No/FIN GXXXX936T

Date Of Birth 31/10/1983 Occupation Indoor Date Of Driving Pass 18/09/2013 Driving experience 8 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91787090 Alt. Phone Number +65-91145582 Email Address JAHANARA.P@GMAIL.COM Address 64 LENGKONG TIGA Address complement #02-10 Postcode 417456 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Kampong Kembangan Neighbourhood Police Post Police Station Phone No (Phone) +65-18007489999 Alt. Police Station Phone No (Fax) +65-67454676 Police Station Address Blk 112 Lengkong Tiga #01-215 Singapore 410112 Was notice of intended Prosecution given? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 4/6/2022 AT AROUND 2100HRS, I RETURNED TO MY CAR A THE PARKING LOT OF CHANGI BUSINESS PARK AND DISCOVERED SCRATCH MARKS AND DENTS ON THE LEFT SIDE FRONT BUMPER OF MY VEHICLE. INITIALLY I ASSUMED THAT THE ACCIDENT HAPPENERED EARLIER THE SAME DAY. HOWEVER, AFTER MAKING A CHECK ON THE CCTV FOOTAGE FROM MY IN-CAR CAMERA, I DISCOVERED THAT THE ACCIDENT TOOK PLACE ON 3/6/2022 AT AROUND 2339HRS WHEN I PARKED MY VEHICLE AT THE OPEN CARPARK OF FUSIONOPOLIS, NEXT TO TIMBRE+ (ONE NORTH). THE CAMERA FOOTAGE SHOWED THAT A CAR BEARING REGISTRATION PLATE NUMBER, SMV4535C, WAS SOMEWHERE IN FRONT OF MY VEHICLE ON THE LEFT SIDE. HIS PLATE NUMBER WAS FULLY CAPTURED ON THE RECORDING. THE DRIVER APPEARED TO BE MOVING FORWARD AND REVERSING AS IF LOOKING FOR A LOT AND EVENTUALLY HE REVERSED A LITTLE TOO MUCH AND HIT ONTO THE FRONT LEFT SIDE OF MY CAR. THE DRIVER DID NOT GET OUT OF THE VEHICLE AND JUST DROVE OFF WITHOUT LEAVING A NOTE CONTAINING HIS PARTICULARS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV4535C
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	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 truthful and accurate as possible. Any wilful 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 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

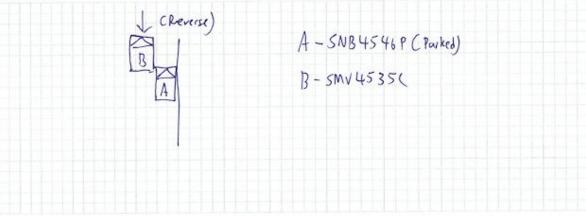
Jahanare 6/6/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Toy Four,

Sketch Plan



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Declaration

We declare the foregoing particulars are true in every respect.

jalour 6/6/2022

Policyholder's Signature / Date &

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



Witnessed by Reporting Centre Personnel Tony Foony





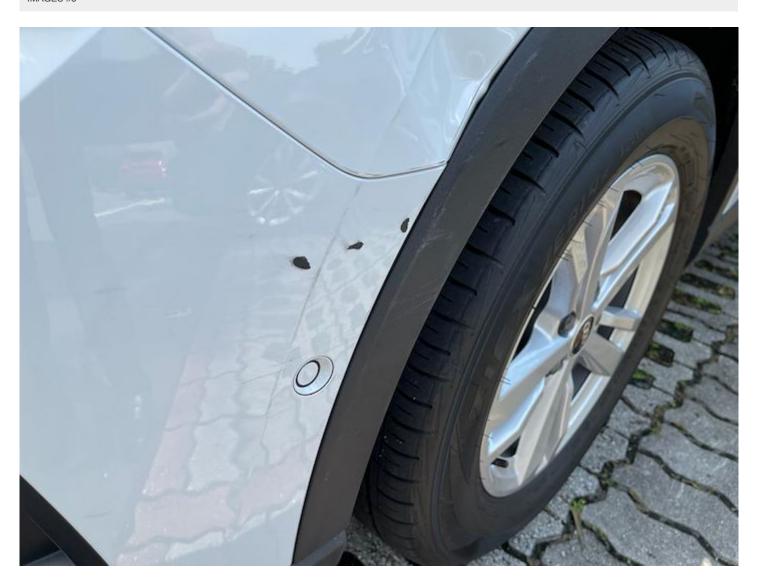


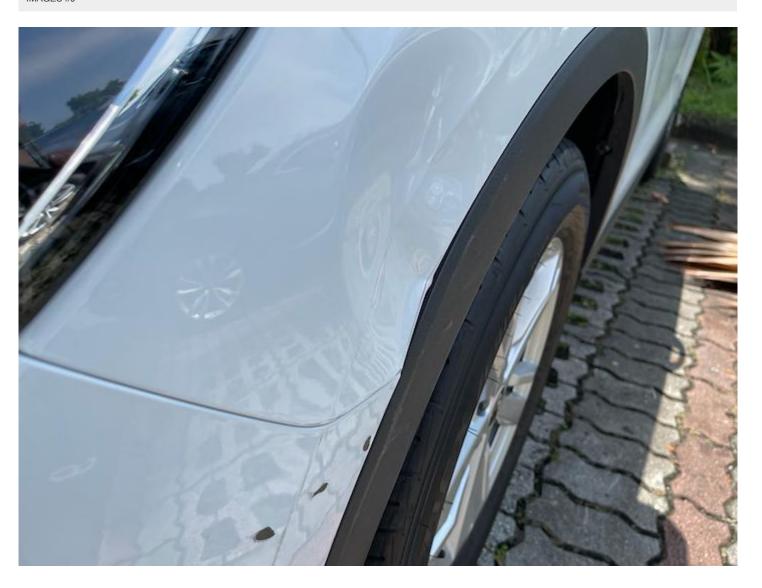






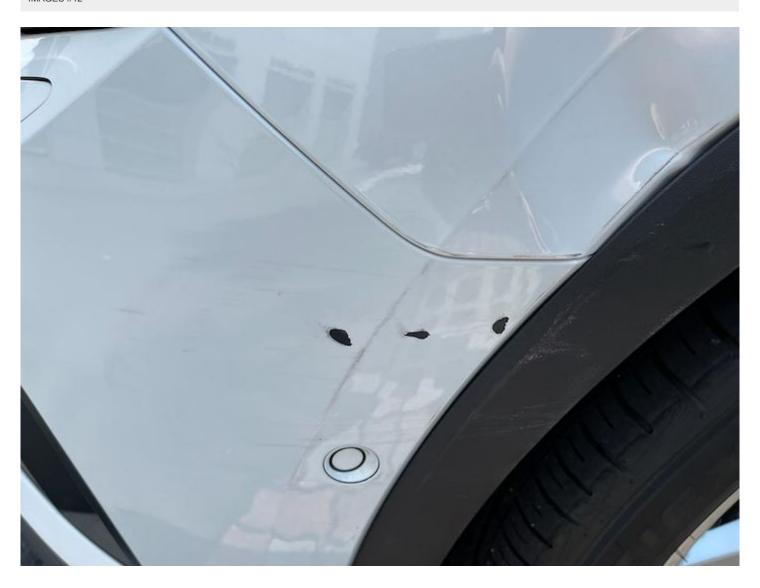










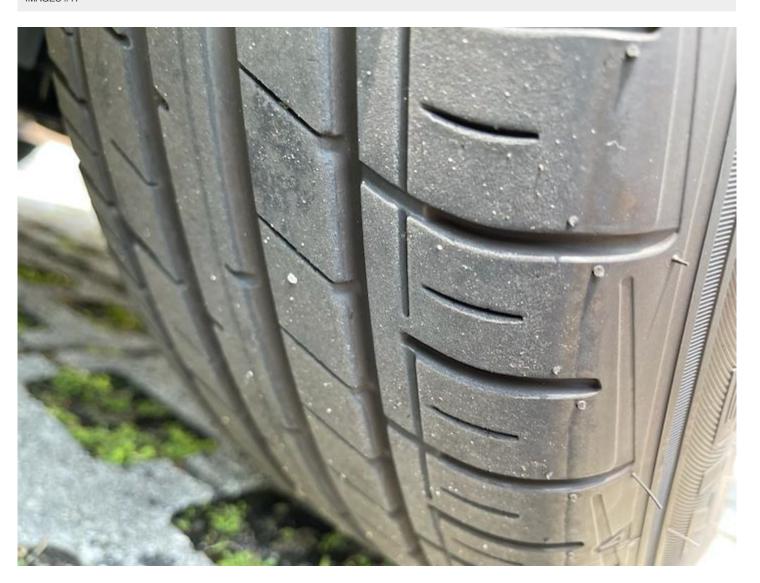
















Report No. T/20220605/2025

Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112 Tel No: 1800-7489999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 05/06/202	e Report N 22 13:43	Made:	Vide Report No.:	Station Diary No.		
Informan	t's Partici	ulars				
	Informant: RA PARVE		Address: 64 LENGKONG TIGA #02-10 SINGAPORE 417456			
ID Type / FIN NO /	ID No.: G5048936	ST	Contact No.: Home/Office: Mobile: 91787090			
Nationality: INDIAN			Email: jahanara.p@gmail.com			
Sex: Age: Date of Birth: Female 38 31/10/1983			Type of Informant: Vehicle Owner			
Race: Indian			Language: Institution / School Nar English			
Occupation	on: SS MANAC	SER	Driving Licence Informati Class: 3A	ion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/06/2022 23:35	Type of Location Car Park
Location: AYER RAJAH Weather: Clear	I CRESCENT	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Moving Vehic	ion: le Against - Parked V		Anyone conveyed by ambulance: No	

Dotano 4	ehicle Invo	MATERIAL REPORTS AND PROPERTY A	AND DESCRIPTION OF THE PARTY OF	T 2	A 1991	11 10
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV4535C	Car			Black		0
SNB4546P	Car	AUDI	Q3	White	Slightly	0

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





Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112 2 of 3 Report No. T/20220605/2025

Tel No: 1800-7489999

CONTINUATION OF REPORT

Name	JAHANARA PARVEEN			ID No		G5048936T
Related Vehicle	SNB4546P (Car)			Conta	ct No.	91787090
Hospital/Clinic	NIL				of g ce & / Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 04/06/2022 at around 2100hrs, I returned to my car at the parking lot of Changi Business Park and discovered scratch marks and dents on the left side front bumper of my vehicle. Initially, I assumed that the accident happened earlier the same day. However, after making a check on the CCTV footage from my in-car camera, I discovered that the accident took place on 03/06/2022 at around 2339hrs when I parked my vehicle at the open carpark of Fusionopolis, next to Timbre+(One North). The camera footage showed that a car bearing registration plate number, SMV4535C was somewhere in front of my vehicle on the left side. His plate number was fully captured on the recording. The driver appeared to be moving forward and reversing as if looking for a lot and eventually he reversed a little too much and hit onto the front left side of my car. The driver did not get out of the vehicle and just drove off without leaving a note containing his particulars.





Police Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE 410112

Report No. T/20220605/2025

Tel No: 1800-7489999

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: G / SR STAFF SGT MUHAMMAD DANIAL BIN SUMANAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2022 13:43
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	