SS2X228M000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 22/08/2022 14:48 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (22/08/2022 14:48 (SGT))

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 Actual 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 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 22/08/2022 14:48 (SGT) Reported by Date of Accident 20/08/2022 18:28 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI AIRPORT EXIT PAYA LEBAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Vehicle Registration Number SLT1569Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RANGA RAMAMOORTHY RAVICHANDRAN NRIC No S2626904J Email Address R RAVI@HOTMAIL.COM Mobile Phone No (Phone) +65-97526792 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **RX200** 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA506032

DRIVER

Name of Driver RANGA RAMAMOORTHY RAVICHANDRAN NRIC No S2626904J Date Of Birth 10/06/1964 Occupation Indoor

Date Of Driving Pass 17/02/2000 Driving experience 22 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97526792 Alt. Phone Number Email Address R_RAVI@HOTMAIL.COM Address 53 JALAN SINDOR Address complement Postcode 808408 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **Female**

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE DATE AND TIME, I AM DRIVING MY CAR WITH MY WIFE ALONG PIE TOWARDS CHANGI DIRECTION. WHEN I EXITING PAYA LEBAR EXIT, FRONT VEHICLES STOP. SO I FOLLOWED TO STOP. SUDDENLY, I FELT A STRONG IMPACT FROM MY BACK AND THE IMPACT PUSHED MY CAR FORWARD AND HIT THE FRONT LORRY. AFTER THIS ACCIDENT, MY WIFE AND I HAVE INJURY ON HER HAND AND BACK, AND I ALSO FELT BACK PAIN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBL3670J** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **UDDIN MHD JASIM** Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN8920Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **VEERAPPAN THANGADURAI** Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RANGA RAMAMOORTHY RAVICHANDRAN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLT1569Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual 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.
- 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.
- 3, 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:
- (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.

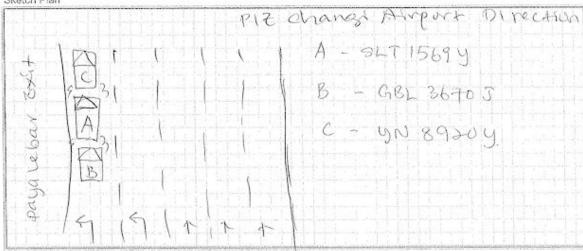
Policyholder's Signature / Date & Time

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

& Timo

Witnessed by Reporting Centre Personnel

Sketch Plan



1

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On th	e above date and time, idrining
my oar	e above date and time, I driving with my wife along Pie toward incetion, when I exiting forgatebar existing forgatebar existing from the step, so I follow to stop. My (feit a strong impact from my saved the empart puch my saved ound hat the trong torry ture accident, I and my things my on her hand and back, and
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Sudde	My 1 Yelf a ofrang impact from my
back a	nd the emporer puch my sar
Jonnas	nd and hit the trong horry
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was inj	my on her hand and back, and
my self	also relt buck poin.
	A ALLEY CO.
	A - SLT 15694
P	A - SLT 1569y B - GBL 36 FOJ (Uddin Nhd Jasin)
	C - YN 8920 y. (Vecrappan Thangaduzii)
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Declaration

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

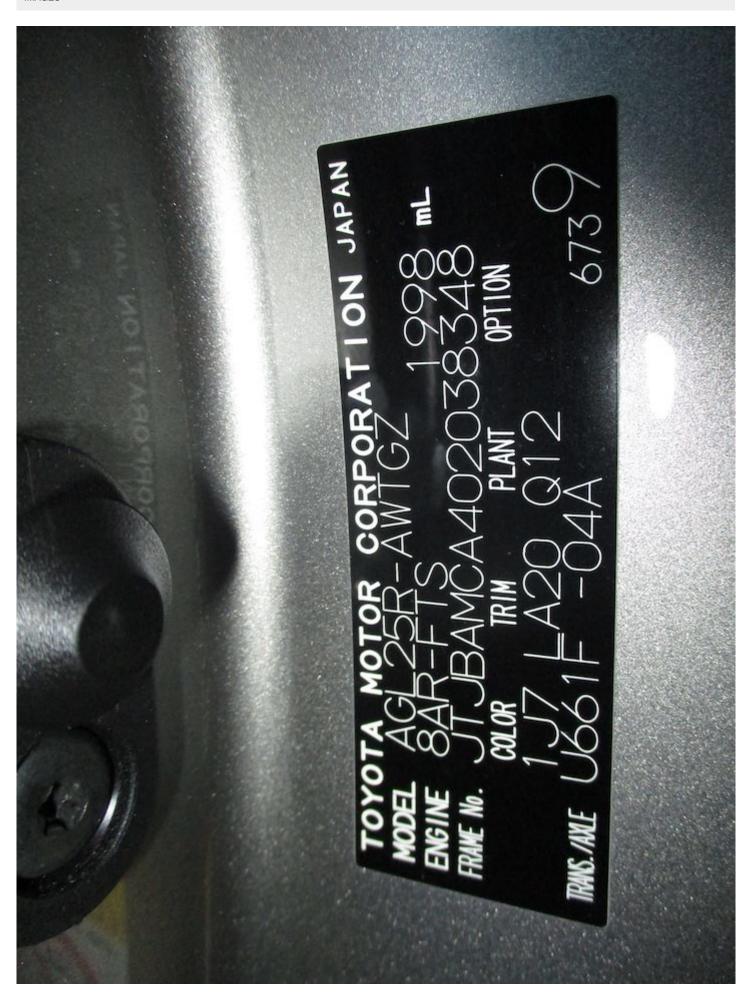
9 - 7 · Ilel 9 . 2 · Ilel Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

LETTER OF UNDERTAKING

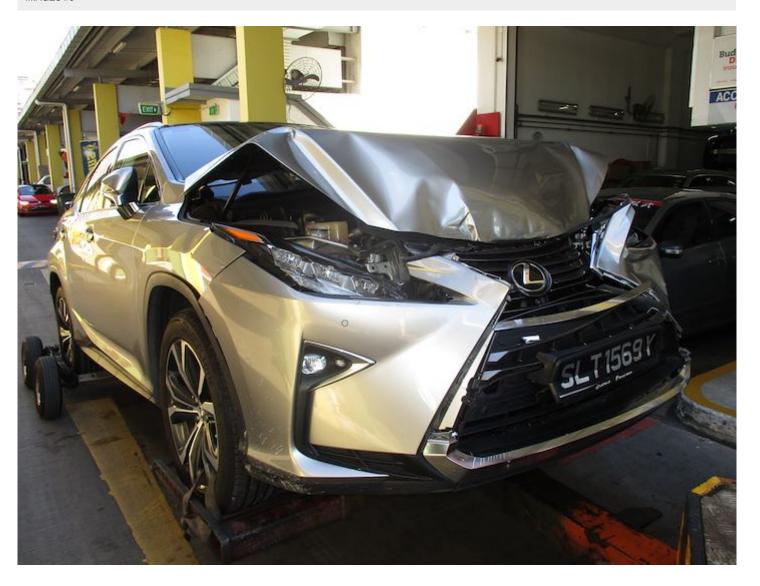
My/Our Insurance is under M/s AXA Ins to claim under my/our Policy or against t claim to M/s AXA Insurance Singapore P 14(fourteen) days of occurrence or	urance Singa he Third Par te Ltd with a	apore Pte Ltd, I/we rty and if the forme all relevant facts an	shall decide wh r shall submit s	ether uch a	
My/Our Third Party claim is handle by my/	our preferred	workshop, N-SI	Automotive	Pla	Lld
		5			
Signed and Acknowledge by:					
9.7" del.	6	j.	22/06/22		
Nric no. and signature of policyholder Company Stamp			Date		















AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.care@axa.com.sg

date 26/08/2021

www.axa.com.sg

policy number GA506032

Certificate of Insurance

account number 20585

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 Plan name NCD applicable

RANGA RAMAMOORTHY RAVICHANDRAN Comprehensive Lexus Prestige Max 50% SLT1569Y

from 20/10/2021 to 19/10/2022 (both dates inclusive)

HONG LEONG FINANCE LIMITED

Period of Insurance Finance loan company GA506032 / 1 JTJBAMCA402038348 8ARW658461

Authorized Drivers

Vehicle registration number

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. SUGUNA RANGANATHAN

2. VIKRAM RAVICHANDRAN

Certificate number

Chassis number

Engine number

(c) 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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Webicles (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 700.00 Not Applicable

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who:

- Is less than 23 years old, and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

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

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

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