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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.
- 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 22/03/2023 12:15 (SGT) Reported by Date of Accident 28/02/2023 10:30 (SGT) **Exact Location of Accident** Marina Blvd, Singapore Additional Location Information TOWARDS SHEAR AVENUE JUNCTION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Jaguar

2993

Vehicle Registration Number SDV4664U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DINESH TRIPATHI** NRIC No SXXXX541E **Email Address** fullstop423@gmail.com Mobile Phone No (Phone) +65-98893215 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Χj Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100374794-08

DRIVER

CC

Name of Driver RENU TRIPATHI NRIC No SXXXX902H Date Of Birth 20/07/1981 Occupation Indoor

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	14/11/2005 17 YEARS AND 3 MONTHS Female (Phone) +65-98893125 - fullstop423@gmail.com 46 MARINE PARADE ROAD #12-03 - 449305 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Raining Wet
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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SDW3355M -

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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)	_

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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)
 - I understand, acknowledge, agree and consent that:
 - 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)
 - (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 malling 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
 - (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
 - 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

& Time:

(Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	Marina	Boulevard
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DECLARATION

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

Policyholder's Signature Date

& Time:

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

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25 0 2 /2023 (dd/mm/yy) Time of Accident: 10 . SO (24-HR-FORMAT)
Vehicle No.: 5DV 4664 V Vehicle Make & Model: Struck XJ
Exact location of Accident: Marina Bouleward Toward Shear Ave Junet
Policyholder's Name: Dinesh Tripathi I/C/UEN: 5738254/5
Policyholder's Name: Direction of the Control of th
Driver's Name / IC No.: Reny Tripathi S\$176902 H (As Above)
Driver's Contact No : 955732/3 Company Contact No (Company Veh Only):
Driver's Address: 46 MARINE PAGE ROAD #12-03 449205
Email address: Tull stop 423 @gray 1: com Insurance Company: 14/11/2000
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passanger Name: Gender: Male / Female *Passanger
Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Raining & Wet / After-Rain & Wet / After-Rain & Wet /
Clear & Dry / Land
Was there any video captured by your Car Camera? Yes / No
Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name:
Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle:
Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle:
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Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Vehicle No: Vehicle No:
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Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Driver's Contact No: Insurance Company: Or Private Noward / IC No (If Any): Vehicle No: Vehicle No:
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CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : DINESH TRIPATHI

Period of Insurance

: 28 May 2022 To 27 May 2023

Engine No.

: 0743620306DT

Chassis No.

: SAJAC1222DNV55543

Vehicle No.

: SDV4664U

Policy No.

: 2100374794-08

Endorsement No.

Issued Date

: 18 May 2022 10:29

ABOUT THE COVER

Make/Model

: JAGUAR XJ 3.0 DIESEL

Engine Capacity/Tonnage: 2,993.00 CC

Sum Insured : Market Value

First Year of Registration: 2014

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) I he Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

Limitation as to use*

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

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the 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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

DINESH TRIPATHI

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS

Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate 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 (Malaysia), Road Transport (Amendment) Act, 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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WEARNES AUTOMOTIVE - DPB (J)

AIG Asia Pacific Insurance Pte. Ltd.

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