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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.

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

19/04/2023 11:47 (SGT) Date of Submission Both Policyholder and Actual Driver Reported by 18/04/2023 19:11 (SGT) Date of Accident Orchard Rd, Singapore Exact Location of Accident HEADING TO DHOBY GHAUT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SNA9717K Vehicle Registration Number

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No

RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI SXXXX547H mikenandwani@yahoo.com

(Phone) +65-96350769

VEHICLE PARTICULARS

INSURED/POLICYHOLDER

Hyundai Manufacturer Avante

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? Vehicle Category

Transmission

No - Claiming third party Private car

Auto 1591

Indoor

Private use

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D22MTPV01012075

DRIVER

NRIC No Date Of Birth Occupation

RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI SXXXX547H 25/11/1963

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	16/05/1984 38 YEARS AND 11 MONTHS Male (Phone) +65-96350769 - mikenandwani@yahoo.com 19 JALAN TUPAI - 249146 Yes - Yes SJN888M Liberty Insurance Pte Ltd
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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 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 Phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	-
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 Yes
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SGD6968P Toyota Alphard

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HU ZHIYONG
NRIC No	SXXXX394J
Contact Number	(Phone) +65-82395653
Address	-
Address complement	BLK 312A CLEMENTI AVENUE 4 #38-165
Postcode	Production to the color of Co. A. Calcert St. Calcert
Insurance Company Name	2
Nature Of Damage	2
Details of property damaged in accident	
	-
No. Of Passenger (Including Driver)	121312



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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)

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

Policy holder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Witnessed by Reporting Centre Rersonnel

Sketch Plan

BUS LANE

A — SNA9717K

POLICY holder's Signature / Date & Time

Personnel

BUS LANE

A — SNA9717K

POLICY holder's Signature / Date & Witnessed by Reporting Centre Rersonnel

BUS LANE

A — SNA9717K

POLICY HOLDER

escribe Circumstances of the Accident	
Escribe Circumstances of the Accident I was driving along orchard Road and when I stoned down when the vehicle in front of me but the brakes; suddenly to vehicle SGD 6968P hit me from the back. Refer to videos attached.	
when the vehicle in front of me but the brakes suddenly to	4 2
vehicle SGD 6968P hit me from the back.	
Reter to videos attached.	
laration	

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

Witnessed by Reporting Centre Personnel

MOTOR ACCIDENT REPORT FORM

		INFORMATION	
Date of Report		20) \ Time: ()	930
Date of Accident	APRIL 18	-2023 V. Time:	9/1
Exact Location of Accident	CRCHARD R	OAD HEADING TO BHO	BY GHAGT.
MANAGEMENT OF THE PROPERTY OF		OF OWN VEHICLE	the in a source of
Vehicles Registration Number: CNA97	17K	Name of Registered Owner: RAMES,	AB. D. NAMPINAM
NRIC / Passport No. / FIN: 5/58354	7 H	Co. Reg. No.(for Co. Vehicle Only):	
Vehicle Particulars			
Manufacturer: # 44NPM1 Hyunda	i	Model: AVANTE S	
Exact purpose for which vehicle was being used	d at time of accident	Normal usage ☐ Other ☐ (please st	ate):
Are you claiming your own insurance policy for			□ No, Third Party □
	Commercial Vehicle I		
Insurance Company	y tahun sa sa sa 17-16.7. Nikaban sa Santa Santa	all profession and the second second second	tvora 10 Projekt od od o
Name of Insurance Company:			
Type of Coverage: Comprehensive Third	d Party Third F	Party Fire and/or Theft □	
Fleet Policy: Yes No		Policy / Cover Note Number:	
Driver			S. West Taget at Assert
Name of Driver: PAME CH 368 D NANA	own 1		83547H
Date of Birth: NOVIMBER 25, 1963		Occupation: Indoor D Outdoor D	
Date of Driving Pass: MHV 16, 198	4	Gender: Male Female	
0 - 510	ax No.:	Alternative P.I	none No.: 62141787
Address: 19 Jalan Tupi			(Post Code: 249146
Email Address: mikenandwanic	2 49 400- Co	mikenandwani @	
Was driver an employee of the Insured's Comp.		No ☐ State relationship of the driver wi	
Vehicle Registration Number of Driver's Own Ve			
Insurance Company of Driver's Own Vehicle (if			of person in veh. 2
Other Information of the Accident	And the second s		IZA RAMESH NANDWA
Type of Accident:	01.0044 .000 146 15 16 16 16 16 16 16 16 16 16 16 16 16 16		LIZA RAMESH NAND
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Road Surface	Wet D DrylD		
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Was any body injured in the accident?	No.D Yes D	Others (please state condition):	
Was any body injured in the accident? Was any other material or property damaged?	NaD Yes D	Others (please state condition):	
Was any body injured in the accident? Was any other material or property damaged? Are accident photos available for attachment	No D Yes D No D Yes D	Others (please state condition):	
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Sompo Insurance Singapore Pte. Ltd.

Disposite Land Tower Singapore City Calls About 1 Fee: 6227 31c2 | West Andrew Company London Company Company

ALLGORED.

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1059 (MALAYSIA)

D22M1PV01012078

RAMESH S/O BHADWANDASS DUHB ANOMAL NANOWANI Certificate/Folley No.

SNA9717K Motor Vehicle (Registration No.) Comprehensive - ExcelDrive FOGUS

Coverage 27 JULY 2022 00:00

Policy Commencement Date

26 JULY 2023 23:59

Policy Expiry Date Maximum Liability (Section I)

Market value at time of loss

Excess'

\$500 - Section I

Voluntary Excess*

NA S\$100.00 for each and every applicable claim.

Windscreen Excess' · Subject to GST wherever applicable :

Persons or Classes of Persons entitled to drive"

Persons or Classes of Person who is driving on the Insured's order or with his permission.

1. The Insured.

2. Any other person who is driving on the Insured's order or with his permission.

3. In the event of the death of the Insured and any member of the Insured and any member of the Insured and permission to drive had not been withdrawn prior to the death of the Insured, and permission to drive had not been withdrawn prior to the death of the Insured, and been been given permission to drive the Motor-Vehicle prior to the death and such permission had not been withdrawn by the Insured.

2. When the Insured is a permitted in accordance with the licensing or other laws or regulations to drive the Motor-Vehicle or withdrawn by the Insured.

withdrawn by the Insured.

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 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 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 the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) has not been cancelled at the lime of the accident, loss or damage.

Limitations As 10 Use.

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, use for any purposes in connection with the Motor Trade, use for any purposes in connection with the Motor Trade.

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof

All accident repairs to the Motor Car must be carried out at ExcelOrive Workshops, otherwise the claim is not payable under the Policy. For ExcelOrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelOrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hottine: (65) 6226 3323.

aWe HEREBY CERTIFY that the policy to which the Certificate relates is issued in accordance with (1) the provisions of the Motor Velifeles (Third-Party Risks and Companishon) Act (Chapter 189) and Part fyl of the Road Transport Act (187 (Maleylas), and (2) the Policy terms, consistons and exceptions of the Private Car Policy ref MTP 30

Sompo Insurance Singapore Pte. Ltd.

Lui 2

Authorised Signatory

Date/Time of Issue : 18 JULY 2022 17:05

IMPORTANT HOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chroder 189), it should be unlawful for any person to use or cause to parent any other person to use a Motor Vehicle or Third-Party Risks and Compensation) Act (Chroder 189), it should be unlawful for any person to use or cause to parent any other person to use a Motor Vehicle or if for any reason the insurance is terminated during its currency, the insured must surrender the Certificate of insurance or for any reason the insurance company. If the Certificate of Insurance of Insurance or Insurance or

Intermediary Code & Name : 11A04605 & ABLE INSURANCE BROKERS PTE LTD CI Code: 22A 3HDHLT4R4KMBWEAJ



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: Sy09234J0003 __ Vehicle Registration No: _______ (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: ___ Contact (Tel):__ Email Address: _ Date of Accident: __ Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Actual Driver's Signature Date: Reporting Centre Personnel's Signature Name (as in NRIC/ID card):

Date: