SB0K237H000H / Borneo Motors Pte Ltd ENTRY DATE & TIME: 17/07/2023 18:53 (SGT) SUBMITTED BY: Linette Cheong VERSION: 1 (17/07/2023 18:53 (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 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 17/07/2023 18:53 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/07/2023 13:55 (SGT) Exact Location of Accident Singapore Additional Location Information ORCHARD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLJ2249S** INSURED/POLICYHOLDER Is company? No

Name Of Registered Owner THANALETCHIMI D/O KATHIRVEIL NRIC No SXXXX151C Email Address Mobile Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of accident

Alternative Phone No

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220140776

DRIVER

Name of Driver **ASHVINI GANESON** NRIC No SXXXX553I Date Of Birth Occupation

Indoor

Date Of Driving Pass	30/12/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender Mobile Number	Female
Alt. Phone Number	_
Email Address	
Address	
Address complement	-
Postcode Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	No Child
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	
Weather Conditions	Collision - Head to Rear Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
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)	1
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	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REF ATTACH / POLICE REPORT	
ATTACHMENT(S)	
Are assident photos available for attachment?	V
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SMB5030R
Vehicle Manufacturer	-
Valsiala Madal	

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ZHAO HUANFA
Passport No/FIN	GXXXX040N
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 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.

5. 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

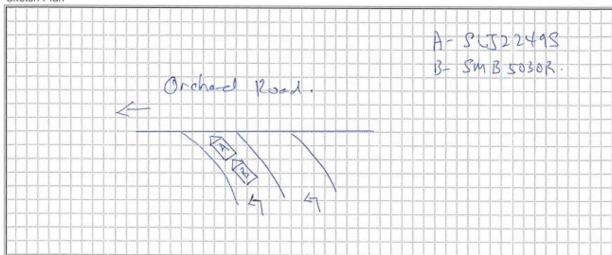
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

17 7 2023 3:37pm

17 July 2023 , 3-37pm Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reparting Centre Personne

Sketch Plan



scribe Circum	leter	Accident	Police	Keport	7/2023 6713/203	6

Declaration

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

Potophore's Signature / Date & Time

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

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

2











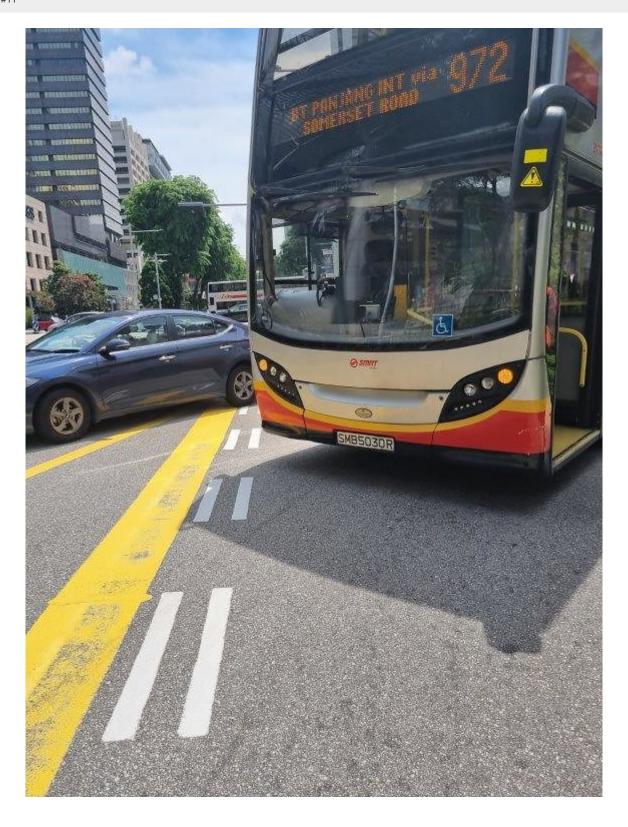


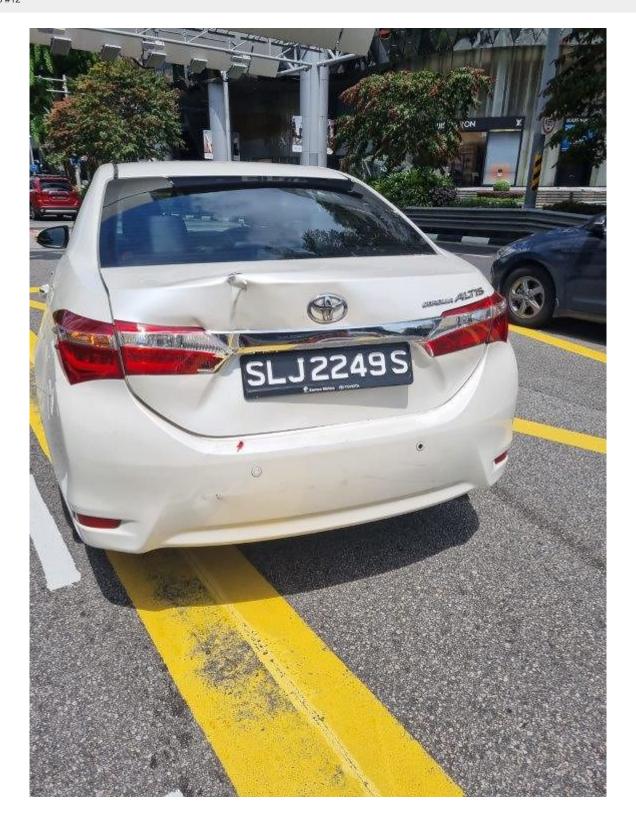


















Date of Expiry:

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Primary school teacher

1 of 4 Report No. T/20230715/7036

REPORT OF	A TRAFFI	CACCIDENT			
Date/Time Report Made: 15/07/2023 20:10			Vide Report No.:		Station Diary No.:
Informan	t's Partic	ulars			
Name of Informant: THANALETCHIMI D/O KATHIRVEIL		Address:			
ID Type / ID No.: NRIC NO / Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mobile:			
		EN	Email:		
Sex: Age: Date of Birth: Female 56		Type of Informant: Vehicle Owner			
Race: Indian			Language: English		
Occupation:		161	Driving Licence Information:		

Class:

Type of Accident: .	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 15/07/2023 13:55	Type of Location Bend
Location: ORCHARD RO	AD			
Weather: Clear	110	Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:

	ehicle Involved		4			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ2249S	Car	ТОУОТА	Corolla Altis	White	Slightly Damaged	1
SMB5030R	Bus/Coach/Mi nibus	ALEXANDER DENNIS				0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230715/7036

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2249S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220140776	01/12/2022	30/11/2023

Details of Perso						
Any Pedestrian Ir	rvolved: No			5 (1) (3)		
No. of Pedestrians Injured: NIL			Use of Pe	destria	n Cross	sing: NA
Vehicle Owner						
Name	THANALETCHIMI D/O KATHIRVEIL			ID No		20,2
Related Vehicle	SLJ2249S (Car)			Conta	ct No.	27
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	
Driver					201121000	
Name	ASHVINI GANESON			ID No	-	
Related Vehicle	SLJ2249S (Car)			Contact No.		
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3A Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	
Driver		The State				
Name	ZHAO HUANFA			ID No		
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3,4A Date of Expiry: NIL
Date	NIL		Date		NIL	organisas successivas and an analysis and
No. of Days grap	ted Medical Leave	NIL	Degree o	f	NIL	



T/20230715/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230715/7036

CONTINUATION OF REPORT

Brief Details.

My car (SLJ2249S) was waiting at a slip road turning left towards orchard road. I was waiting for the cars going straight to clear before turning left when an Smrt bus (SMB5039R) hit my car at the back. Nobody was injured and no government property was damaged.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4 Report No. T/20230715/7036

CONTINUATION OF REPORT

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 15/07/2023 20:10
Classification Of Case:



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: A Shvini Ganeson
VEHICLE NUMBER	2 LJ 22 49S
DATE/TIME OF ACCIDENT	: 15/7/2023 6 1357pm
PLACE OF ACCIDENT	: Orchard Road
THIRD PARTY VEHICLE (IF ANY)	SMB5030R.
*******	**************************************
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	
DID YOU DRINK ANY ALCOHOLI	C DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE ANALYSER TEST ON YOU? IF YES	HE TRAFFIC POLICE CONDUCT ANY BREATHE-
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGING WERE, YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Mame:	

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policy....
Period of Insurance : 01 Dec 2000...
: 1ZRX571487 Name of Policyholder : Thanaletchimi D/O Kathirveil Vehicle No. : SLJ2249S : 01 Dec 2022 To 30 Nov 2023 Policy No. : 7220140776

Endorsement No.

Chassis No. : MR053REH104550412 Issued Date : 28 Nov 2022 14:58

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 CC Sum Insured ; Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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 "Young and/or Inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition 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 reviand, driving turbon, driving test, racing, pade-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 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - SO Own Damage - \$600 Theft - SD Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Thanaletthimi DiO Kathirveil, Denniashree Ganeson - \$500 (Own Damage), \$600 (Flood Cover), Ashvini Ganeson - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

SGT from Apple App Store or Google Play Store

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IMWe 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 1960, Part IV of the Road Transport Act, 1967 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia).

0504405000

JZ ASSURE PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BUX 9008 TAMPINES STREET 93 #02-41

SINGAPORE 528843

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.