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 19/07/2023 15:07 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/07/2023 08:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS TUAS BEFORE ADAM ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number **SMK2208T**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PRASHANT SANATKUMAR CHHAYA NRIC No S2759416F Email Address PSCHHAYA@OUTLOOK.COM Mobile Phone No (Phone) +65-92973016 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sylphy 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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5116324849-03

DRIVER

Name of Driver PRASHANT SANATKUMAR CHHAYA NRIC No S2759416F Date Of Birth 10/06/1954 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	29/10/2005 17 YEARS AND 9 MONTHS Male (Phone) +65-92973016 - PSCHHAYA@OUTLOOK.COM 132 TANJONG RHU ROAD #11-12 - 436919 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision DRIZZLING 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	- Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
ON 19/07/2023 AT ABOUT 0800AM AT ALONG PIE TOWARDS EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD A COLLISION IN FRONT AND I SWERVED TO THE RIGHT TO AV PUSHED MY VEHICLE AND HIT ONTO THE FRONT AND LEFT DAMAGES TO MY VEHICLE.	AND TRAFFIC WAS HEAVY. I NOTICED THAT THERE'S A 'OID. HOWEVER, I FELT A GREAT IMPACT FROM THE REAR AND
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMG546B -

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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT4065B
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer	SLX801L
V/ 1: 1 M 1 1	-
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	VEHICLE D
No. Of Passenger (Including Driver)	-

5.3

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the acodery to spend up the claims process.
- 2. This Form must be completed by the Policyholdes and/or the Actual Driver
- 3 Information provided must be as truthful and accurate as possible. Any wifful micrepresentation or withholding of material facts may allow insurance companies to repudding 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.
- 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 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the posce), for the purpose(s) of
- (i) processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims.

1 1

- (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 date 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 maured vehicle(s) involved in this accident and the insurers. Tawyersflaw firms, maylare permitted to collectuse, 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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1 mi

Poscyholders Signature / Date & Time Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date. 8 Timo: PIE + WWWAI	Witnessed by Reporting Contro Potsonnell (Name as in NRIGHD card) Adam K	cond,
-4-11-11-1			
4			
→			
	(a) (a) (a)		
		(A) SWK 22087	
€		(B) SMh 546B	
		(C) SFT4065B	
		(D) SLX 801 L.	

On 19107/2023 at about assuam at along PIE towards This before Adam Ruad. I was travelling on the extreme right Take on the above mentioned road and traffic was heavy. I noticed that there's a consision intront and I swirved to the right to avoid, number I felt a great impact from the year and pushed my vehicle and nit onto the right and. and rear portion of my rehicle causing front and left damages to my behille. (A) SM : 2208 T (B) SMG 546B (C) SKT4065B (D) SLX801 L

Declaration

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

les It

FIM

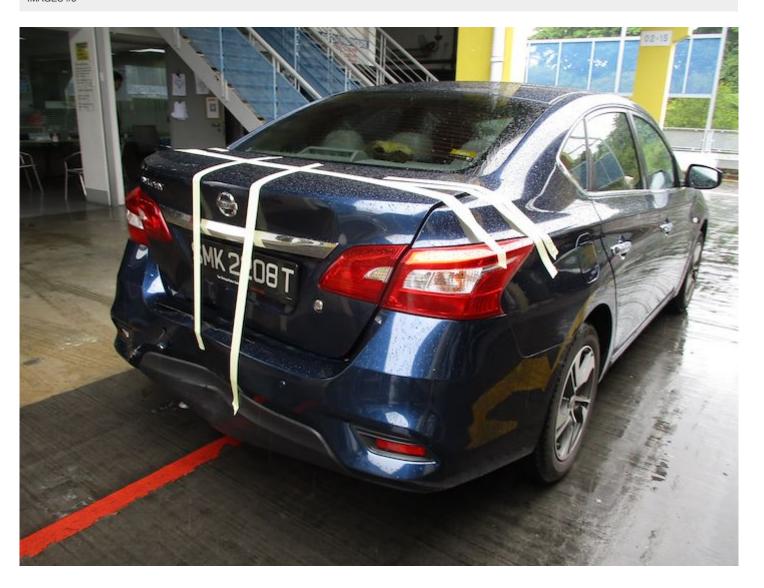
Poscyholder's Signature / Date & Time

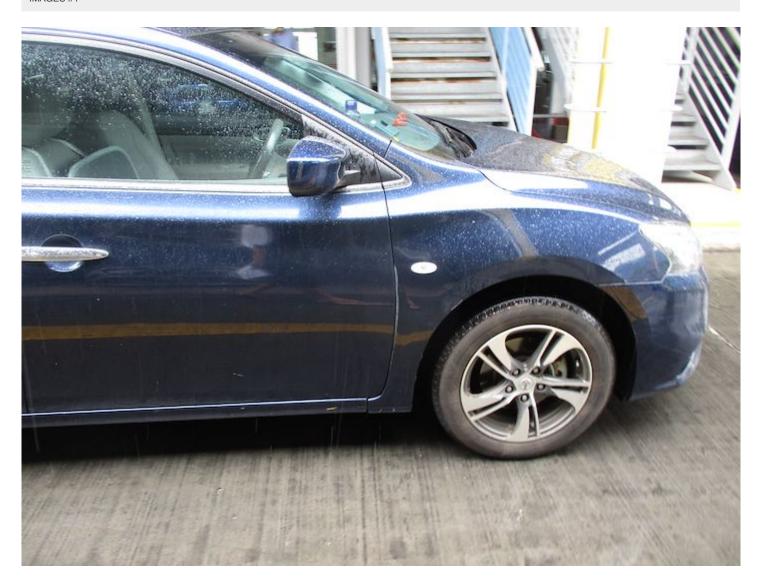
Driver's Signature (if grover is not the policyholder) / Date & Timu: Witnessed by Reporting Centre Personnell (Name as in NRICRD card)

2



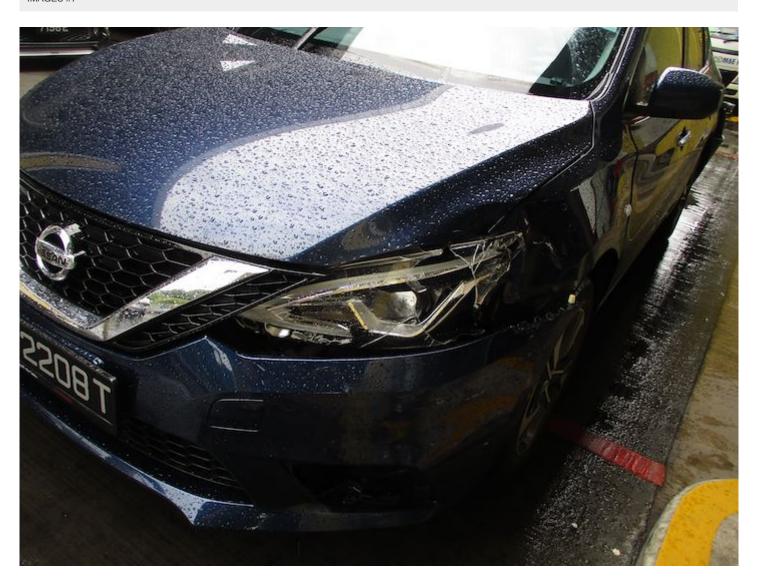














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: 882×23+J000B Vehicle Registration No: 8ME 2005 Name (as shown in NRIC):

PRASHANT SANATEUMAR

NRIC/FIN/Passport No: 827694-16 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: Mobile No.: 9297 30 C6 Contact (Tel):__ Email Address: __ Date of Accident: 19/07/23 Time of Accident: 05'00 Place of Accident: PIE TWOS TURS BEFORE ADMIN KD (Klains 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: AMEND VAHICLE NUMBER Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Date: Name (as in NRIC/ID card):

Date:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116324849-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

: SMK2208T

: 30 Mar 2023

: 29 Mar 2024

Cover : drivo CLASSIC

: PRASHANT SANATKUMAR CHHAYA

: MNTBBAB17Z0035020

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** · YES

PRIMARY DRIVER : PRASHANT SANATKUMAR CHHAYA NAMED DRIVER (1) : NEEL PRASHANT CHHAYA

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CHHAYA NEELA PRASHANT

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue : 23 Feb 2023 21:02 hrs

For INCOME INSURANCE LIMITED

NAMED DRIVER (2)

Chief Executive