SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

Address

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/12/2017 14:49
Date Of Accident	18/12/2017 13:25
Exact Location Of Accident	JUNC OF ORCHARD AND PATERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3465S
Insured/Policyholder	
Name Of Registered Owner	PINION COMMERCIAL CORP PTE. LTD.
Co Reg No	201535008E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82448569
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z G-EDITION A
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100508694
Cover Note Number	
Driver	
Name of Driver	THIRUNAVUKKARASU S/O RAMAYAH
NRIC No	S1683873Z
Date Of Birth	10/11/1965
Occupation	INDOOR
Date Of Driving Pass	24/06/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-96656974

SCORUS1005@HOTMAIL.COM

Postcode Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle	YES
Insurance Company of Driver's Own Vehicle	
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1
Details of Police Action	
Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO

NO

Was there any audio recorded?

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 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 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)

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

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time Personnel Sketch Plan 9-572 3149E B-SKS 3465S RANBIB

	Describe Circumsta	nces of the Accident	LICENSE PLATE NUMBER: SKS 346SS
ACCIDENT TIME: 13:24 EMAIL: Scoris 1005 @botomail.com. OCATION: Junction Of Crchand and Potentian Road. AT 13:24 Was favelling towards Patenton Road along Dutte Road. The light Craftic was still arean. I swithed lane to my left after signaling and suddently the light changed to amber, as I guickly trated as there was another our Intern of me which join broked. SJZ 3149 E. Avali As. I was wrable to stop in time and applied my brokes. I hit his bumber as a result. There were no injuried to me or the	ACCIDENT DATE:	18/12/2017.	CONTACT NUMBER: 96656974
AT 13:24 was favelling towards toferen Read along Dute Bood. The light (Trafflic) was still arean, I switched lane to my left after signaling and suddenly the light changed to amber, as I guickly traked as there was another our intend of me which town broked as \$72 3149 E. Audi As. I was wrable to stop in time and applied my brokes. I hit his bumber as a result. There were no injuried to me or the driver at the time of the incident as we diligently exhanged	ACCIDENT TIME:	1324	
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	bortemars.	After which he dr	Dre off.
	' '		
		A THE SAME AND A STATE OF THE SAME AS A STATE	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT	NOTE: PLEASE N	OTE THAT YOUR INSURER	MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT
AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.	NOTE: THEROET		
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.			
Please state:	Please state:	1 DESIGN TO ON I	
() Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only		olicy () Claim Third Party	() Claim OD/TP at other workshop () Reporting Only

Declaration

I/We declare the foregoing particulars are true in every res

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

Witnessed by Reporting Centre Personnel

DEDECATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of PINION COMMERCIAL CORP PTE. LTD. (201535008E)

Date: 27/04/2017

The Following Are The Brief Particulars of :

Registration No.

: 201535008E

Company Name.

: PINION COMMERCIAL CORP PTE. LTD.

Former Name if any

Incorporation Date.

: 17/09/2015

Company Type

: EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Status

: Live Company

Status Date

: 17/09/2015

Principal Activities

Activities (I)

GENERAL WHOLESALE TRADE (INCLUDING GENERAL IMPORTERS AND EXPORTERS)

Description

Activities (II) Description

Capital			
Issued Share Capital	Number of Shares *	Currency	

Share Type

(AMOUNT)

500100

500100

UNITED STATES OF AMERICA, DOLLARS

ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-U	n Ca	pital
r ara-o	P 04	prices

Number of Shares

Currency

Share Type

(AMOUNT)

500100

UNITED STATES OF AMERICA, DOLLARS

ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares

Currency

COURTAIND RESUMBER

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of PINION COMMERCIAL CORP PTE. LTD. (201535008E)

Date: 27/04/2017

Nam	0	ID	Nationality/Place of	Source of	Address Changed
Address			incorporation/Origin	Address	
1	KHUSHALANI SHEFALI	G1331986W	INDIAN	ACRA	
	20 LEONIE HILL #10-24 LEONIE TOWERS SINGAPORE (239222)				
	Ordinary(Number)	Currency			
	500100	UNITED STATE	ES OF AMERICA, DOLLARS		

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

A/C - Accounts

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THAT INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES

SINGAPORE

RECEIPT NO.

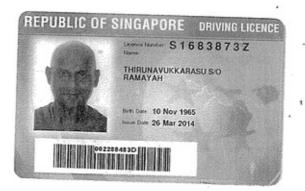
: ACRA170427118683

DATE

: 27/04/2017

This is computer generated. Hence no signature required.

Page 3 of 3



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1683873Z



THIRUNAVUKKARASU S/O RAMAYAH

Race INDIAN Date of birth 10-11-1965

\$16838732

Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

NP 428A

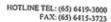
5279738





14-03-2014

APT BLK 421 JURONG WEST STREET 42 #06-1049 SINGAPORE 640421





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

M.X.4

AUTOPLUS

CERTIFICATE NO. 2100508694-00000

OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKS3465S

2) NAME OF INSURED

Pinion Commercial Corp Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

26 Apr 2017

4) DATE OF EXPIRY OF INSURANCE

25 Apr 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

Any person who is driving on the Insured's order or with their permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of \$53,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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.

6) LIMITATION AS TO USE*

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

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENTS WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

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

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Elhoz - 30 Bukit Batok Cres(Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gerdens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479580) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67478106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER Thirunavukkarasu S/O Ramayah

HIRE PURCHASE COMPANY NA JEMPLOYER'S LOAN

"Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)-

Issued in Singapore 26 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

000064-000 DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPESL

MO AND R OF A

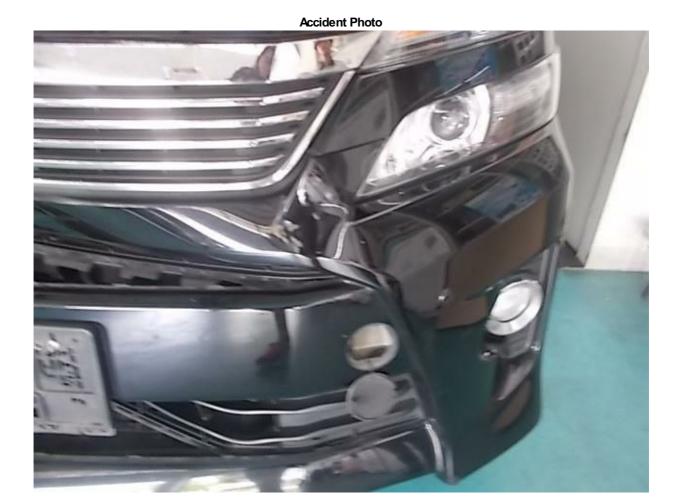




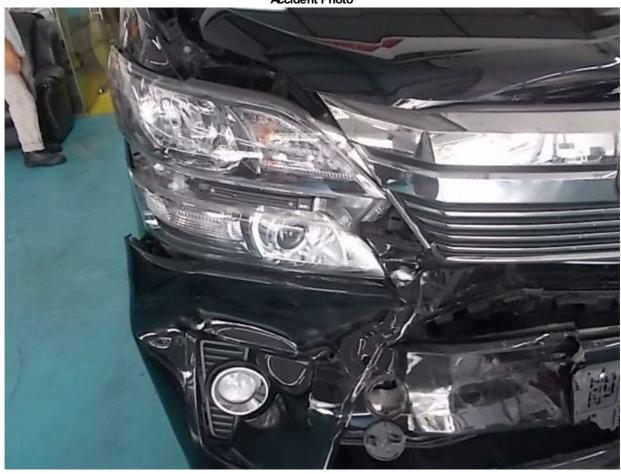


Accident Photo



















Accident Photo







