MCC617170167 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens ENTRY DATE & TIME 27/12/2017 19:13 SUBMITTED BY: Songcuan JR Lauro Araos

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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2017 19:13
Date Of Accident	26/12/2017 14:50
Exact Location Of Accident	BRADDELL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT6899X
Insured/Policyholder	
Name Of Registered Owner	DHANABALAN S/O K SHANMUGAM
NRIC No	S1763014H
Email Address	BALAVENIPR@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90109940
Alternative Phone No	Others-65403098
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	JOY RIDE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100506048
Cover Note Number	
Duline	

Driver

Name of Driver DHANABALAN S/O K SHANMUGAM

NRIC No S1763014H
Date Of Birth 29/09/1966
Occupation INDOOR
Date Of Driving Pass 03/04/1987

Driving Experience 30 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90109940

Fax Number

Contact Number OTHERS-65403098

EMail Address BALAVENIPR@YAHOO.COM.SG

BLK. 312 SERANGOON AVENUE 2 Address

#12-174 SINGAPORE 550312 Postcode

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own Vehicle

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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1 : P. KRISNAVENI Name:

> : Female Gender:

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

Details of Witness 1

Name P. KRIS Phone Number 96320194

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA312A

Vehicle Make/Model/Colour HYUNDAI (YELLOW)

Details Of Properties

TAXI Vehicle Category

TAN KOH SENG Name of Driver NRIC/Passport Number S1328623Z

Contact Number

Address Postcode

Insurance Company Name

FRONT NUMBER PLATE SCRATCHED Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 177011

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/12/13

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE TRANSPIC JUNGTIN AT BROOK ROAD DUTSIDE
CAMFRET DELCRED. I WAS DRIVING POST THE SHOWN LICHT GREEN IN
MY FAROUR. THERE WAS A TRANSFE BIS IN FROM WHO WAS VERLY
SLOW. SUDDEND THE TRAKE YEAR THENED DRAWGE AND RED.
My CAR WAS BURNER WAYS POST THE TRAFFIC HEATT. MPGN
SEEDIN PEO LIGHT, I STOPPED AND REVERSED BACK.
MAKNOWN TO ME THERE WAS A TOXI BEHIND THE STOP
LINE. I DID'NT NOTICE THE TAXI AND REVERSE AND
"KISC"THE TOXI. I STORPED AND ALLAHT AND LUBBER
THE CAR. I DIDAT NOTICE ALMO DAMAGE TO MY CAR
BUT THE TAXI NUMBER PLATEL FLOOR) WAS SCRATULIED.
I ASKED IKM TO OPEN THE TON I BONNET AND
EVERTHALL WAS DE EXCEPT THE PLASTIC "SARODL" THAT LOCK THE
LATICH WAS BROUGED. HE COMM THAT MAS THE IMPACT
OF THE "BANG"

DECLARATION

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

Policyholder's Signature

Date & Time: 21 2 13

Driver's Signature

(If driver is not the policyholder)
Date & Time: 27/2/17

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



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)

MCX-1

KIA AUTO PROTECTOR

OWN DAMAGE EXCESS \$\$600.00 WINDSCREEN EXCESS \$\$100.00

(1)

CERTIFICATE NO. 2100506048-00000

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SGT6899X

2) NAME OF INSURED

Dhanabalan S/O K Sharunugam

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

31 Mar 2017

4) DATE OF EXPIRY OF INSURANCE

30 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his 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 \$\$3,000.00, 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 trude or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / KIA AUTHORISED REPAIRERS

APPROVED REPORTING CENTRES / KIA AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gardens (Tcl: 6568 4367)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tcl: 63837118) 3. Ethox - 30 Bukit Batok Cres(Tel:65547777)

4. Gisas-Fix - 52 Ubi Ava S (Tcl: 62790887) - For windscreen only 5. Kan Fook Sing Motor - 61 Delit Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tcl: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)

8. Progressive Automotive - 3022A Ubi Rd 1 (Tcl: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tcl: 67475106)

LOSS OF USE 15 Days Replacement Car only for repairs at C &C - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD / EMPLOYER'S LOAN

Limitations randored 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 (Maleysie), 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 At Singapore 10 Apr 2017

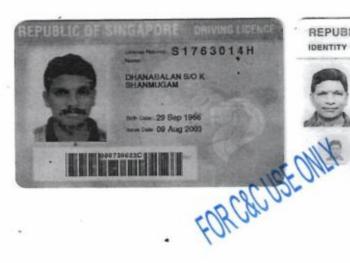
AIG Asia Pacific Insurance Pte. Ltd.

500709-917 CYCLE & CARRIAGE - CKTAN(KIA) 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-

AUTHORISED REPRESENTATIVE

ORIGINAL.

SSCSYK



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1763014H

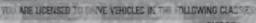


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DHANABALAN S/O K SHANMUGAM

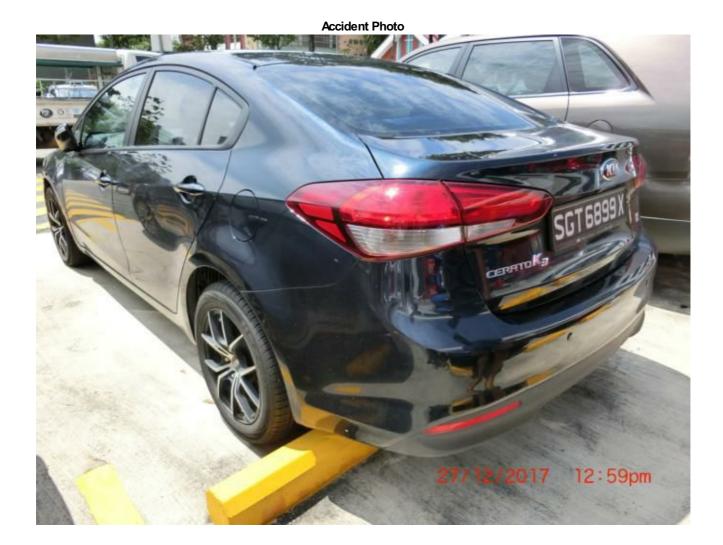
INDIAN Date of birth 29-09-1966 Country/Place of birth SINGAPORE



28-09-2017

APT BLK 312 SERANGOON AVENUE 2 #12-174 SINGAPORE 550312

















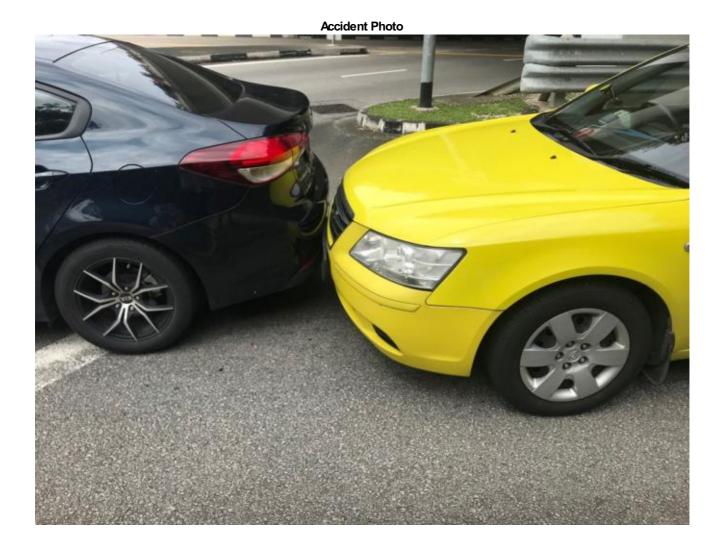


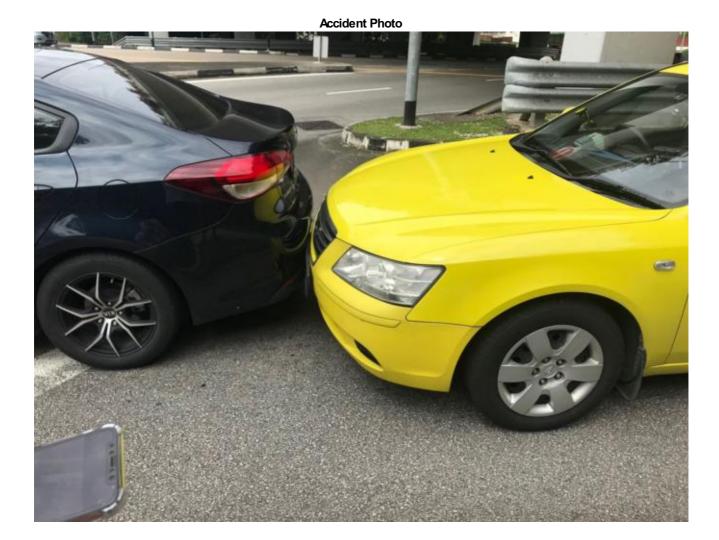


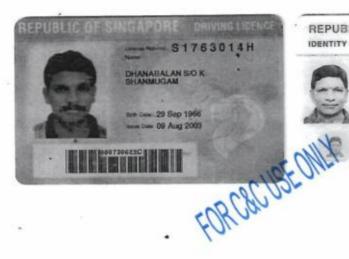












REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1763014H



5806369



DHANABALAN S/O K SHANMUGAM

தனபாலள்

INDIAN Date of birth 29-09-1966 Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE PILLOWING CLASSES.

28-09-2017

APT BLK 312 SERANGOON AVENUE 2 #12-174 SINGAPORE 550312