NATIONAL Assessment Centre Services. [wel | Jan'03] . :MNA 119103199 Done by Date & Time Completed Date In: Jeb description 618119 15:10 Ref No. SAS c-Illing MAI AIG 19013757/14. Veh No E-mail (within Shis, AIC 2his) 5MA 795 E i-Motor Claim Form DUA 418/19 21:30. I-Motor W/O (Within: OD 2hrs, TP +brs) (P) Reporting Only I-Photo Uploaded Assessment/Survey Report TP bearer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proformi Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (I'l' Particulars: Veh No: SLM 144 H. Owner/Driver: (Tcl: Policy No: (Cover Type: (Period: (Time: Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(Goneral Remarks as & Charles) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO () ; Towing Co: (Remarks: (INCA)6(INCA)6(INCA) 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .)= 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury : SHELLING V Indel bin MA1905856 1) AR 1 Accident Reporting (330); Chaman Us Particulars 420 NC (580) 2) DA : Damage Assessment (\$100); \$40/\$45 3) Tr : Towing Pro Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Pollow-Through Burvey (Resurvey) Centact No: Por plaining stalust INC Only (wef 10 Jan 2003) 575 6) TR : Re-inspection Danaged Portion: \$160 7) NL : Idao DA + SMRT Survey 8) NTUC Additional Services:-OIL: QC Checked by (Engr-In-Charge): 55 *NS: Courtery Car / Tpt Allowance 510 . NG: Repair Co-ordination \$23 * N7; Post Repair Inspection Auditors Comments : 22 +Na: DV / Collect Excess Coordination TP (N11): TP (Kin INC) against INC \$20 9) N12: Idao Mobile Fac Charged Involve dated 12/3 Fee Charged Involce dated

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.
- 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 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 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.

NRIC No \$1314296C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-91003933 Alternative Phone No OFFICE-91003933 Vehicle Particulars WERCEDES-BENZ Manufacturer MERCEDES-BENZ C180 C180 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 your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800046339-01 Cover Note Number - Driver NOSHNI VASHDEV CHANDIRAMANI NRIC No T0035774F Date Of Birth 30/09/2000 Date Of Birth 30/09/2000 Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Sender (LOCAL) +65-82460852	STATE OF THE PARTY	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vohicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S1314296C NOEMAIL Mobile Phone No (LOCAL) +65-91003933 Alternative Phone No OFFICE-91003933 Vehicle Particulars Manufacturer MerceDes-Benz Criso Grepair to your vehicle? If No, Please state action to be taken If No, Please state action to be taken If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Ald ASIA PACIFIC INSURANCE PTE, LTD, Type Of Coverage Cover Note Number Driver Name of Dr	Date Of Report	06/08/2019 15:10
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S1314296C Small Address NOEMAIL Mobile Phone No (LOCAL) +65-91003933 Vehicle Particulars Manufacturer MerceDes-Benz C180 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Alia ASIA PACIFIC INSURANCE PTE, LTD. COMPREHENSIVE NO POlicy Number Cover Note Number Driver Name of Driver ROSHNI VASHDEV CHANDIRAMANI NORCORD Date Of Birth 30/09/2000 Dote Of Birth 20-007/2019 Driving Experience 0 YEAR AND 1 MONTH FEMALE (LOCAL) +65-82460852	Date Of Accident	04/08/2019 21:30
DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S1314296C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-91003933 Vehicle Particulars Manufacturer MERCEDES-BENZ C180 Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD, COVEY NOE NOEMBER VEHICLE OF ORDINE NO ORDINE PRIVATE USE NO ORDINE THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company No AIG ASIA PACIFIC INSURANCE PTE, LTD, COVEY NOEMBER DIVINE DIVINE DIVINE NO DIVINE DIVINE NO ORDINIVASHDEV CHANDIRAMANI NORIC NO DIVINE DIVIN	Exact Location Of Accident	MARINE PARADE RD JUNC WITH STILL RD SOUTH
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Insured/Policyholder Name Of Registered Owner Name Of Registered Owner NRIC No S1314296C SIAMURA Mobile Phone No (LOCAL) +65-91003933 Alternative Phone No OFFICE-91003933 Vehicle Particulars Manufacturer MERCEDES-BENZ C180 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? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Filet Policy NO Policy Number Cover Note Number Driver Name of Driver No Date Of Birth 30/09/2000 Docupation Direptage Sperience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number Fax Number Corlated Number Fax Number Corlated Number	(All All Andrews Control of the Cont	DETAILS OF OWN VEHICLE
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NRIC No \$1314296C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-91003933 Alternative Phone No OFFICE-91003933 Vehicle Particulars WERCEDES-BENZ Manufacturer MERCEDES-BENZ C180 C180 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 your vehicle? NO If No. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO NO 1800046339-01 Cover Note Number - Driver NOSHNI VASHDEV CHANDIRAMANI NRIC No T0035774F Date Of Birth 30/09/2000 Date Of Birth 30/09/2000 Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Sender (LOCAL) +65-82460852	Insured/Policyholder	
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Mobile Phone No (LOCAL) +65-91003933 Alternative Phone No OFFICE-91003933 Vehicle Particulars Manufacturer MERCEDES-BENZ C180 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? If No, Please state action to be taken THIRD PARTY 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 1800046339-01 Cover Note Number - Driver Name of Driver ROSHNI VASHDEV CHANDIRAMANI NRIC No T0035774F Date Of Birth 30/09/2000 Date Of Birth 30/09/2000 Date Of Driving Pass 03/07/2019 Oriving Experience 0 YEAR AND 1 MONTH FEMALE Gondact Number Fax Number Contact Number	NRIC No	S1314296C
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Vehicle Category Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800046339-01	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800046339-01 Cover Note Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800046339-01 Cover Note Number	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800046339-01 Cover Note Number - Driver Name of Driver ROSHNI VASHDEV CHANDIRAMANI NRIC No T0035774F Date Of Birth 30/09/2000 Occupation INDOOR Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Insurance Company	
NO	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Policy Number	Type Of Coverage	COMPREHENSIVE
Driver Portiver ROSHNI VASHDEV CHANDIRAMANI T0035774F T0	Fleet Policy	NO
Driver ROSHNI VASHDEV CHANDIRAMANI NRIC No T0035774F Date Of Birth 30/09/2000 Occupation INDOOR Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Policy Number	1800046339-01
Name of Driver NRIC No T0035774F Date Of Birth Docupation Date Of Driving Pass Driving Experience O YEAR AND 1 MONTH Gender Mobile Number Contact Number ROSHNI VASHDEV CHANDIRAMANI T0035774F 30/09/2000 INDOOR 03/07/2019 0 YEAR AND 1 MONTH FEMALE (LOCAL) +65-82460852	Cover Note Number	540°
NRIC No T0035774F Date Of Birth 30/09/2000 Decupation INDOOR Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Driver	
Date Of Birth 30/09/2000 Occupation INDOOR Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Name of Driver	ROSHNI VASHDEV CHANDIRAMANI
Doccupation INDOOR Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	NRIC No	T0035774F
Date Of Driving Pass 03/07/2019 Driving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Date Of Birth	30/09/2000
Oriving Experience 0 YEAR AND 1 MONTH Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Occupation	INDOOR
Gender FEMALE Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Date Of Driving Pass	03/07/2019
Mobile Number (LOCAL) +65-82460852 Fax Number Contact Number	Driving Experience	0 YEAR AND 1 MONTH
Fax Number Contact Number	Gender	FEMALE
Contact Number	Mobile Number	(LOCAL) +65-82460852
	ax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address 793A MOUNTBATTEN RD

Postcode 437793

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - U-TURN

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

40

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)

3

Passenger 1

NAME

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station Police Station Name

CLEMENTI N.P.C

Police Station Address

ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: - FAX NO:

was notice of intended Pros

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM144H

NO

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

YEO CHOK YANG LEWIS

Page 2 of 19

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROSHNI VASHDEV CHANDIRAMANI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SMA795E

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

Postcode

Address

YES

NO

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.
- 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>.
- 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 Police for investigation.
- 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.
- 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)

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' 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.

Policybolder's Signature

Date & Time:

Driver's Signature

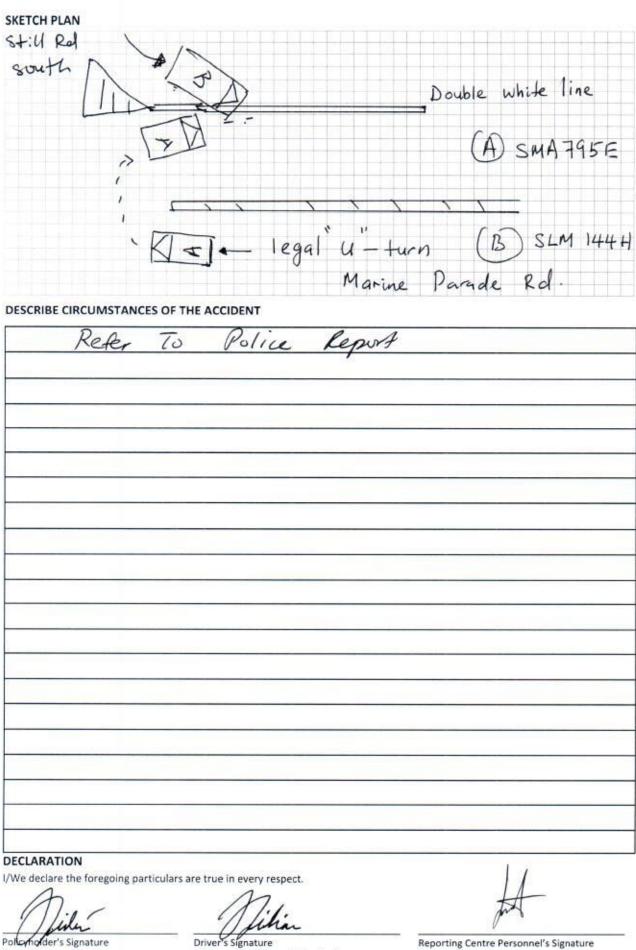
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Occupation:

Student



Date of Expiry:

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3 Report No. T/20190805/2165

05/08/201	9 23:23		Vide Report No.:	Station Diary No 244			
Informan Name of I	t's Partic	ulars		A TO THE RESERVE OF THE PARTY O			
CHANDIE	VASHDE\	/	Address: 793A MOUNTBATTEN	ROAD SINGAPORE 437793			
NRIC NO	ID No.: / T00357	74F	Contact No.: Home/Office:				
Nationality	y: ORE CITIZ	ZEN ZEN	Email:				
Female	Age:	Date of Birth: 30/09/2000	Type of Informant:				
Race: Indian			Language: English	Institution / School Name: NUS			

Driving Licence Information:

Class: 3A

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2019 21:30	Type of Location X-Junction	
MARINE PAR STILL ROAD		Rd and Still Rd South Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Type of Collis	ion:	Exp. Section (Section 1994)		Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLM144H	Car	HYUNDAI		Grey	Slightly Damaged	1
SMA795E	Car	MERCEDES BENZ	C180	Brown	Seriously Damaged	2000

Details of V	ehicle Insurance	STATE OF THE PARTY		SALES AND SALES
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA795E	AIG ASIA PACIFIC INSURANCE PTE.	1800046339-01	30/04/2019	29/04/2020





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Report No. T/20190805/2165

Any Pedestrian I	ovolved: No				19
No. of Pedestriar	ns Injured: NII	Use of Pe	destriar	Cross	sing: NA
Driver	The second secon	0000110	21000		
Name	YEO CHOK YANG, LEWIS		ID No		S7921845F
Related Vehicle	SLM144H (Car)		Contact No.		98666665
Hospital/Clinic	NIL		Class Drivin Licent Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		-	
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver	STEP AND SERVICE TO THE SERVICE OF SERVICE	OPTO DUE SONO	PACTED IN	allia -	
Name	ROSHNI VASHDEV CHANDIRA	INAMA	ID No.	8 1	T0035774F
Related Vehicle	SMA795E (Car)		Contact No.		82460852
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licence Expiry	e &	Class: 3A Date of Expiry: NIL
Date Treatment	05/08/2019	Date Disch	narge	05/08	/2019
No. of Days grant	ed Medical Leave 05	Degree of	Injury	Slight	

Brief Details.

On 04/08/2019 (Sunday) at about 9.30pm, while I was driving my car of reg no. SMA795E along Marine Parade Rd heading towards Marine Drive, making a U-turn at the junction of Marine Parade Rd and Still Rd South. The traffic light was green in my favour and I checked for oncoming traffic from both Marine Parade Rd and Still Rd South and proceeded to turn. As I completed the turn, vehicle SLM144H driven by Yeo Chok Tang, Lewis (IC No. S7921845F) dashed out at high speed from Still Rd South, turning left onto Marine Parade Rd and hit onto the front left side of my vehicle. As a result of the jerk, I had unusual continuous pain in my neck and went to Mount Alvernia Hospital for a medical check-up where I was given an MC for 5 days together with medication prescribed. We exchanged details with each other. I have the in-car video footage.





Police Station Of Origin.
Clementi N P C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of ³ Report No. T/20190805/2165

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / SI LOH WEE CHOON	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 05/08/2019 23:23
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No. 65476204	Classification Of Case:
Authentication Stamp NP168	

LELIC OF SINGAPORE

IDENTITY CARD NO. T0035774F

Name





ROSHNI VASHDEV CHANDIRAMANI



Date of birth INDIAN Race

30-09-2000

Sex



Country/Place of birth SINGAPORE 5432700

NRIC NO. T0035774F



Date of issue

05-03-2015

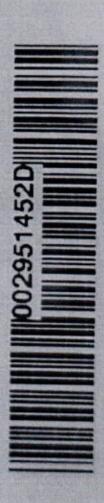
793A MOUNTBATTEN ROAD SINGAPORE 437793

DRIVING LICENCE

Licence Number: T 0 0 3 5 7 7 4 F Name: ROSHNI VASHDEV CHANDIRAMANI

Birth Date: 30 Sep 2000

Issue Date: 03 Jul 2019

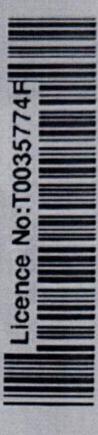




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A

03 Jul 2019 EFFECTIVE DATE Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg





CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : VASHDEV PARSRAM CHANDIRAMANI

Period of Insurance : 30 Apr 2019 To 29 Apr 2020 Engine No.

Chassis No.

: 27491031223432 : WDD2050402R355502 Vehicle No.

: SMA795E

Policy No.

: 1800046339-01

Endorsement No. Issued Date

: 18 Mar 2019

ABOUT THE COVER

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2018

Person or Classes of Persons Entitled to Drive*:

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

a) The Policyholder 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 \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) as under the age of 23 and/or has less than

Age Condition

: All Age Condition

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 reward, driving fusion, driving fest, racing, pace-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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under those headings

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

VASHDEV PARSRAM CHANDIRAMANI - \$800 (Own Damage)

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

Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotime at +65 6338 6200. Alternatively, you may refer to AIG web or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We 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 (Cap. 189), Part IV of 5 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0504612207

CYCLE & CARRIAGE - ANNE 239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #07-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

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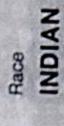
REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1314296C



Name

VASHDEV PARSRAM CHANDIRAMANI



Date of Birth

Sex

03-10-1958

Country of Birth



SINGAPORE

ACCIDENT STATEMENT

	ACCIDENT DATE:		//(DD/MM/	YYYY), TI	ME: ()	. , .	_) (HH:MM)
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	c)POLICY	NCE COMPA NUMBER:						
	e)MAKE &	A Little A Delta Communication (Co.)		0. 10110.000				0.0000000000000000000000000000000000000
	g) VEHICLE h) PURPOS	CATEGORY CATEGORY OF USING A	':(PRIVATE / AT ACCIDEI	COMM NT TIME:	ERCIAL /	MOTORO	CYCLE)	OTHERS)
	IF NO, PLI	ASE STATE (THIRD PART	Y CLAIM	/ REPOR	RTING ON	(A)	
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12	D)NKIC/FIN	VPASSPORT:				ONTACT:		
9 8	CIADDRESS	:						
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	D)NKIC/FIN	PASSPORT:			с	ONTACT:		
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