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TP Particulars: Veh Nor C	BC 27144	, INC(.)/Non-INC().	
Owner / Driver: (Tel:)
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Confirmed by : (*	Dates,	Tluce)
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Year of Registration: ()	Warranty: YES ()/NO()	
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) Upload Resurvey Photo [Repair Cost>	\$3000] ()	<u> </u>	
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		Involce dated		SECTION AND ADDRESS OF THE PERSON AND ADDRES

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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. 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 iodgement 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

(A) 中国的 共和的联系的联络 (E) (A)	ACCIDENT STATEMENT
Date Of Report	16/09/2019 10:20
Date Of Accident	14/09/2019 17:50
Exact Location Of Accident	PIE TOWARDS TUAS AFTER KALLANG
Country/State of Loss	SINGAPORE
The same of the sa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1612J
Insured/Policyholder	
Name Of Registered Owner	NAYAK PRAJWAL
NRIC No	G5997100Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82016021
Alternative Phone No	OTHERS-82016021
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3-1.6 (A)
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
f 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	1800017756
Cover Note Number	
Driver	
lame of Driver	NAYAK PRAJWAL
IDIO N	G5997100Q
C4 D: II	28/11/1984
Venunation	INDOOR
ate Of Davine Base	28/11/2016
	2 YEARS AND 9 MONTHS
onder.	MALE
Inhila Number	(LOCAL) +65-82016021
ax Number	(
ontact Number	OTHERS-82016021
Mail Address	VAC 10021

BLK 109D EDGEDALE PLAINS Address #11-139 Postcode 824109 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 CHAIN COLLISION Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 4 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? 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: : SHENOY SMITHA SUBBRAYA GENDER: : FEMALE Passenger 2 NAME: : NAYAK PRATYUSH GENDER: : MALE Details of Police Action NO NO If Yes, against whom?

Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

YES

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GBC2774Y

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

COMMERCIAL VEHICLE

Postande

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LIBERTY INSURANCE PTE LTD

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJT5434A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SMM6941Y

PRIVATE CAR

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NAYAK PRAJWAL

SLIGHT INJURY

SLX1612J

YES

NO

DETAILS OF INJURED PERSON 2

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SHENOY SMITHA SUBBRAYA

SLIGHT INJURY

SLX1612J YES

NO

DETAILS OF INJURED PERSON 3

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NAYAK PRATYUSH

SLIGHT INJURY

SLX1612J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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)

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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Prairialways

Date & Time:

Reporting Centre Personnel's bis

Name:

NRIC/FIN No.:

	PIE TOWARDS THAS AFTER CRE ENTRANCE		(A) SLX 1612 3 (B) GBC 2774 (C) SJT 54341 (D) SIMM 6941
--	-------------------------------------	--	--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HW W	but to enter ite the vehicle infront slowed down and stapped the religion which I also downed down my vehicle and come to a half. After a few seconds. I felt an great impact from the raw, the impact was up hape that it pushed me forward and collect out the raw of the vehicle infront. I alighted and vacinated it was a durin collision	
vehicle Noticing that, I also slowed down my vehicle and come to a half. After a few seconds. I felt an great impact from the rew, the impact was no hope that it produced me forward and collect outs the rew of the vehicle infant. I alighted and vertical it was a durin collision	relick. Noticing that, I also slowed down my vehicle and come to a half. After a few seconds. I felt an great impact from the new, the impact was up huge that it pushed me farmed and collect out the new of the relick infant. I alighted and vertical it was a dean collision	
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		we up they then it pushed me farmed and collect out the rem of

DECLARATION

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

Procisional particulars

Procisional particulars

Procisional particulars

Processor Proc

Policyholder's Signature

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

NRIC/FIN No.:

Date & Time:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 14 00 200	TIME: 1450 URG. (hh:mm) 24 hrs Format
	TURS After KALLANG
VEHICLE NUMBER 3LX 1	123
INSURED NAME NAVAK Pro	iva
NRIC/FIN 659971000	CONTACT: 82016021
MAKE KIA	MODEL (Mate V) 1619
Are you claiming under your own in	isurance policy for repair to your vehicle?
() Yes, If No, Pls Select : (🗸	Third Party () Reporting Only
	Al6
TYPE OF POLICY (/) COMPI	DEHENOME
POLICY NUMBER :	REHENSIVE () THIRD PARTY () TPFT
The state of the s	
NAME DRIVER :	
	(SAME AS INSURED
NRIC / FIN	
And was proper that construction and the second	CONTACT: 8201 6021
DRIVING PASS DATE: 15-(1.2	
OCCUPATION: (V) INDOC	
GENDER: (V) MALE	() FEMALE
EMAIL ADDRESS:	() NO EMAIL
ADDRESS OF DRIVER: 10910	Edite dale Plains \$ 11-139 5(824 109)
Number Of Passenger Include Dri	
(i) Shenor	Smitha Subbraya -temale
(5) Navak	WATSUS A - Plant O'
Was driver an employee of the Insure	ed's Company? () YES (/) NO
If No, Relationship Of The Driver	With The Insured
	riend () Relative () Children () Sibling () Others
Does The Driver Own Any Other Ve	
If Yes, Vehicle Registration Number	Of Driver's Own Vehicle:
Insurance Company Of Driver's Own	Vehicle
Weather Conditions: (/) Clear	TO THE RESERVE AND THE PROPERTY OF THE PROPERT
Road Surface : () Dry	
Was Any Foreign Vehicle Involved	Y 794 . 4 . 4
Was Anybody Injured In The Acci	· The second sec
TO TITLE T I	
If YES, Injured details:	(npired)
Convey By Ambulances () VE	0.4./
Convey By Ambulance: () YE	S (V)NO
Was There Any Video Capture By	Car Camera? () YES () NO
Was There Accident Reported To T	The Police? () YES (/) NO If Yes Attach Police Report
Police Report Number (if any)	
	e / NRIC No.of Paxs (incl'driver) Contact
Veh B 660 2774 V	()/Not Sure ()
Veh C SJT 5434A	()/Not Sure ()
Veh D SMM 6941 Y	()/Not Sure ()
Veh E	()/Not Sure ()
Veh F	()/Not Sure ()
Veh G	()/Not Sure ()
	()7 Not Sure ()



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Nayak Prajwal

Period of Insurance

: 19 Mar 2018 To 18 Mar 2020

Engine No. Chassis No.

: G4FGHH691697

: KNAFX411MJ5761738

Vehicle No.

: SLX1812J : 1800017756

Policy No. Endorsement No.

Issued Date

: 29 Mar 2018

ABOUT THE COVER

Make/Model

KIA Cerato K3 1.6 EX

Engine Capacity/Tonnage : 1,591 00 CC

Sum Insured - Market Value

First Year of Registration 2018

Driver Restriction NA

Off Peak Car : Yes

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

rdes or with houser permission. not other cody of heliche meets the specified against condition

You have to pay an explored own of \$3,000 as "Young entite inexpendent Driver Excess" ("VIDIT") if You are or Your Authorised Driver (named or presented in under the age of \$15 and/or has less

Age Condition

: All Age Condition

Limitation as to use* :

Lise only for screet, domestic and phosours purposes and for the Pulsy-househors business.
The Policy does not sover use for nive or researd, dividing ballon, deveng ball, seeing pace making neliability tool or speed lesting, the contage of grants office than samples in connection with Motor Trade or business or one for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1800cc

* Conditions rendered incorrative by Section 8 of the Motor Verticion (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these hearings.

EXCESS

Section 1 Fire: \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Nayak Prajwal - \$600 (Own Damage)

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

1 Cyste & Carriage Body & Paint Centre. Add. 209 Paintain Garman Singapore (60939 6566450). 2 Cyste & Carriage Customer Service Centre (For Windowson stains only). Add. 241 Alexandra Road Singapore (1893) 64278600. 3 Cyste & Carriage Customer Service Centre (For windowson (fam. only). Add. 350 Uts Rd.3. Singapore 408661 67461000.

or other Approved Reporting ContrestAID Authoriset Repairtys, please contact our 24-hour accident emergency hotics at 45 6338 6200. Attenuationly, you may refer to AID website www.acg.com.acg.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

I'Viv nemby certify that the posicy to which this Certificate of insurance relates a essent in decorpance and the provinces of the Motor Vehicles (Tred Party Risks and Compensation) Act (Cap. 189), Part IV of gifting Transport Act, 1807 (Materysia) and Motor Vehicles (Tred Party Risks Risks, 1909 (Materysia))

0504624050

FULCONICP2 - CORPORATE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AJG Asia Pacific Insurance Pie. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE **WACA29**

TE Shandon Way HOT 16 Arts booking Statistical Free Gallo 2000 pt and 6415 3723 per

AIC Asia Pacific Insurance Fig. Ltd.

Scanned with CamScanner

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Foreign Identification Number

Owner ID:

100Q

Vehicle Details

Vehicle No.:

SLX1612J

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Sep 2019

Vehicle Make:

KIA

Vehicle Model:

CERATO K3 1.6A

Primary Colour:

Blue

Manufacturing Year:

2017

Engine No.:

G4FGHH691697

Chassis No.:

KNAFX411MJ5761738

Maximum Power Output:

95.3 kW (127 bhp)

Open Market Value:

\$12,327.00

Original Registration Date:

19 Mar 2018

First Registration Date:

19 Mar 2018

Transfer Count:

Actual ARF Paid:

\$12,327.00

OPC Cash Rebate Details

OPC Cash Rebate Eligibility:

No

OPC Cash Rebate Eligibility Expiry Date:

OPC Cash Rebate Amount:

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

18 Mar 2028

PARF Rebate Amount:

\$9,245.00

Intended COE Rebate Details

COE Expiry Date:

18 Mar 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$24,400.00

COE Rebate Amount:

\$20,654.00

Total Rebate Amount:

\$29,899.00

The information contained herein is correct as at 16 Sep 2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDUM
(A)	PARTICULARS OF PERSON N	MAKINGTHEAMENDMENTS:
		4419122245
	Name(as shownin NRIC):	ayak Prajwal NRIC/FIN/PassportNo: 659971006
	(*Vehicle Driver / Vehicle Ov	wner) (*) Please delete as appropriate
	Address :	Singapore(
	Contact (Tel) :	Mobile No.: 4201 6021
	Email Address :	
	Date of Accident : 14	09.19 Imagentury 17:50hrs
	Place of Accident : PU	19.19
	Insurance Company:	
	A CONTRACTOR OF THE CONTRACTOR	
	ADDITIONALINFORMATION	
	I have made a report on the a make the following amendme	bove mentioned accident and would like to include additional information or
	make the following amendme	ents:
1	Amercy the	addresc:
	1091	O Educadale Plains
	*1	1-139 5(824109)
-	- Acceptance	
-		
8		
-		
-		
	0	1/11
	G	18/09/2019
	olicyholder / Driver's Signatur ate:	richot ting centre betsonner systemature
		NRIC/FINNO.: ROSJ JAAOB

Date: