Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/01/2020 19:02

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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. 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 Report	15/01/2020 18:50
Date Of Accident	02/01/2020 19:40
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMF8254X
Insured/Policyholder	
Name Of Registered Owner	SURESH BABU LOGANATHAN
NRIC No	S7288957F
Email Address	SLOGON365@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93392936
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800136226
Cover Note Number	
Driver	
Name of Driver	SURESH BABU LOGANATHAN
NRIC No	S7288957F
Date Of Birth	31/01/1972

INDOOR

21/02/2014

5 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-93392936

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address SLOGON365@GMAIL.COM

Address 481 YIO CHU KANG ROAD #07-15

Postcode 787056 Was driver an employee of the Insured's Company NO **OWNER**

If No, Relationship of the Driver with the Insured

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 (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 : MANI SELVAM Name:

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING IN THE MIDDLE LANE, CAR DRIVER SMD5401T IN FRONT OF ME WAS DRIVING VERY SLOW PLUS WONDERING WAS NOT SURE WHICH TURN TO TAKE . THE CAR BEHIND ME WAS HONKING DUE TO SLOW TRAFFIC JUST BEFORE THE SIGNAL . I SWITCHED ON THE RIGHT INDICATOR AND TOOK ON THE RIGHT SIDE LANE AND WAS DRIVING STRAIGHT TOWARD BALESTIER ROAD, ONCE I OVER TOOK HE WANDERED INTO MY LANE AND HIT MY BACK WHEEL ON THE (OPPOSITE SIDE TO THE DRIVER SEAT), THE SMD5401T IS A GRAB DRIVER AMD WAS SLOW NOT SURE WHICH WAY HE WAS DRIVING . SMD5401T HAS A COMPLETE VIDEO RECORDING AND HAD A PASSENGER WITH HIM

Attachment(s)

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

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and hit my back what on the	U
(Opposite side to driver feet)	
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driving.	
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re the foregoing particulars are true in every respect.	01
(A) 00 Chloe C	Choo
0	36 HF
r's Signature Personnel's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:	36 HP
0 (2020 Date & Time: NRIC/FIN No.:	
3:05 pm 15/01/2020	



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED COMPANY NO. 1977014699

CYCLE & CARRIAGE KIA PTE LTD COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED COMPANY NO. 196480304H

Accident Statement

OWNER/ DRIVER'S SIGNATURE: ____

Motor Accident Repair Basic Informatio	The state of the s	
Date of Accident	02/01/2020	
Time of Accident (24hr format)	19:40 PM	
Exact Location of Accident	19:40 pm ALDHG Balestian Boad Defore S	gno
Own Vehicle Details		
Vehicle Registration Number	SMF8254X	
INSURED/ POLICY HOLDER (OWN VEHICLE)		
Name of Registered Owner	☐ Individual ☐ Company	
ID of Registered Owner	□ Co. Reg. No. □ Passport No. / FIN S 1288951 F	
Vehicle Particulars (Own Vehicle)		ALIGN CONTRACTOR
Model	KIA CERATO	
Exact purpose for which vehicle was being used at the time of accident		
Are you claiming under your own ins. Policy	☐ Yes ☐ 3rd Party ☐ Reporting Only	
Vehicle Category	(Private Car / Comm Veh / Goods Veh / Motor Trade / Government	
Insurance Company (Own Vehicle)		NAME OF
Insurance Company		
Type of Coverage	Comprehensive Ohird Party / Third Party Fire and / or Theft	
Fleet Policy	Yes PNo	
Policy Number / Cover Note Number	L) res ZINO	
Driver	T 0 12501 1200 1 1 2 2	307.53
Name of Driver	SURESH BASU LOGANATH	AN
ID of Driver	☐ Co. Reg. No. ☐ NRIC No. ☐ Passport No. / FIN	
	□ Co. Reg. No.	
Date of Birth	31/01/1942	
Occupation	Trideor //october	
Driving Pass Date	21/02/2014	
Gender	Male Female Not Specified	
Mobile Phone No.	93392936	
Office / Home / Other Numbers	101 10 0111 1 1 10 10 10 10 10 10 10	-
Home Address	481 YES ON WINT CAM, 07-15 CA	
mail Address	Strangers 320424 Stogens	(20)
Vas Driver an employee of the nsured's Company	☐ Yes _ El Hó ☐ Reason:	
Does the driver own any other vehicle? If YES, please indicate driver's own car	.□No □Yes	
vehicle number and insurance	Vehicle No: Insurance:	

Weather Condition Clear Raining Other If Others, please state the condition: Clear Raining Other If Others, please state the condition: Other Information Other Inform	General Information Of The Accident	THE STREET	MANUS STATE			CONTRACT THE SECOND		
If Others, please state the condition: Clear	Type Of Accident			ME DAME				
H Others, please state the condition: Clear Raining Other	Weather Condition	Clear	Rai	ning	Other			
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Passenger 1
Name Mr. REEM MANI SELVAM .

Gender : MF

1) Number of Passengers in Vehicle A (Including driver)?

Passenger 2

Name : Gender : M / F

Passenger 3

Name : Gender : M / F

Passenger 4

Name

Gender : M / F

Passenger 5

Name

Gender : M / F

Passenger 6

Name

Gender : M / F

Passenger 7

Name :

Gender : M/F

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
- 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 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)
 - (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")
- 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:

15/01/2020 13:05 DM

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SURESH BABU LOGANATHAN Vehicle No. : SMF8254X : 27 Nov 2018 To 26 Nov 2020 Period of Insurance Policy No. : 1800136226

Engine No. : G4FGJH709779 Endorsement No.

Chassis No. : KNAF3416MK5020664 Issued Date : 11 Dec 2018

ABOUT THE COVER

Make/Model : KIA Cerato

Engine Capacity/Tonnage: 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2018 Off Peak Car : No Driver Restriction : NA Insuring with COE/PARF : Yes

Person 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. This Policy will indemnify the Policyholder or any authorised driver only if heishe 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) is under the age of 23 and/or has less than years' driving experience.

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 hise or reward, driving tuition, driving test, 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 most Trade.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SURESH BABU LOGANATHAN - \$600 (Own Damage)

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

- Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 800 Sin Ming Ave Singapore 575733 69328000
 Cycle & Cerriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 69339 6868454.
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408550 67461000

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

IMPORTANT NOTES

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

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 \$2 the Road Transport Act. 1987 (Molaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Molaysia)

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C&CKICP2 - JUSTIN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE SSCNMD

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