SC1S215B0005 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 11/05/2021 16:42 (SGT) SUBMITTED BY: Angel Lee Jia Lin VERSION: 1 (11/05/2021 16:42 (SGT))

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 truthful and accurate 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 11/05/2021 16:42 (SGT) Date of Accident 20/04/2021 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information CHANGI GENERAL HOSPITAL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFL9833U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANAND S/O RAMACHANDRA SHETH NRIC No. S0210363Z Email Address SHETHA@SINGNET.COM.SG Mobile Phone No (Phone) +65-97858992 Alternative Phone No +65-97858992

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant 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 Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900098730 Cover Note Number

DRIVER

Name of Driver ANAND S/O RAMACHANDRA SHETH NRIC No. S0210363Z

Date Of Birth 10/06/1952 Occupation Indoor Date Of Driving Pass 15/04/1978 Driving experience 43 YEARS Gender Male Mobile Number (Phone) +65-97858992 Alt. Phone Number +65-97858992 Email Address SHETHA@SINGNET.COM.SG Address 840 TAMPINES ST 82 #07-109 Address complement Postcode 520840 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT G/20210506/7028 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMC3952M Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

| Name of Driver | | | | _ |
|-----------------------------------------|------|------|------|---|
| Contact Number | | | | _ |
| Address | | | | _ |
| Address complement | | | | _ |
| Postcode | | | | _ |
| Insurance Company Name | | | | _ |
| Nature Of Damage | | | | _ |
| Details of property damaged in accident | | | | _ |
| No. Of Passenger (Including Driver) | | | | _ |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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

ure Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan Quel

SKETCH PLAN

| Zef | police | report | fu | detail. | |
|-----|--------|--------|----|---------|--|
| | | | | | |
| | | | | | |
| | | | | | |

your insurance company will not allow nor accept the claim.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so,

(Please contact your insurance company for any further details)

(If driver is not the policyholder)

Driver's Signature

Date & Time

Reversiy

Policyholder's Signature

Date & Time

Reporting Centre Personnel's Name: Alay Quu



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: ANAND S/O RAMACHANDRA SHETH

Period of Insurance

: 21 May 2021 To 20 May 2022

Engine No. Chassis No.

Make/Model

: 27491031681098 : WDD2050402R480103 Vehicle No.

: SFL9833U : 1900098730-02

Policy No.

Endorsement No. Issued Date

: 12 Apr 2021

ABOUT THE COVER

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Driver Restriction : NA Person or Classes of Persons Entitled to Drive* :

a) The Poscynology.

b) Any othor porson 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 abditional 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 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use*

Use only for social, demestic and pleasure purposes and for the Policyholder's business.

This Policy does not dover use for hire or reward, driving fultion, 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 Motor Trade.

Loss of Use 2000dc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ANAND S/O RAMACHANDRA SHETH - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061618 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62051818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 6200. Alternatively, you may refer to AIG website www.aig.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: 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 the Road Transport Act, [1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

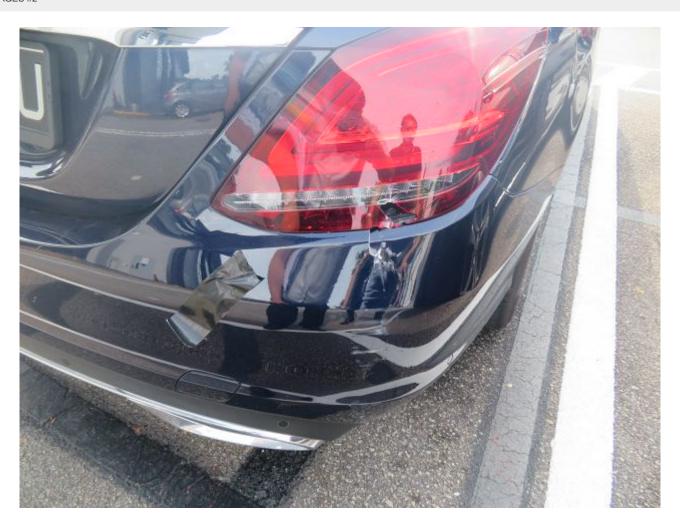
0504612254

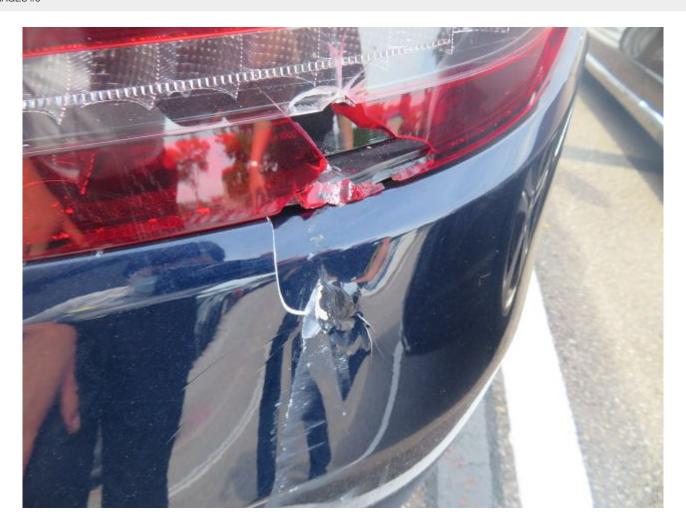
CYCLE & CARRIAGE - VI.

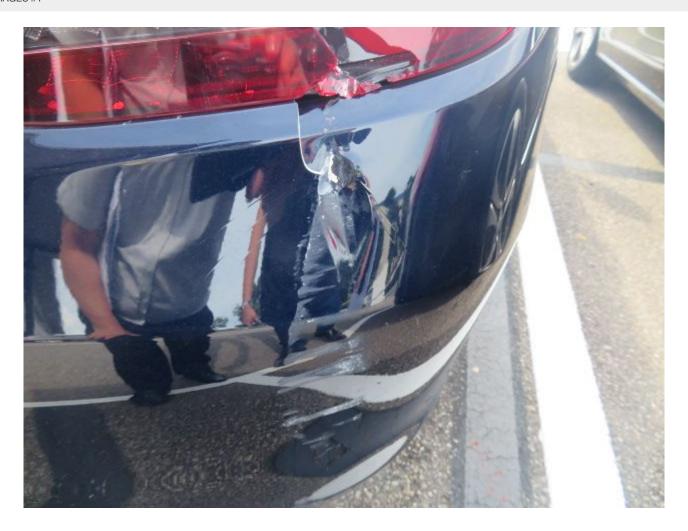
AIG Asia Pacific Insurance Pte. Ltd.

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FORCE G/20210506/7028

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20210506/7028

| Date/Time Report Made 06/05/2021 12:27 | Vide Re | port No. | | Station Diary No. | | |
|--------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|---------------|-------------------|--|--|
| Name Of Informant | Address | 3 | | | | |
| ANAND S/O RAMACHANDRA SHETH | 840 TAMPINES STREET 82 #07-109 SINGAPORE 520840 | | | | | |
| ID Type / ID No. NRIC NO / S0210363Z | Contact No. Home/Office: Mobile: 97858992 | | | | | |
| Nationality SINGAPORE CITIZEN | Email Address SHETHA@SINGNET.COM.SG | | | | | |
| Occupation | Sex | Age | Date of Birth | Race | | |
| Retiree | Male | 68 | 10/06/1952 | Indian | | |
| Institution/School Name | Language English | | | | | |
| Date/Time Of Incident 20/04/2021 17:25 - 20/04/2021 17:25 | Location | Location Of Incident 840 TAMPINES STREET 82 #07-109 SINGAPORE | | | | |

Brief details.

On April 20th at approximately the time stated above i was rushing for my CT SCAN appointment at Changi General Hospital.

I was reversing into a corner lot with the vehicle on my left and and I hit the wall on my right. When I tried to adjust my car, I must have accidentally brushed my left bumper against the car on my left.

After parking, I got out of my car and did a quick check on the vehicle, and did not noticed any damage

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required. | | | | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Signature Of Interpreter: Not applicable | Date/Time: 06/05/2021 12:27 | | | | | |
| Officer In-Charge Of Case: | Classification Of Case: | | | | | |
| Authentication Stamp | | | | | | |





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210506/7028

probably due to the bad lighting in the car park. At the same time i checked my left bumper and found no damages but there were damages on my right bumper that hit the wall.

Thereafter I rushed off for my appointment and on returned to my car about 2 hours later and found that the vehicle has already left.

On April 29th, I was warded in Changi General Hospital and was discharged on May 5th. After returned home I found the letter from the Police Force informing me of the above incident.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass.
No signature is required.

Date/Time:
06/05/2021 12:27

Officer In-Charge Of Case:

Classification Of Case: