



Cycle & Carriage Automotive Pte Ltd

Mitsubishi Service Centre 209 Pandan Gardens Singapore 609339 Tel: 6568 4555 Fax: 6569 1056 Company no. 197701469G

02 June, 2021

AIG Asia Pacific Insurance Pte Ltd 78 Shenton Way #08-16 #08-16 AIG Building Singapore 079120

Attention: Motor Claim Department

Re: Regn. SMJ 7687R Mit Eclipse - Own Damage Claim

We regret to inform you that the extent of the damage is not economical to carry out the repair. In review to the extent of the damaged, the degree of structure is difficult to restore to its original condition as manufactured by factory.

Kindly arrange your surveyor to inspect the above vehicle at our Service Centre, 209 Pandan Gardens, Singapore 609339 at the soonest possible.

Your early reply is much appreciated.

Yours faithfully

Edwin Caina Adviser-Customer Service Cycle & Carriage Automotive Pte Ltd

For enquiry, please contact: 65684501



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.

- 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

01/06/2021 16:01 (SGT) Date of Submission 31/05/2021 12:30 (SGT) Date of Accident Cantonment Rd, Singapore **Exact Location of Accident** JUNCTION OF CANTONMENT ROAD & SPOTTISWOODE PARK Additional Location Information

RD

Private use

1499

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMJ7687R Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner

SRABANI BHARADWAJ SXXXX253A NRIC No SRABANI_SAMANTA@YAHOO.COM **Email Address**

(Phone) +65-94575446 Mobile Phone No

+65-94575446 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Eclipse cross Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

Yes your vehicle? Private car Vehicle Category Auto Transmission

CC

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy

1900017566-01 Policy Number Cover Note Number

DRIVER

SRABANI BHARADWAJ Name of Driver

NRIC No. SXXXX253A Date Of Birth 08/08/1970 Occupation Outdoor Date Of Driving Pass 24/02/2016 Driving experience **5 YEARS AND 3 MONTHS** Gender Female Mobile Number (Phone) +65-94575446 Alt. Phone Number +65-94575446 **Email Address** SRABANI_SAMANTA@YAHOO.COM Address 5 RHU CROSS #07-19 Address complement Postcode 437434 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? Yes DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No. (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 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? Yes Reasons for not uploading a video of the accident WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSHC2953BVehicle Manufacturer-Vehicle Model-Vehicle Variant-



Was there any audio recorded?

Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	Taxi
•	- -

INJURED PERSONS DETAILS

INJURED 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (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")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan

Describe Circumstances of the Accident
I was driving to werk (SGH) from home
At approx 12:30Pm + , I had Gossed the
traffic light from Conformingt link of
Keppel Raise Timetim
9 wers truine let to Spotiswood town Rome
I suddenly wand a big noise + all air bu
opened up -> my con convince & stopped
There were smalle comine out
There were people around and one
Person assisted me out of the cour.
9 was showed, nampeous agiddy.
There were a Taxi which was involved in the
accident & it was also at the site.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

SYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: SRABANI BHARADWAJ

: JMAXTGK1WKZ000673

: SMJ7687R Vehicle No.

Period of Insurance

: 20 Mar 2021 To 19 Mar 2022

Policy No. : 1900017565-01

Engine No. Chassis No. : 4B40GH0208

Endorsement No. Issued Date

: 09 Mar 2021

ABOUT THE COVER

Make/Model

: MITSUBISHI Eclipse Cross 1.5

Engine Capacity/Tonnage: 1,499.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

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 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) is under the age of 23 and/or has ess than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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 test, racing, pace-making, reliability that or speed-testing, the carriage of goods after the samples in connection with Motor Trade

Lass of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act "Dap 185), Section 95 of the Road Transport Act, 1967 Malkinski and Fib (Amendment) Act 2019 are not to be included under these headings

EXCESS

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SRABANI BHARADWAJ - \$900 (Own Damage), \$800 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 604339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add. 330 Ub. Rd 3 Singapore 408650 \$1 -£1000 3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add. 20 Leng Kæ Rd Singapore 159044 54708655 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add. 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.##3 \$3 \$7 AIG SG Mobile App. Simply search and download "AIG SG" from Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IAWs 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 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620227

CYCLE & CARRIAGE-GEORG

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEA





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20210601/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/06/2021	•	ade:	Vide Report No.:	Station Diary No.:		
Informant'	s Particul	ars				
Name of In		VAJ	Address: 5 RHU CROSS #07-19 SINGAPORE 437434			
ID Type / II NRIC NO /		3A	Contact No.: Home/Office:	Mobile: 94575446		
Nationality: BRITISH			Email: SRABANI_SAMANTA@YAHOO.COM			
Sex: Female	Age: 50	Date of Birth: 08/08/1970	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Paediatrician			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2021 12:30	Type of Location Y-Junction
Location:				
CANTONMEN	NT LINK			
0 0				
Weather:		Road Surface:		Road Speed Limit:
		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow:				Road Speed Limit: Traffic Volume:
Clear		Dry	rking	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHC2953B	Car			Blue		2
SMJ7687R	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT SUNROOF	Red		0





2 of 4 Report No. T/20210601/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7687R	AIG ASIA PACIFIC INSURANCE PTE.	1900017566-01	20/03/2021	19/03/2022

Details of Perso	n Involved				SILVEN.	
Any Pedestrian I	nvolved: No		22.00.00.00.00.00.00.00	100		
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	Unknown Driver			ID No.		NIL
Related Vehicle	SHC2953B (Car)			Contact No.		NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	31/05/2021		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Sligh	
Passenger				100 S		
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	SHC2953B (Car)			Contact No.		NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	31/05/2021 Date		Date	NIL		
No. of Days grant	ited Medical Leave NIL Degree of			R	Slight	
Driver						
Name	SRABANI BHARADWAJ			ID No.		S7088253A
Related Vehicle	SMJ7687R (Car)			Contact No.		94575446
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	31/05/2021 Date				31/05	
No. of Days grant	ed Medical Leave	03	Degree of		Slight	





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Report No. T/20210601/7011

Police Station Of Origin: **Traffic Police** 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

I had crossed Cantonment link and Keppel junction and going to turn to left towards Spottiswoode Park Road when I heard a loud noise and then noticed my air bag blowing off and car spinning. Then my car stopped. Smoke was coming out. I saw people running around taking photos. I was assisted out of my car. I noticed a blue taxi which was the other vehicle involved in the accident at the site.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210601/7011

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 01/06/2021 15:03
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp NP168