



Exceptional Journeys

Cycle & Carriage Automotive Pte Ltd

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

17 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. SMD9630Y Mit Attrage – 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 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 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	16/06/2021 15:56 (SGT)
Date of Accident	09/06/2021 19:10 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	ALONG YISHUN AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9630Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ARAVIND S/O KRISHNAMOORTHY
NRIC No	SXXXX480J
Email Address	ARAVIND_MARKI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94891989
Alternative Phone No	+65-94891989

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800104645-01
Cover Note Number	-

DRIVER

Name of Driver	ARAVIND S/O KRISHNAMOORTHY
NRIC No	SXXXX480J

Date Of Birth	04/02/1990
Occupation	Indoor
Date Of Driving Pass	09/06/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-94891989
Alt. Phone Number	+65-94891989
Email Address	ARAVIND_MARKI@HOTMAIL.COM
Address	BLK 53 PIPIT ROAD #14-90
Address complement	-
Postcode	370053
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT
COLLISION-COLLIDED INTO A TREE
CAR @ TRAFFIC POLICE COMPOUND

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ARAVIND
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURE LOWER SPINE
Injured person in which vehicle?	SMD9630Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 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' lawyers/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' 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

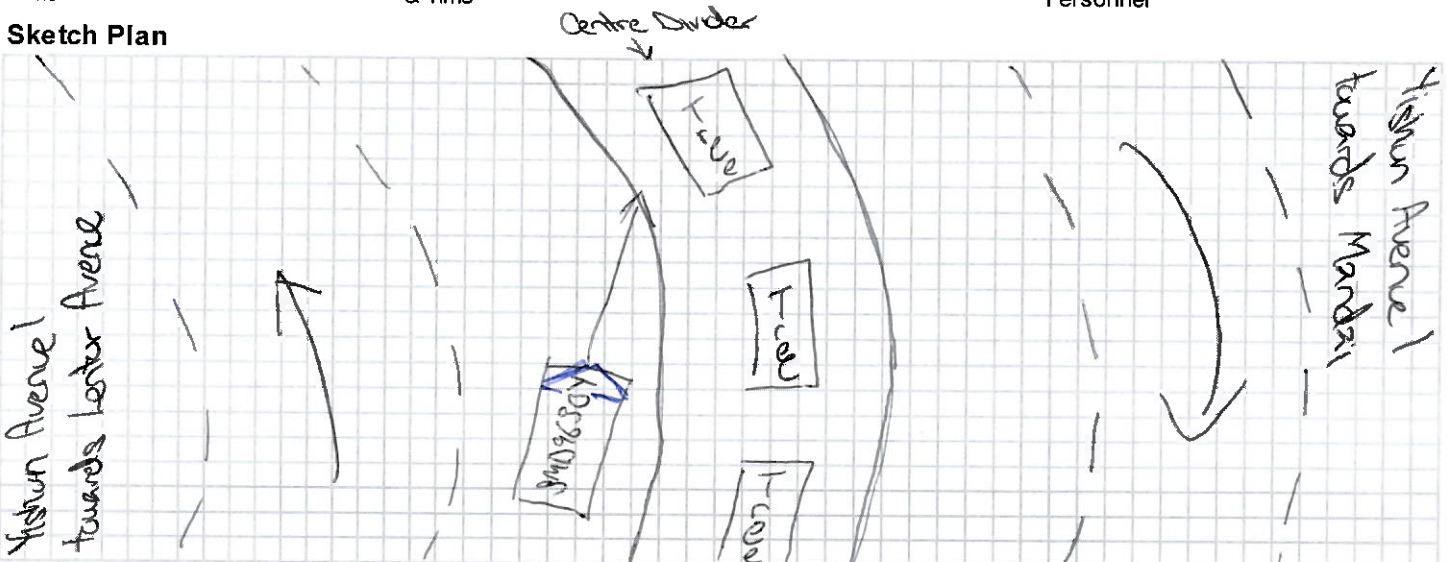
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident


On 9 Jun 21, at about 1910H, I was driving my car # SMD 9680Y along Yishun AVENUE 1 towards Lenton Avenue. As I was driving, I felt that my vision started to diminish and I was ~~was~~ unable to see anything. I was unaware of what happen soon after. When I regained my vision, I realised that a member of the public was trying to extract me out of my vehicle and placed me by the side of the road. I ~~was~~ subsequently realised that I have collided into a tree in the middle of a dual carriageway. I felt pain throughout ~~the~~ my body. Ambulance and Traffic police were at the scene and I was conveyed to KIRPH soon after.

Declaration

We declare the foregoing particulars are true in every respect.

 16/6/21
Policyholder's Signature / Date & Time

 16/6/21
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



POLICE REPORT (NP299)

Report No. L/20210615/7042

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 15/06/2021 20:55	Vide Report No.	Station Diary No.
Name Of Informant ARAVIND S/O KRISHNAMOORTHY	Address 53 PIPIT ROAD #14-90 SINGAPORE 370053	
ID Type / ID No. NRIC NO / S9006480J	Contact No. Home/Office: Mobile: 94891989	
Nationality SINGAPORE CITIZEN	Email Address ARAVIND MARK@HOTMAIL.COM	
Occupation Other government associate professionals nec	Sex Male	Age 31
Institution/School Name	Date of Birth 04/02/1990	Race Indian
Date/Time Of Incident 09/06/2021 19:10	Location Of Incident YISHUN AVENUE 1	

Brief details.

On 09/06/2021 at about 1910hrs, I was driving my car, SMD9630Y, along Yishun Avenue 1 towards Lentor Avenue. As I was driving, I felt my vision diminishing and I was unable to see anything. I was unaware of what happened soon after. When I regained my vision, I realised that a member of public was trying to extract me out of my vehicle and placed me by the side of the road. I subsequently realized that I had collided into a tree in the middle of a dual carriageway. I felt pain throughout my body. Ambulance and Traffic Police were at the scene as well. I was conveyed to KTPH soon after.

I do wish to state that this is the first time that such an incident has occurred. I have an in-car camera.

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: 15/06/2021 20:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210615/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210615/7042

However, it was disconnected due to army camp security requirements. I also wish to state that I have been having episodes of severe migraine through the day. I also wish to state that I am a Airforce Regular at Chong Pang Camp.

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: 15/06/2021 20:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: ARAVIND S/O KRISHNAMOORTHY	Vehicle No.	: SMD9630Y
Period of Insurance	: 13 Sep 2020 To 12 Sep 2021	Policy No.	: 1800104645-01
Engine No.	: 3A92UGT5993	Endorsement No.	:
Chassis No.	: MMBSTA13AJH001947	Issued Date	: 14 Aug 2020

ABOUT THE COVER

Make/Model	: MITSUBISHI ATTRAGE 1.2 CVT		
Engine Capacity/Tonnage	: 1,193.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		First Year of Registration	: 2018
		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 less 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 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 Motor Trade.

Loss of Use 1500cc - 1600cc

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ARAVIND S/O KRISHNAMOORTHY - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 68328000

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

0504620220

C&CMICP2 - RANDY

239 ALEXANDRA ROAD

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.

AIGSGMOBILEAPP



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : ARAVIND S/O KRISHNAMOORTHY
VEHICLE NUMBER : SMD 9630Y
DATE/ TIME OF ACCIDENT : 07 JUNE 2021 19:10 HRS
PLACE OF ACCIDENT : YISHUN AVENUE 1
THIRD PARTY VEHICLE (IF ANY) : #

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Chong Pang Camp (Office) → Ppitt Rd (Home)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Self accident

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes. KTPH. Yes

Chul

NAME:


I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

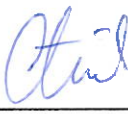
UNDERTAKING

I, ARAVIND S/O KRISHNAMOORTHY, (NRIC No. _____), hereby confirm that the Singapore Accident Statement lodged by me on 16 JUNE 2021 at 11:30 hours pertaining to the accident involving motor car Reg. No: SMD9630Y, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : ARAVIND S/O KRISHNAMOORTHY
Nric No. : _____
Date : 16 JUNE 2021

Signature : 
Name of Policyholder : ARAVIND S/O KRISHNAMOORTHY
Nric No. : _____
Date : 16 JUNE 2021