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.

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 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 20/09/2021 14:31 (SGT) Date of Accident 20/09/2021 09:17 (SGT) Exact Location of Accident Dunearn Rd, Singapore Additional Location Information After Goldhill Avenue (first entrance before B/S 40119) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1991

Vehicle Registration Number SCP2020J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Andre Ravindran Saravanapavan Arul NRIC No. S1606759H Email Address dodlededoo@gmail.com Mobile Phone No (Phone) +65-96356068 Alternative Phone No +65-96356068

VEHICLE PARTICULARS

Manufacturer Mercedes Model C200 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?

No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700044450-04 Cover Note Number

DRIVER

Name of Driver Andre Ravindran Saravanapavan Arul NRIC No. S1606759H

Date Of Birth 07/02/1963 Occupation Indoor Date Of Driving Pass 23/04/1980 Driving experience 41 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96356068 Alt. Phone Number +65-96356068 Email Address dodlededoo@gmail.com Address 255 Arcadia Road #08-26 Address complement Postcode 289850 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. 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 The video is with the workshop Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2522L
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Kwan Lai Yoke Jaclyn
NRIC No	S1510865G
Contact Number	(Phone) +65-91866575

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFF95Z
Vehicle Manufacturer	Mercedes
Vehicle Model	Cla250
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Joanna Ong
Contact Number	(Phone) +65-97493454
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SML2837Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number Vehicle Manufacturer	SHC6202J
	-
V.1:1 V. : .	-
Vehicle Variant	-
Vehicle Colour	=
Vehicle Category	Taxi
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

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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.
- 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 & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time 20/09/2021 Time 20/09/2021 Personnel Angle Soh Sketch Plan SHG 6 202 I VEH A: SFF 95Z VEH B SCP 2020T VEH CO SHC2522L VEH D: VEH E: SML 2837Y

Describe Circumstances of the Accident

I WAS THE ONLY PERSON IN MY VEHICLE SCP 2020] DRIVING ALONG DUNEARN ROAD NEAR THE FIRST
LEFT ENTRANCE TO GOLDHILL AVENUE BEFORE THE BUSSTOP 40119 & BEFORE THE CALTEX PETROL STATION
IT HAD STOPPED RAINING, THE ROAD WAS STILL WET & I AM TRAVELLING IN THE MIDDLE LANE, THE
IT HAD STOPPED RAINING, THE ROAD WAS STILL WET & I AM TRAVELLING IN THE MIDDLE LANE, THE VEHICLE (SFF95Z) INFRONT OF MEAAPPLIED BRAKE AND I DID TOO AND I SLOWED DOWN TO STATIONARY.
SUDDENLY I FELT A BANG AT THE REAK OF MY VEHICLE WHICH POSHED MY VEHICLE INTO SFF 952.
I EXITED MY VEHICLE AT AROUND 09:17AM & SAW A BLUE COMFORTDELGRO TAXI SHC2522L HAD
COLLIDED INTO THE REAK OF MY VEHICLE, CAUSING DAMAGES TO THE REAR & THE FRONT, FRONT
LEPT & FRONT RIGHT OF MY CAR SUSTAINED DAMAGES DUE TO MY VEHICLE COLLIDING INTO SPF95Z
INFRONT OF ME. THIS IS A 5 YEHICLES CHAIN COLLISION.

Declaration

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

Policyholder's Signature / Date &

Time 20/04/2021

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

& Time 20/09/2021

Witnessed by Reporting Centre Personnel

Angie Soh



















CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : ANDRE RAVINDRAN SARAVANAPAVAN ARUL

: 18 Sep 2021 To 17 Sep 2022 Period of Insurance

: 27492030988275 Engine No.

: WDD2053422F542802 Chassis No.

: SCP2020J Vehicle No. Policy No. : 1700044450-04

Endorsement No.

Issued Date : 16 Aug 2021

ABOUT THE COVER

: MERCEDES Benz C200 Coupe (AMG) Make/Model

First Year of Registration : 2017 Engine Capacity/Tonnage: 1,991.00 CC Sum Insured : Market Value Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) the reacynology. 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above Mileage 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 hire or reward, 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.

* 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, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ANDRE RAVINDRAN SARAVANAPAVAN ARUL - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1.Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
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 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: MayBank

tWe 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, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612248

CYCLE & CARRIAGE - STHAN

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.

SSPCSI

Accident report SL03219K0003