



27 September 2021

Claims Department
AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 Chartis Building
Singapore 079120

Dear Sir / Madam,

OWN DAMAGE CLAIMS

POLICY NUMBER : 1700038278
VEHICLE REGISTRATION NO : SLR7884H

We regret to inform you that review to the damage, the repair cost is estimated in excess of **SS 65,000.00** it is not economical to carry out the repair as the left side body structural panel badly damaged, the degree of structure is difficult to restore to original condition as manufactured by factory.

Your prompt reply for the above issue is highly appreciated.

Yours faithfully,
CYCLE & CARRIAGE AUTOMOTIVE PTE LTD


KEVIN LEONG
CUSTOMER SERVICE
CUSTOMER SERVICE CENTRE – PANDAN GARDENS


*Steve (LKK)
28/9/21, 12.00 pm*

INSPIRED BY YOU



CYCLE & CARRIAGE FRANCE PTE. LIMITED
CITROËN CUSTOMER SERVICE CENTRE

209 PANDAN GARDENS SINGAPORE 609339 – TEL. +65 6568 4555 – FAX +65 6569 1056 – www.citroen.com.sg
INCORPORATED IN SINGAPORE – COMPANY NO. 200609327M – GST REG. NO. MR-8500111-X

 A member of the Jardine Cycle & Carriage Group

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 | 15/03/2019 16:13 (SGT) |
| Date of Accident | 07/03/2019 17:30 (SGT) |
| Exact Location of Accident | Ang Mo Kio Avenue 8 & Ang Mo Kio Central 2, Singapore |
| Additional Location Information | ANG MO KIO AVE 8 & ANG MO KIO CENTRAL 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR7884H

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | ZOOL FADLI BIN KASBOLLAH |
| NRIC No | SXXXX510Z |
| Email Address | ZOOFADLI@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-98428280 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|------------------------------|
| Manufacturer | Citroen |
| Model | C4 1.2 1.2 PURETECH EAT6 (A) |
| Variant | undefined |
| 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 | 1199 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1700038278 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | ZOOL FADLI BIN KASBOLLAH |
| NRIC No | SXXXX510Z |

| | |
|--|-----------------------------|
| Date Of Birth | 19/06/1977 |
| Occupation | Indoor |
| Date Of Driving Pass | 30/06/2000 |
| Driving experience | 18 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98428280 |
| Alt. Phone Number | - |
| Email Address | ZOOFADLI@YAHOO.COM.SG |
| Address | BLK 446C JALAN KAYU #26-344 |
| Address complement | - |
| Postcode | 793446 |
| 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 on collision |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------------|
| Name | WIRDA BTE OSMAN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police Division Hq |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------|
| Vehicle Registration Number | FW672T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|------------|
| Vehicle Category | Motorcycle |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------|
| Name of injured person | UNKNOWN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |



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 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 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 :
 - (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.
- (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: 15/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/2019

Reporting Centre Personnel's Signature
Name: Andri
NRIC/FIN No.: 15/3/19

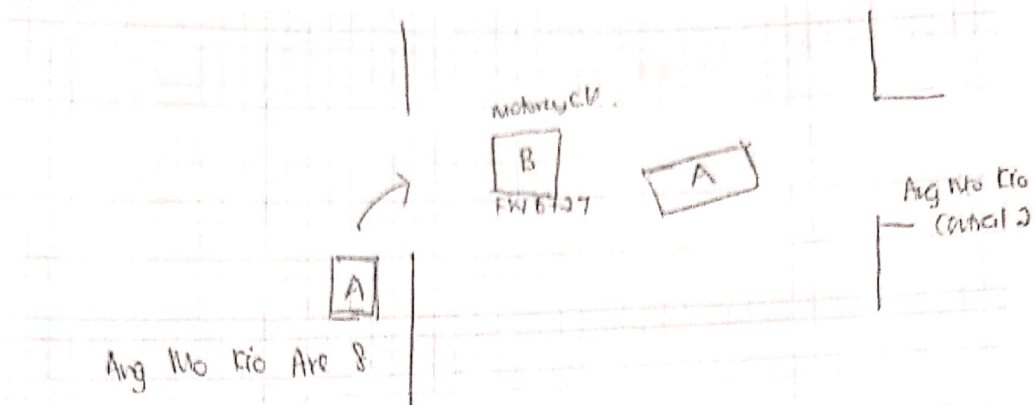
Vehicle Registration Number FW672T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Attached Folio Report

DECLARATION

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

Policyholder's Signature
Date & Time: 15/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/3/2019

Reporting Centre Personnel's Signature
Name: Andre
NRIC/FIN No.: 15/3/19



**SINGAPORE
POLICE FORCE**



T/20190307/2154

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000

Report No. T/20190307/2154

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|--|----------------------------|--|
| Date/Time Report Made: 07/03/2019 21:59 | | Vide Report No.: F/20190307/0149 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ZOO L FADLI BIN KASSOLLAH | | | Address: APT BLK 416C JALAN KAYU #26-244 FERNVALE LODGE SINGAPORE 793448 | | |
| ID Type / ID No.: NRIC NO / S7716510Z | | | Contact No.: Home/Office: Mobile: 98428280 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 41 | Date of Birth: 20/06/1977 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | Institution / School Name: | |
| Occupation: POLICE OFFICER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------|----------------------|--|-------------------|
| Type of Accident: | Injury Attended by Police: | Drink Drive: No | Date/Time of Accident: 07/03/2019 17:30 | Type of Location: |
| Location: Along Road 1 ANG MO KIO AVENUE 8 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|----------------------|-------|-------------------|-----------------|
| SLR7864H | Car | CITROEN | C4 1.2 PURETECH EAT6 | Black | Seriously Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
|-------------|--------------------------------------|---------------|------------|-------------|
| SLR7864H | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1700038278-01 | 29/08/2018 | 28/08/2019 |



**SINGAPORE
POLICE FORCE**



T/2019C007/2154

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408085
Tel No: 65470000

2 of 3

Report No. T/2019C007/2154

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ZOOL FADLI BIN KASBOLLAH | ID No. | S7716519Z |
| Related Vehicle | SLR7884H (Car) | Contact No. | 98428280 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | WIRDA BINTE OSMAN | ID No. | S7802257D |
| Related Vehicle | SLR7884H (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details:

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON ANG MO KIO AVE B ENTERING THE CARPARK AT ANG MO KIO CENTRAL 2. BEFORE TURNING RIGHT, I CHECKED ONCOMING TRAFFIC. AS THERE WAS NO ONCOMING VEHICLE, SO I PROCEED TO MAKE A RIGHT TURN. WHILE HALF TROUGH TURNING RIGHT TO ENTER THE CARPARK, SUDDENLY A MOTORCYCLE CAME AND COLLIDED ONTO THE FRONT LEFT PASSENGER DOOR PORTION OF MY VEHICLE. AFTER THE INCIDENT HAPPENED, I IMMEDIATELY CAME OUT FROM MY VEHICLE AND CHECK THE RIDER. I CALLED AMBULANCE FOR HELP.



**SINGAPORE
POLICE FORCE**

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



7/20190307/2154

3 of 3

Report No. 7/20190307/2154

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474635 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP163

Signature Of Informant:

Date/Time:
07/03/2019 21:59

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ZOOL FADLI BIN KASBOLLAH
Period of Insurance : 29 Aug 2018 To 28 Aug 2019
Engine No. : 10XTA50364391
Chassis No. : VF7NCHNYTGY540295

Vehicle No. : SLR7884H
Policy No. : 1700038278-01
Endorsement No. :
Issued Date : 19 Jul 2018

ABOUT THE COVER

Make/Model : CITROEN C4 1.2 PureTech eAT6
Engine Capacity/Tonnage : 1,199.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : 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 "Inexperienced Driver Excess" (IDR) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

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

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ZOOL FADLI BIN KASBOLLAH - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre Add: 20 Lang Kee Rd Singapore 159094 64708688
2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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.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), Pa the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0502847646

CYCLE & CARRIAGE - JASENS
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.