

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	04/06/2021 16:02 (SGT)
Date of Accident	22/04/2021 23:58 (SGT)
Exact Location of Accident	111 Tampines Rd, Singapore 535133
Additional Location Information	111 TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC754L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIWARI UMA KANT
NRIC No	S7363340J
Email Address	utiwari37@yahoo.com
Mobile Phone No	(Phone) +65-91503175
Alternative Phone No	+65-91503175

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180 KOMPRESSOR
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?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070147480
Cover Note Number	-

DRIVER

Name of Driver	TIWARI UMA KANT
NRIC No	S7363340J

Date Of Birth	02/10/1973
Occupation	Indoor
Date Of Driving Pass	26/10/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91503175
Alt. Phone Number	+65-91503175
Email Address	utiwari37@yahoo.com
Address	BLK 429 CHOA CHU KANG AVE 4 #08-409
Address complement	-
Postcode	S(680429)
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN.
NOTE: VEHICLE HAS BEEN SOLD AND NOT IN FOR PHOTO TAKING

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1485L
Vehicle Manufacturer	-
Vehicle Model	-
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 PLANIMPORTANT NOTICE

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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:

04/12/21

15:21



Driver's Signature

(If driver is not the policyholder)

Date & Time:

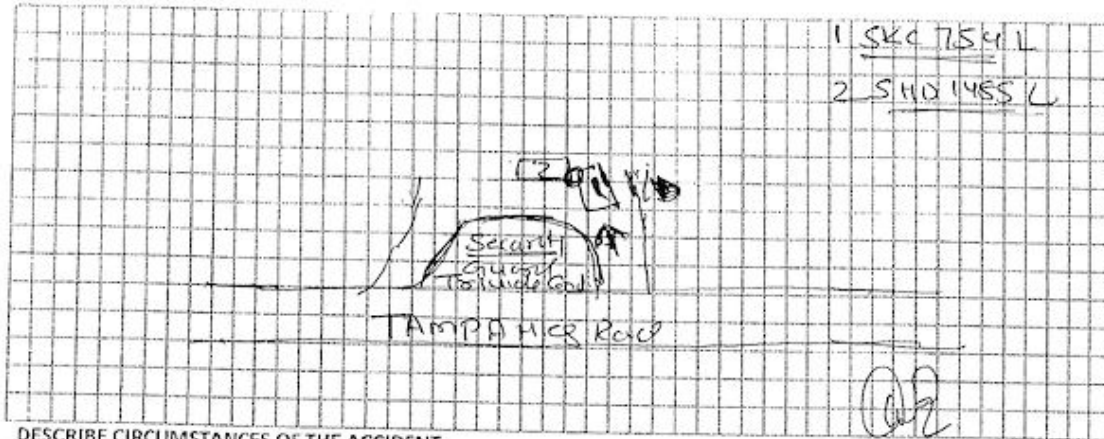


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1 It happen inside toline Condominium, at driveway / drop of lobby which is very compact
- (2) After dropping my passenger I want to go out we need to assess the car to go out as badly if small
- (3) When I initiate reverse, there was no car, but when I complete the reverse there was very near to car behind
- (4) There was minor scratch on both vehicle, my vehicle has no scratch.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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


 Policyholder's signature
 Date & Time
 04/06/21
 15:40

Driver's Signature
 (if driver not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Tiwari Uma kant
Period of Insurance : 20 Jul 2020 To 19 Jul 2021
Engine No. : 27191031344297
Chassis No. : WDD2040452A534291

Vehicle No. : SKC754L
Policy No. : 2100266581-09
Endorsement No. :
Issued Date : 17 Jul 2020

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180K BE
Engine Capacity/Tonnage : 1,597.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
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 2000cc

* 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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tiwari Uma kant - \$800 (Own Damage), \$800 (Flood Cover), TIWARI MADHU - \$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 406650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126378 62061818

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

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).

0500660050

CYCLE & CARRIAGE - CORPORATE

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCNFY



AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

21 Oct 2020

Mr. Tiwari Uma kant
Blk 429 Choa Chu Kang Avenue 4
#08-409
SINGAPORE 680429

Dear Mr. Tiwari Uma kant

RIDE SHARE PRIVATE VEHICLE Insurance Policy 2070147480
Period Of Insurance: 21 Oct 2020 - 20 Oct 2021 For Vehicle Registration No. SKC754L

Thank you for placing your insurance policy with AIG Asia Pacific Insurance Pte. Ltd.

Your policy documents will be sent to you in a separate mail. A copy of the Proposal Form containing details of Information disclosed and declared to us prior to the inception of your motor insurance cover ("Disclosed Information") is enclosed.

Please take note that this insurance cover is incepted on the basis of the Disclosed Information contained in the Proposal Form. You have an obligation to disclose all facts which you know or ought to know in the Proposal Form fully and faithfully. Any inaccuracy, discrepancy and/or omission may result in the policy being void or affect your rights at the time of claim. Please notify us in writing or call our Customer Care Centre at +65 6419 3000 (9am - 5pm, Mondays to Fridays, excluding public holidays) within 15 days from the date of this letter to advise us of any inaccuracy, discrepancy and/or omission in the Disclosed Information. If we do not hear from you within this period, the Disclosed Information shall be taken to have been verified by you as true and accurate and we shall rely on the Disclosed Information as the basis of this insurance cover.

Please also take note that it is a fundamental and absolute Special Condition of the insurance that the total premium due must be paid to us, or via our agent or broker on or before the inception of your insurance cover. Otherwise, the insurance cover shall not attach and no benefits whatsoever shall be payable by us.

This letter also confirms your undertaking to pay to us the shortfall in premium for your motor insurance within 14 working days from the date of our notification in the event the No Claim Discount disclosed by you in the Proposal Form is incorrect thereby resulting in the shortfall in the premium paid. Your policy will lapse automatically upon the exhaustion of the premium paid term in the event you fail to pay the premium within the above said period.

Once again, thank you for choosing AIG as your preferred insurer.

Yours sincerely

Manik Bucha
Head of Personal Insurance

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AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

Policy/Reference No. 2070147480

26 Apr 2021

Mr. Tiwari Uma kant
Blk 429 Choa Chu Kang Avenue 4
#08-409
SINGAPORE 680429

Dear Mr. Tiwari Uma kant

Policy Cancellation

Please be informed that your RIDE SHARE PRIVATE VEHICLE, Policy No.2070147480, has been cancelled with effect from 26 Apr 2021. The policy was cancelled for the following reason(s):

Requested by Insured / Producer.

If you are due to receive a premium refund, a cheque will be sent to you. Please allow between three to four weeks for it to be delivered to you.

For More Information

If you have any questions or require more information, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.sg.

Yours sincerely

Client and Policy Servicing

This is a computer-generated letter which requires no signature.

1004394076/ADL

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SE0021640004 Vehicle Registration No: SKC754L
Name(as shown in NRIC) : TIWARI UMA KANT NRIC/FIN/Passport No : SXXXX340J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 429 CHO A CHU KANG AVE 4 #08-409 Singapore(680429)
Contact (Tel) : _____ Mobile No. : 91503175
Email Address : utiwari37@gmail.com
Date of Accident : 22/04/2021 Time of Accident : 23:58
Place of Accident : 111 TAMPINES ROAD
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) AMEND ON EMAIL ADDRESS

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: