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Preferred Wks	sp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particular	rs: Veh No:	SMX30612	INC ()/Non-	INC()			
Owner / Dri	iver: (Tel:)	3-0-2	
Policy No: () Perio	od: () Cover Ty	ре: ()		
Con	firmed by: (De	ite:	Time)		
Insured/Dri	ver Liability: (%) [No	ote-Est. Status (WO):	N: 0-20%, P: 21	-79%. F: S0-100	%]		
Year of Reg	gistration: () W	arranty: YES () /	() ОИ				
Excess: (\$) Loading: \$1,000	0 () / \$2,000 ()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 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

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

10/09/2021 17:47 (SGT) 09/09/2021 15:00 (SGT) Singapore SLIP RD OF PANDAN FLYOVER EXITING AYE/TUAS Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP964M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No Alternative Phone No. Yes

RAJ AGRO TRADING PTE LTD

2XXXXX118D a3669j@gmail.com (Phone) +65-83284651 +65-83284651

VEHICLE PARTICULARS

Manufacturer

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 your vehicle?

Vehicle Category Transmission

CC

Mitsubishi Canter

Employment

No - Claiming third party Commercial vehicle

Manual 2998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

2000003987-01

DRIVER

Name of Driver Passport No/FIN MURUGESAN HARIHARASUTHAN GXXXX896R



 Date Of Birth
 25/06/1988

 Occupation
 Outdoor

 Date Of Driving Pass
 10/07/2019

 Driving experience
 2 YEARS A

Driving experience 2 YEARS AND 2 MONTHS

 Gender
 Male

 Mobile Number
 (Phone) +65-98901722

 Alt. Phone Number

Email Address a3669j@gmail.com
Address 11 KRANJI CLOSE
Address complement #01-17

Postcode 737673

Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured Employee

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMX3061Z Vehicle Manufacturer -

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) -

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.

ON THE WAY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = YP 964M

B = SMX 3061Z

Slip Road of Pandan

Flyover exiting AtE/Tuas

Describe Circumstances of the Accident	
	/
Refer to Attached	
/	

Declaration

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

& Time



Policyholder's Signature / Date & Time

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

Sym 109/11
Witnessed by Reporting Centre
Personnel

On 09.09.2021 at about 15:00 hours along Slip Road of Pandan Flyover exiting AYE/Tuas, I was stationary on lane 2 at the above mentioned location and waiting for the front vehicle to move forward. Suddenly, vehicle (B) that travelling on my right hand side (lane 1) skidded hence collided onto the front right hand side portion of my vehicle (A).

Vehicle (A): YP 964M

Vehicle (B): SMX 3061Z

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SINGAPORE ACCIDENT STATEMENT

Accident Date: 09/09/2021 Time: 15:00 (hh:mm) 24 hr format
Location Slip Road of Pandan Flyover exiting AYE/Tuas
Vehicle Number YP964M
Insured Name Raj Agro Trading Pte. Ltd.
NRIC /FIN 201225118D Contact Number 8328 4651
Make Mitsubishi Model Canter FEBAIER4SDEB
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No.Pls select: (✓) Third Party () Reporting
Insurance Company AIG
Type of Policy (✓) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 2000003987 - 61
Name of Driver Murugeson Hariharasuthan () Same as Insured
Traine of Date of Service and Agrir terrisorracy () paine as insured
NIDIC / FINE COARTON A
NRIC / FIN G3835896R Contact Number 9890 1722
Date of Birth 25/06/1988
Driving Pass Date 10/07/2019
Occupation () Indoor (/) Outdoor
Gender (/) Male () Female
Email Address A3669 J @ gmail-com ()NO EMAIL
Address of Driver 11, Kranji Close, #01-17, Singapore 737673
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (V) Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes (√) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (✓) No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report
DETAILS OF 310 party Name / Nric Contact
Veh B SMX3061Z
Veh C
Veh D
Veh E
Veh F



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

: RAJ AGRO TRADING PTE LTD Name of Policyholder : 25 Jan 2021 To 24 Jan 2022

Period of Insurance : 4P10C00970

Engine No.

Chassis No. : FEB21EA20246

: YP964M Vehicle No.

Policy No. : 2000003987-01

Endorsement No.

Issued Date : 08 Jan 2021

ABOUT THE COVER

Make/Model : MITSUBISHI FEB21ER4SDEB 2.6 ton [Lorry]

Engine Capacity/Tonnage : 2.6 Tonnage Sum Insured : Market Value First Year of Registration : 2016 Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Potcyholder's order or with their permission.
 b) 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.

: All Age Condition Age Condition

Limitation as to use* :

1) Use in connection with the Policyholder's business.

2) Use for she carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

* 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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AlS Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6336 6200. Alternatively, You may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

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).

0500540022

ALLINK INSURANCE AGY-CV

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 153 BUKIT BATOK ST 11 #02-290

SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte, Ltd,

Bee Khoon Jennifer Lim