

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 05/01/2022 14:48 (SGT)
Date of Accident 03/11/2021 20:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF5173X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RISHIKA PTE LTD
Company Reg No 201118504M
Email Address RISHIKA2320@GMAIL.COM
Mobile Phone No (Phone) +65-91079704
Alternative Phone No (Office) +65-62911427

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 1900243060-02
Cover Note Number -

DRIVER

Name of Driver MAIDEEN RISWAN
Passport No/FIN G2451429W

Date Of Birth	08/01/1991
Occupation	Outdoor
Date Of Driving Pass	28/11/2014
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-90370848
Alt. Phone Number	-
Email Address	MRIMRIOO@GMAIL.COM
Address	57A ROWELL ROAD
Address complement	-
Postcode	208002
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SJU2295Z
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAHJEEV KUMAR
NRIC No	S8122756Z
Contact Number	(Phone) +65-87522529
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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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")

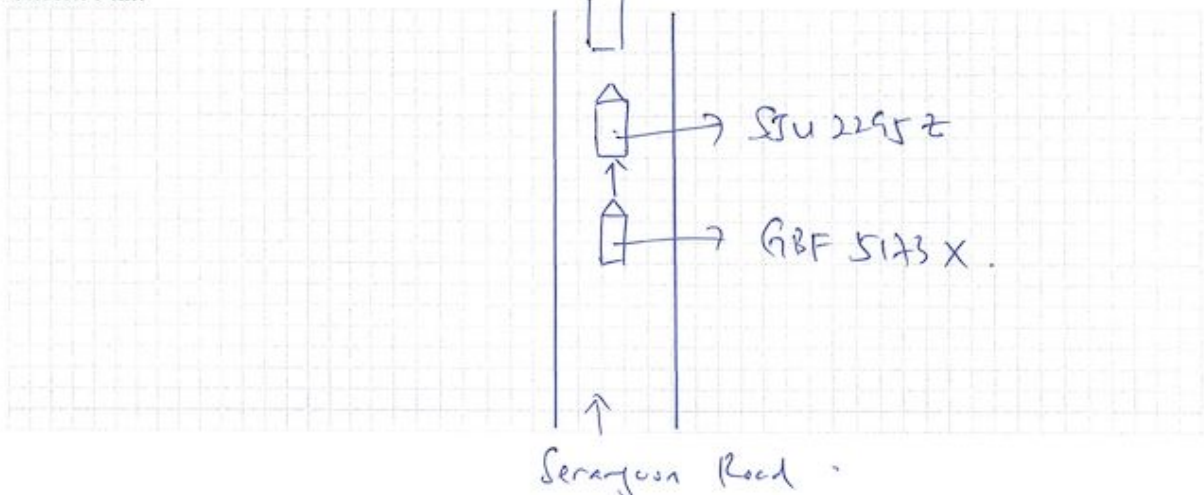
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I driving alone Serangoon Road then my front car making the emergency brake then I also making the emergency brake immediately. accident happen time weather condition Raining I driven lorry to the Serangoon then go hit to the front car

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

















AIG Asia Pacific Insurance
Pte. Ltd.
AIG Building, 78 Shenton Way
#09-16
Singapore 079120
T: (65) 6419 3000
www.aig.sg

Your Ref :GBF5173X
Our Ref : 9100083322SG-003

Date : 15 November 2021

Rishika Pte Ltd
58 Desker Road
SINGAPORE 209585

WITHOUT PREJUDICE

Dear Sir/Madam,

**ACCIDENT INVOLVING GBF5173X AND SJU2295Z ON 03 November 2021
AT SERANGOON RD TOWARD BALESTIER RD Singapore**

We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at our approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30%(20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully,

Claims Department
AIG Asia Pacific Insurance Pte. Ltd.

This is computer generated document, no signature is required.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG21011738/Gpa3

27 Dec 2021

By Registered Mail
(First Reminder)

Rishika Pte Ltd
57 ROWELL ROAD
SINGAPORE 208002

Dear Sir,

ACCIDENT INVOLVING GBF5173X(AIG) AND SJU2295Z ON 03/11/2021 @
20:27HRS ALONG/ AT SERANGOON RD TOWARD BALESTIER RD

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd to settle a THIRD-PARTY claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please report the accident within ten (10) days from date of this letter (by 06 Jan 2022) for us/AIG to look into the matter as soon as possible.

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Chew Hsiao Tong (Ms)
Claims
Tel : 6742 3197
Fax: 6741 4108
Email : chewht@lkkauto.com

c.c *Claims Manager*
 AIG Asia Pacific Insurance Pte. Ltd
 (Motor Claims Dept)



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder	: Rishika Pte Ltd	Vehicle No.	: GBF5173X
Period of Insurance	: 25 Nov 2021 To 24 Nov 2022	Policy No.	: 1900243060-02
Engine No.	: 1KD2619197	Endorsement No.	:
Chassis No.	: KDY2318025136	Issued Date	: 23 Nov 2021

ABOUT THE COVER

Make/Model	: TOYOTA DYNA [Lorry]	Sum Insured	: Market Value	First Year of Registration	: 2016
Engine Capacity/Tonnage	: 1.5 Tonnage	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive*

a) Any person who is driving on the Policyholder'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 S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
2) Use for the 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; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and 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. 169), 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 - \$0

Section 2

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/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: Daimler Financial Services Africa & Asia Pacific Ltd

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia).

0504218000

ASTAR CS (TWO) PTE. LTD.

1 ANG MO KIO INDUSTRIAL PARK 2A #06-06 AMK TECH 1
SINGAPORE 568049

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Dr. Robert Rohazah

RISHIKA PTE LTD

Roc No: 201118504M

57 Rowell Road Singapore 208002.Tel:62911427

Fax: 62911891, h/p: 91079704

TO,
AIG Asia Pacific Insurance Pte Ltd
78 shenton way
#09-16
Singapore-079120.

Re: GBF5173X AND SJU2295Z ACCIDENT INVOLVING 03.11.2021

Dear sir /madam

We authorize MAIDEEN RISWAN (FIN NO: G2451429W) to handle the insurance accident report on the above matters. If you need further assistance

Please contact @91079704

Thanks and Regards

Mangai .s
Director





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : MAIDEEN BISWAN

VEHICLE NUMBER : G1BF 5173X

DATE/TIME OF ACCIDENT : 03/11/2021 / 20:30 hrs

PLACE OF ACCIDENT : Serangoon Road toward Balestier Road

THIRD PARTY VEHICLE (IF ANY) : yes (SUU 22952)

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

I start Journey From Rowell Road to upper Thomson Road

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 IS THE RESULT?

No (I'm not drink any Alcohol)

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

Third Party vehicles behind door hit damaged

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

No ~~injured~~ passengers not injured this accident

.....
Name: Maideen Biswan

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000