SP14246I0002 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 18/06/2024 15:16 (SGT) SUBMITTED BY: NADIA HANI VERSION: 1 (18/06/2024 15:16 (SGT))

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 Actual 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.

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 First Submission 18/06/2024 15:16 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/06/2024 14:00 (SGT) Exact Location of Accident 1 Jalan Anak Bukit, Singapura 588996 Additional Location Information **BUKIT TIMAH PLAZA CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Auto

1498

Vehicle Registration Number SCA2388C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEUNG JOE FAI** NRIC No SXXXX506A Fmail Address JOFCHEUNG@GMAIL.COM Mobile Phone No (Phone) +65-96488203 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Ω2 Variant 1.5 TFSI S-TRONIC 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 Yes your vehicle? Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230102731

DRIVER

CC

Name of Driver **CHEUNG JOE FAI** NRIC No SXXXX506A Date Of Birth 10/05/1989 Occupation Indoor

Driving Pass Date	30/06/2010
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-96488203
Alt. Phone Number	-
Email Address	JOFCHEUNG@GMAIL.COM
Address	52 TOH TUCK ROAD
Address complement	#06-05
Postcode	596743
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle fregistration from the formed by briver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry
	Si,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	I and the second
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	_
Translator's phone number	
Translator's email	
Original language used in the statement	
Original language used in the statement	-
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	
I WAS MAKING A RIGHTWARD TURN TO GET OUT OF THE CA	ARPARK IN BUKIT TIMAH PLAZA. THERE WAS A LARGE BMW
	TWO LANES. I SQUEEZED THROUGH THAT VEHICLE AND MADE
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment? Was there any video captured by Car Camera?

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 & Time

1400hr

18 02/06/2024

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

Witnessed by Reporting Centre Personnel Tony Foons

Sketch Plan

Describe Circumstances of	the Accident	400
I was making a ri	strong tern to got out of the called a large BMW SW which stop nes. I squerzed through the graph the right site of the There was no injury of to the	expert in Butil Timely
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the coparle pillar.	There was no initing so to the	od party vehicles or
drivers.		(1
	2011/2011/2011/2011/2011	
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(1)		
Declaration		
We declare the foregoing particular	s are true in every respect.	
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1000		537900
8006/2024 1480 hr		1300
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre
1916	M TIME	Personnel Tony Rooms





































