SP14248S0001-04 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 28/08/2024 15:35 (SGT)
SUBMITTED BY: LIM KEE SIANG
VERSION: 5 (07/10/2024 18:10 (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	28/08/2024 15:35 (SGT)
Reported by	Actual Driver
Date of Accident	27/08/2024 20:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION AT PAYA LEBAR ROAD. (UNDER PIE FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB9330E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VICKRUM MUTHSAMY P
NRIC No	SXXXX550C
Email Address	Vickv06@gmail.com
Mobile Phone No	(Phone) +65-96908217
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	A4 SEDAN 2.0 TFSI 8W
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 your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800080628-05

DRIVER

Name of Driver	VM VIKJHAAEY
NRIC No	TXXXX440G
Date Of Birth	09/03/2002
Occupation	Indoor
Driving Pass Date	22/10/2021
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96721465
Alt. Phone Number	-
Email Address	vikjhaaey@gmail.com
Address	24 MUGLISTON
Address complement	-
Postcode	437728
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	VM VIDTHIYA
Gender	Female

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

ON 27 AUGUST 2024, IN OR AROIUND 2012 HRS, I WAS DRIVING DOWN PAYA LEBAR ROAD TOWARDS THE JUNCTION. MY SISTER, VM VIDTHIYA, WAS A PASENGGER. AT ALL TIMES, I WAS TRAVELLING BEHIND SNL 2360 T. I WAS DRIVING STRAIGHT TOWARDS THE JUNCTION WHEN THE LIGHTS TURNED AMBER. SNL 2360 T HAD CROSSED THE WHITE LINE, INTO THE JUNCTION BOX AND JAM BRAKED SUDDENLY. I HAD TO SWERVE MY CAR TO THE RIGHT, AVOIDING COLLISION WITH SNL 2360 T. BOTH CARS REMAINED STATIONARY AFTER COMING TO A HALT. THEREAFTER, SNL 2360 REVERSED BACK INTO MY CAR, EVEN THOUGH I HAD HONKED. THE DRIVER OF SNL 2360 T HAD ONLY STOPPED WHEN MY SISTER WOUND DOWN THE WINDOW AND YELLED AT THE DRIVER TO STOP.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNL2360T
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG ENG ANN
NRIC No	SXXXX494F
Contact Number	(Phone) +65-93832808
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	VM Vidthiya
Gender	-
Phone No	(Phone) +65-92385627
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDB9330E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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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 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' 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.

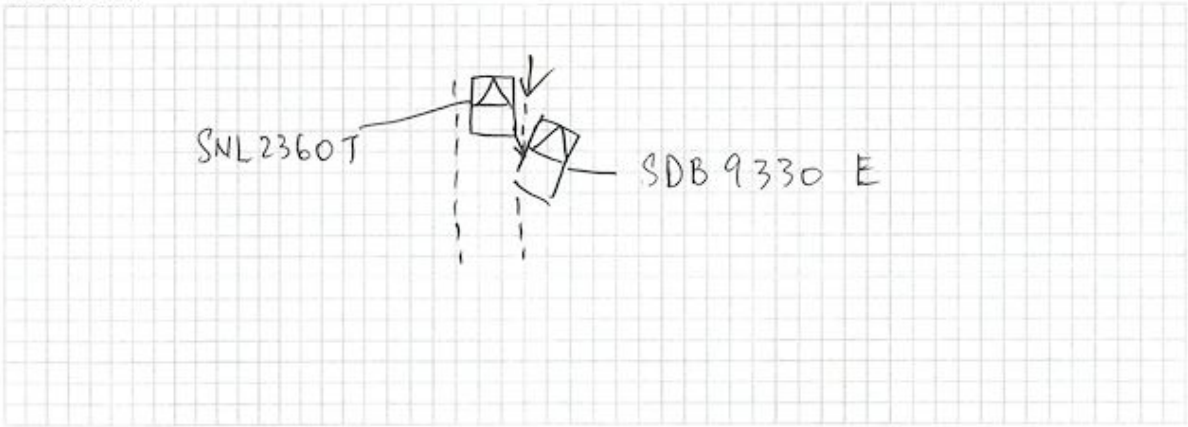
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	28 AUG 2024 1416 HRS	

Sketch Plan



Describe Circumstances of the Accident

On 27 August 2024, in or around 2012 HRS, I was driving down Paya Lebar Road towards the junction. My sister, VM VIDTHIYA, was a passenger. At all times, I was travelling behind SNL 2360T. I was driving straight towards the junction when the lights turned Amber. SNL 2360T had crossed the white line, into the junction box and Jam braked suddenly. I had to swerve my car to the right, avoiding collision with SNL 2360T. Both cars remained stationary after coming to a halt. Thereafter, SNL 2360T reversed back into my car, even though I had honked. The driver of SNL 2360T had only stopped when my sister wound down the window and yelled at the driver to stop.

Declaration

I/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
	28 AUG 2024 1416 HRS	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20

IMAGES #21

IMAGES #22


AUDI AG
WAUZZZF41JA165172
1985 kg
3485 kg
1 - 1040 kg
2 - 1045 kg
Typ B8/8W
Audi
CVKB467
032018

IMAGES #24

IMAGES #25

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: S66SS0020G / 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 : SP14248S0001-03 Vehicle Registration No: SDB9330E

Name(as shown in NRIC) : VICKRUM MUTHSAMY P NRIC/FIN/Passport No : SXXXX550C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 24 MUGLISTON Singapore(437728)

Contact (Tel) : Mobile No. : 96908217

Email Address : Vickv06@gmail.com

Date of Accident : 27/08/2024 Time of Accident : 20:12

Place of Accident : JUNCTION AT PAYA LEBAR ROAD. (UNDER PIE FLYOVER)

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:

TO CONVERT REPORT FROM CLAIMING OWN INSURANCE TO REPORTING ONLY

VICKRUM.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Chu Hay
NRIC/FIN No.: 409R
Date: