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.

- 4. The issue and acceptance of this is form by instrained 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 24/07/2024 16:21 (SGT) Reported by Owner Date of Accident 24/07/2024 10:30 (SGT) Exact Location of Accident 53 Ubi Rd 1, Singapore 408698 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8864K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PREMIUM AUTOMOBILES PTE LTD Company Reg No 1XXXXX271W **Email Address** claims@premiumauto.com.sg Mobile Phone No (Phone) +65-63662323 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant 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

No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900243305-04

DRIVER

Name of Driver **FU KEE MIN** Passport No/FIN GXXXX820Q Date Of Birth 17/02/1977 Occupation Indoor

| Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 12/08/2022 1 YEAR AND 11 MONTHS Male (Phone) +65-87204800 - claims@premiumauto.com.sg 53 UBI ROAD 1 - 408699 No Employee No |
|--|---|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collided into Parked Vehicle Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement | No 2 No - Yes 1 No |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? | No No |
| CIRCUMSTANCES OF ACCIDENT | |
| THE ACCIDENT HAPPENED AT 53 UBI ROAD 1 WAREHOUSE. WHILE I REVERSE THE LORRY AND ACCIDENTALLY HIT INTO | AN BMW VEHICLE SJW 168 K |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? | Yes No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant | SJW168K BMW - |

Private car

Vehicle Colour Vehicle Category

| 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 Formmust 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.
- 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)

Lunderstand, 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 & Driver'

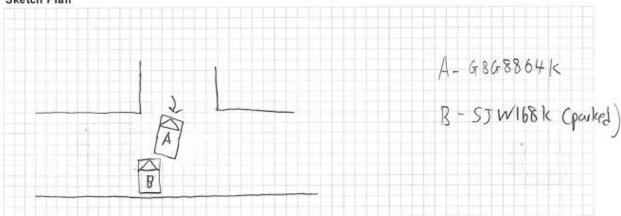
SAR

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

Witnessed by Reporting Centre Personnel Tom Person 9

Sketch Plan

Time



| The accident happened at 53 Uhi Rd I ware house. | | | | | | | | | | |
|--|--------------|---------|-------------|-------|--------|-----|----------|-------------|------|----|
| | The accident | | hoopened at | | 53 Ubi | Obi | Rd 1 | ware house. | | |
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Declaration

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



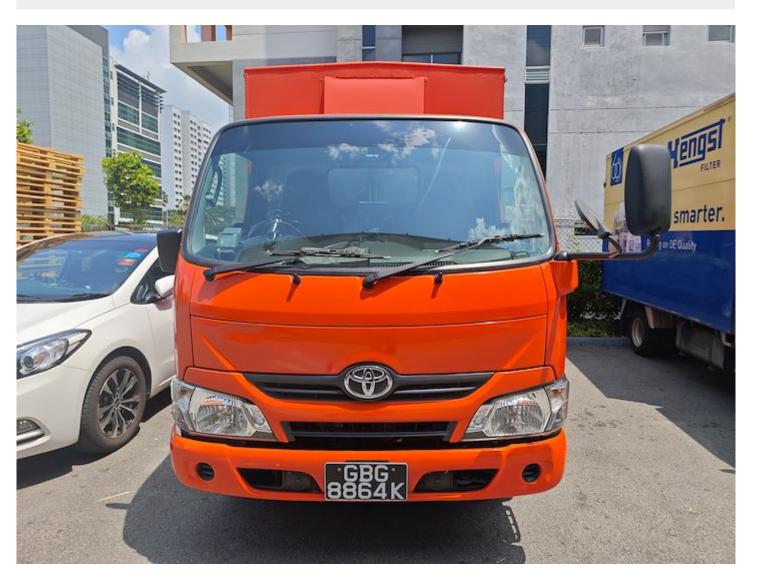
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel Tony Feo na





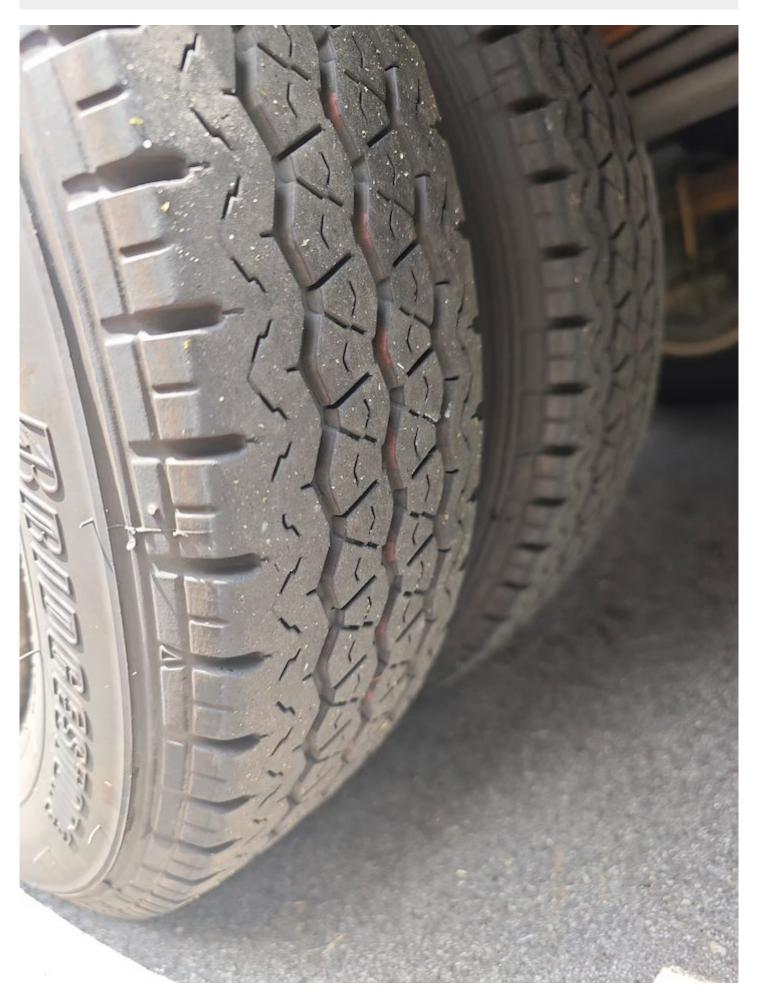


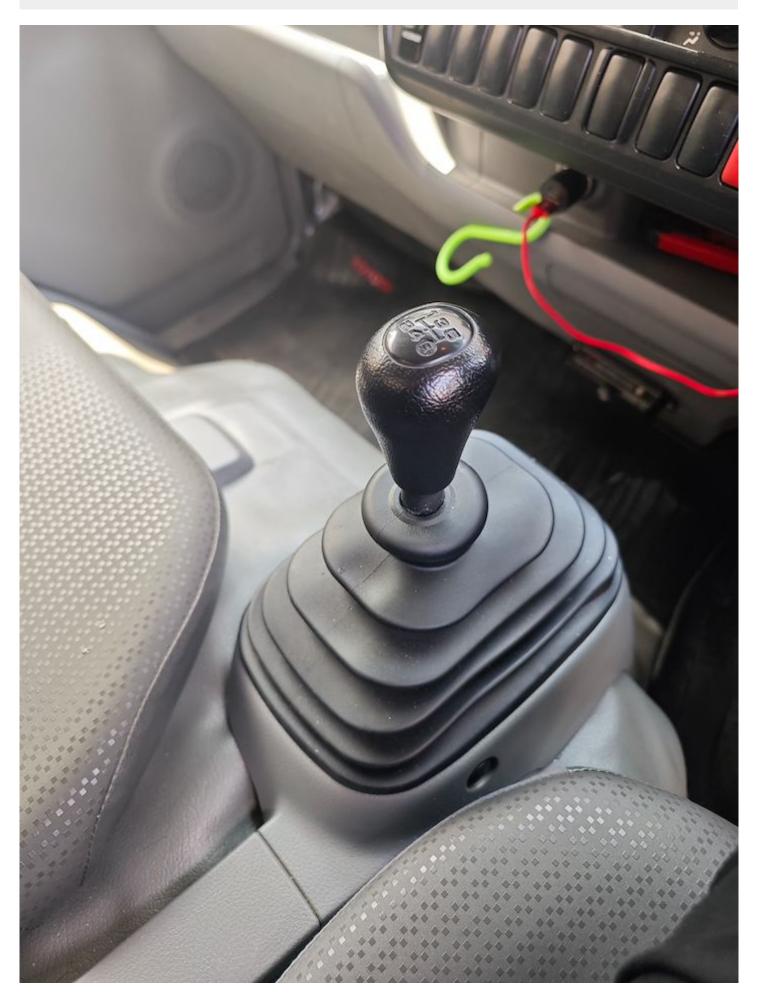


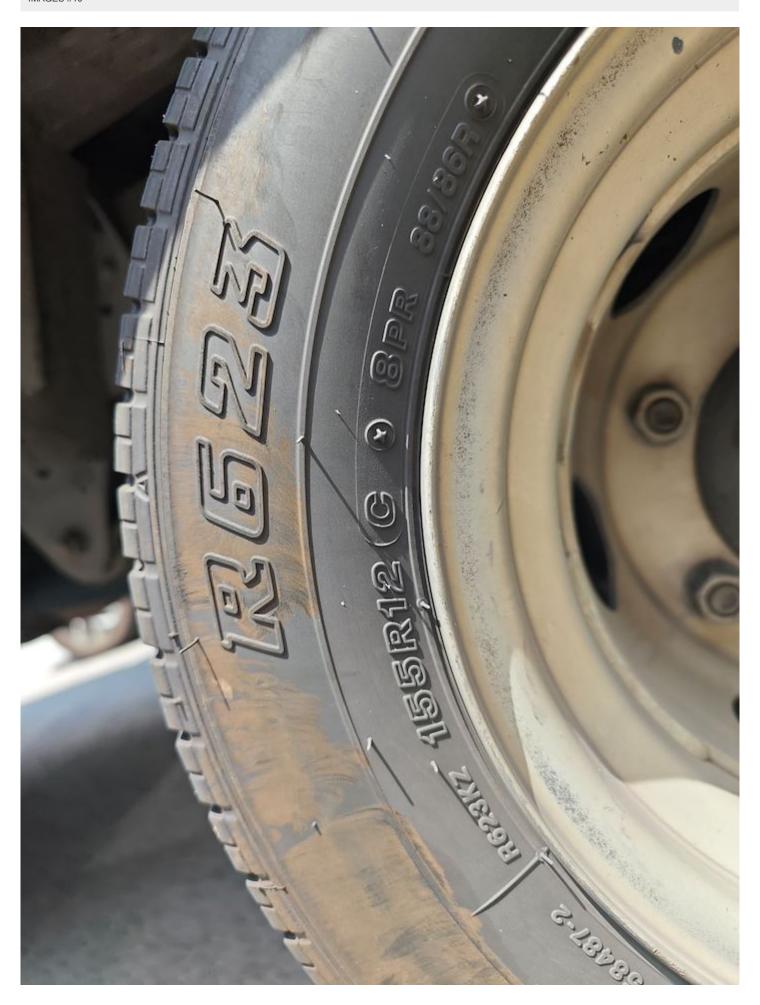






















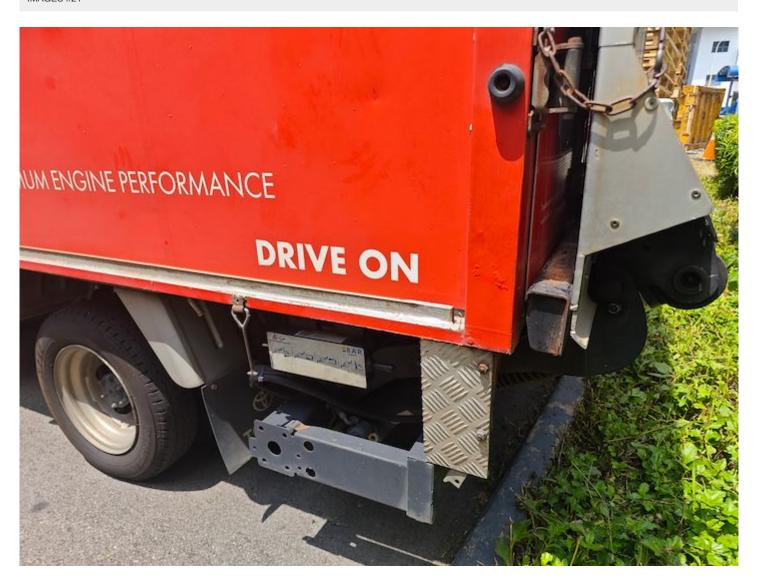














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SP14247O0002 _Vehicle Registration No: GBG 8864 K PREMIUM AUTOMOBILES PTE LTD NRIC/FIN/Passport No: 1XXXXX271W Name(as shownin NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate _Singapore(⁴⁰⁸⁶⁹⁹) 55 UBI ROAD 1 Address 63662323 Contact (Tel) Mobile No.: . claims@premiumauto.com.sg Email Address _Time of Accident: 10:30 24/07/2024 Date of Accident . 53 Ubi Rd 1, Singapore 408698 Place of Accident Insurance Company: AIG Asia Pacific Insurance Pte. Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO UPLOAD ACCIDENT PHOTOS Reporting Centre Personnel's Signature Name: LIM (Q) Slow Policyholder / Driver's Signature Date: NRIC/FINNO .: 5509h

Date:

GIARMC andendumform, V.