SP1824700005 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 24/07/2024 12:13 (SGT) SUBMITTED BY: Liang Siew Chin VERSION: 1 (24/07/2024 12:13 (SGT))



IMPORTANT NOTICE

- 1. 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 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 24/07/2024 12:13 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 24/07/2024 10:30 (SGT)
Exact Location of Accident 53 Ubi Rd 1, Singapore 408698
Additional Location Information 53 UBI ROAD 1 SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SJW168K

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

No
LAU MENG HONG REGINA
S6801811J

REGINALAU1112@GMAIL.COM
(Phone) +65-96781112

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer BMW Model 330i

Variant B.M.W. / 330I MSPT HUD NAV FOGLIGHT

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 - Claiming third party
Vehicle Category

Private car

Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance CompanyECICS LimitedPolicy Number / Cover Note NumberMPC24B00066600

DRIVER

Name of Driver

LAU MENG HONG REGINA

NRIC No

S6801811J

Date Of Birth

08/01/1968

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?	31/08/1988 35 YEARS AND 11 MONTHS Female (Phone) +65-96781112 - REGINALAU1112@GMAIL.COM 11 ARNASALAM CHETTY ROAD #13-10 - 239949 Yes - 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 Weather Conditions Road Surface OTHER INFORMATION	Hit and run / Vandalism / Damaged whilst parked Clear Dry
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	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CA TEL 67415336	ARE PTE LTD
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHER	Yes No R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	

Vehicle Category

Vehicle Model

Vehicle Variant Vehicle Colour

Commercial vehicle

Name of Driver
Contact Number
Address
Address complement
Postcode
nsurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Premium Automobiles Pte Ltd

Date:24/7/2024 Time: 10:30am

Location: 53 Ubi Road 1

Our lorry GBG8864K accidentally damage your vehicle SJW168K while reversing. We are able to repair your vehicle back to original condition via insurance claim (claim Audi insurance).

During the repair we will provide a replacement car and install the protection film, ceremic coating (with previous invoice) as well if the repair is carry out with us. Those damaged parts will be replacing genuine BMW parts.

As for the repair, you can repair with us or BMW.



Your reference Your message of Our department Telephone Telefax E-mail.

Date

Premium Automobiles Pte Ltd 55 Ubl Road 1 Singapore 408699 Telephone +65 6366 2323 Telefax +65 6841 1183

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Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

SKETCH PLAN

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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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' 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 (Name as in WRICAD card)



























