MPA118015752 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 01/02/2018 11:22 SUBMITTED BY: Tony Foong Chin Fong

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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 Report 01/02/2018 11:22 Date Of Accident 31/01/2018 21:30

TAN TOCK SENG HOSPITAL CARPARK **Exact Location Of Accident**

Country/State of Loss **SINGAPORE**

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW2218L

Insured/Policyholder

Name Of Registered Owner CHUA CHOON GUAN

NRIC No S8012703J

Email Address DESMONDCHUACG@GMAIL.COM

Mobile Phone No (LOCAL) +65-97604621

Alternative Phone No Home-97604621

Vehicle Particulars

Manufacturer AUDI

Model A3 1.0 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 your vehicle?

YFS

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

1800003093 Policy Number

Cover Note Number

Driver

CHUA CHOON GUAN Name of Driver

NRIC No S8012703J Date Of Birth 03/05/1980 Occupation **INDOOR** 24/05/2000 **Date Of Driving Pass**

17 YEARS AND 8 MONTHS Driving Experience

Gender **MALE**

Mobile Number (LOCAL) +65-97604621

Fax Number

Contact Number HOME-97604621

EMail Address DESMONDCHUACG@GMAIL.COM

BLK 322 TAMPINES STREET 33 Address

#10-146

Postcode 520322

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD ON COLLISION**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AT 2129HR ON 31 JAN 2018, I WAS ON THE WAY TO LEAVE TAN TOCK SENG HOSPITAL CARPARK AFTER WORK. I WAS INTENTION TO TURN RIGHT WHEN I NOTICE THAT THE VEHICLE INFRONT OF MY STOPPED IN THE MIDDLE OF A JUNCTION. I CAME TO A STOP AS WELL AND WAITED FOR IT TO MOVE FORWARD. HOWEVER THE VEHICLE IN FRONT OF ME REVERSED INSTEAD. I TRIED TO GAIN THE DRIVER'S ATTENTION BY SIGNALLING A CONTINUOUS HONK. THE DRIVER PAUSED FOR A MOMENT BUT THEN PROCEEDED TO REVERSE AND HIT AGAINST THE DRIVER RIGHT SIDE AT THE FRONT OF MY CAR. THE DRIVER IN FRONT CAUSED A DENT TO THE REAR LEFT OF HIS CAR DURING THIS ACCIDENT. NO PERSON WAS INJURED THIS ACCIDENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SJA5215R**

Vehicle Make/Model/Colour HONDA CROSSROAD

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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
- 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

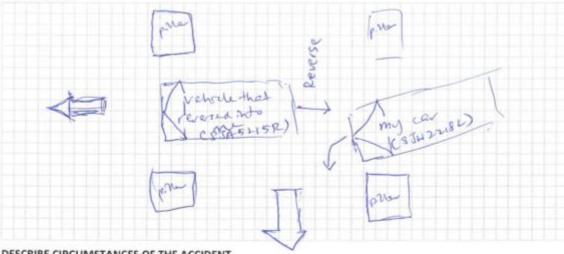
Policyholder's Signature Date & Time: 2/1

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

Reporting Centre Personnel's Signature Name: Tony

toon NRIC/FIN No .: G2010107K





E-FILE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

H	2129th on 31 Jan 2018, I wan on the way to leave
7	in Took Song Hospaal carpal after work. I was menday
	o two right when I notared that the vehicle in fort of
	ne stopped not the modelle of a junion.
	11
	I came to a stop as were and wated for it to
	more forward - Howaras, the vehicle in find of me
	revised motiond. I had tried to gon the draw's
	attendan by signally a continuous homb. The drave
	persed for a moment but then proceeded to
	veren out his against the donne's oght son at the
	fort of my car.
	1 0
	The vear teft of our car t
(3)	The drow on front caneed a dead to the rear left of
	his cer dury due andes
	No person was nighted dury this auderd.
_	

DECLARATION

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

Policyholder's Signature Date & Time:

1/2/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tony Foory NRIC/FIN No.: 6704 62040197X















E-FILE 2/6/2018





E-FILE 2/6/2018



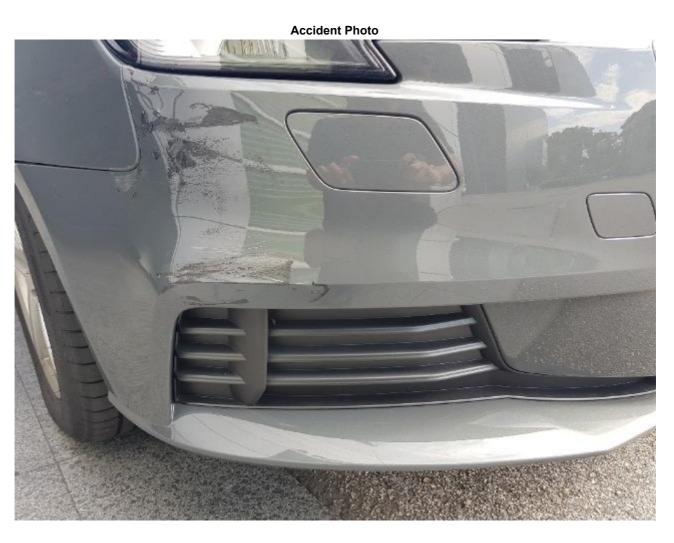












E-FILE 2/6/2018

