MPA118028570 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 28/02/2018 16:00 SUBMITTED BY: Mastura Binte Osman Basah

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 <u>truthful and accurate</u> 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 28/02/2018 16:00

Date Of Accident 28/02/2018 06:20

Exact Location Of Accident ANG MO KIO AVE 4 & YIO CHU KANG RD JUNCTION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDU2319K

Insured/Policyholder

Name Of Registered Owner AMPALAVANAR RATNARAJA

NRIC No S1324733A

Email Address RATNA9009@GMAIL.COM
Mobile Phone No (LOCAL) +65-90090766

Alternative Phone No Home-64557927

Vehicle Particulars

Manufacturer AUDI

Model A4 SEDAN 1.4 TFSI S

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

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1700015962

Cover Note Number

Driver

Name of Driver VIMALA D/O PUNNIAMOORTHY MRS. VIMALA RATNARAJA

NRIC No S1667722A

Date Of Birth 16/04/1964

Occupation INDOOR

Date Of Driving Pass 29/10/2004

Driving Experience 13 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91839091

Fax Number
Contact Number

Address

EMail Address RATNA9009@GMAIL.COM

BLK 445 SIN MING AVENUE

#05-473

Postcode 570445

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

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

I WAS WAITING AT THE JUNCTION OF YIO CHU KANG ROAD AND ANG MO KIO AVE 4. THE LIGHT WAS GREEN WHEN I PROCEEDED TO TURN RIGHT TO AMK AVE 4. SUDDENLY, THERE WAS A CAR ON MY SIDE AND WAS TOO LATE TO REACT. THE CAR HIT MY REAR LEFT DOOR.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW1309P

Vehicle Make/Model/Colour KIA CERATO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JUAY CHIEW JOO

NRIC/Passport Number S8209605A Contact Number 96458167

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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)
 - (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:

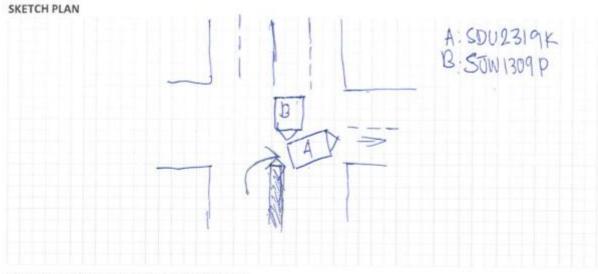
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name-LIM KOR Sons NRIC/FIN No .:



E-FILE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the junction of Yio Chukang Road and
1 was warring of the junction of the churching Road and
Ang Mo Nio Ave 4. the light was green when I proceeded
proceeded to turn right to AMIL AVE 4. Suddenly there
was a car on my side and was too late to react.
The car hit by rear left door.
THE CUT TIT 100 TEW 1971 GLOUT.

DECLARATION

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

Policyholder Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: JIM KRE Song NRIC/FIN NO .: GRESSES 69M

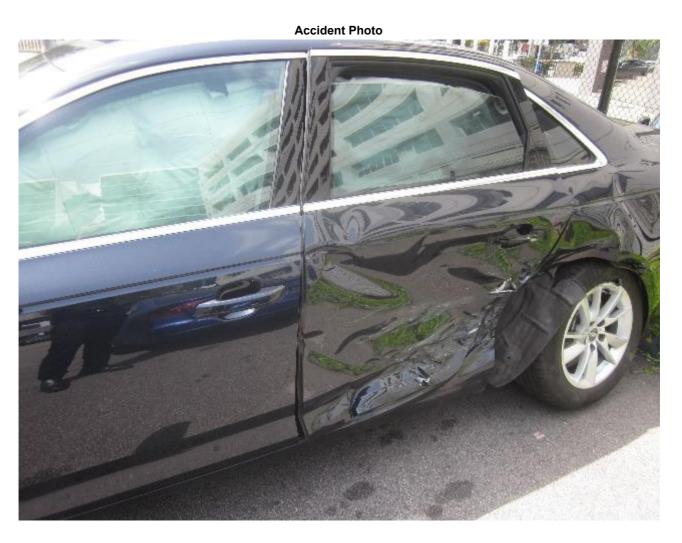


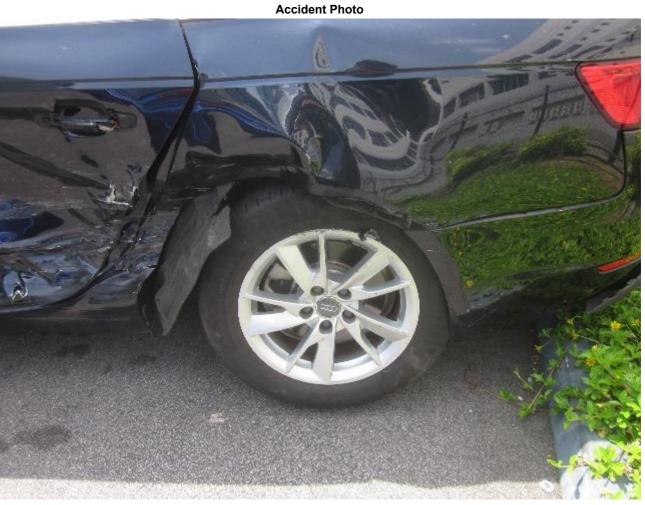






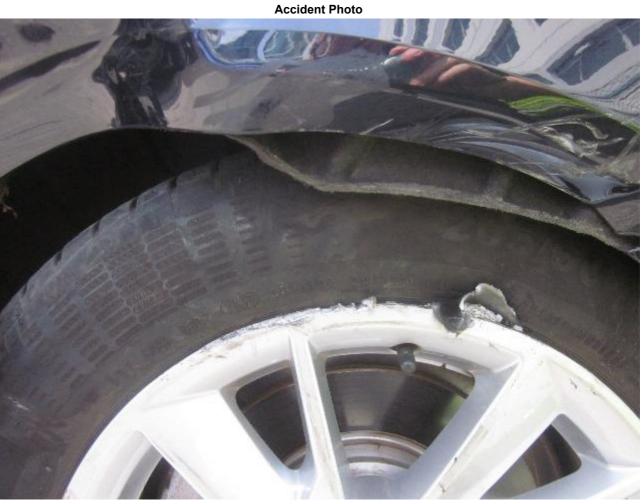






























Accident Photo

