MPA118041567-01 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 27/03/2018 19:25 SUBMITTED BY: Mastura Binte Osman Basah

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 27/03/2018 20:47

### 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 27/03/2018 19:25

Date Of Accident 25/03/2018 18:00

Exact Location Of Accident LORONG ONG LYE S(536443)

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SLS4419H

Insured/Policyholder

Name Of Registered Owner RAJITH MOHAN

NRIC No S7868235C
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90615634

Alternative Phone No Office-90615634

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?

YES

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

Cover Note Number

**Date Of Driving Pass** 

Driver

Name of Driver RAJITH MOHAN

NRIC No S7868235C

Date Of Birth 08/11/1978

Occupation INDOOR

Debition Formation as

Driving Experience 5 YEARS AND 5 MONTHS

19/10/2012

Gender MALE

Mobile Number +65-90615634

Fax Number

Contact Number OFFICE-90615634

EMail Address NOEMAIL

Address 35 LORONG ONG LYE,

#04-12, CASA ROSA CONDO,

Postcode 536443

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

NO

## **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**

THE CAR WAS PARKED IN THE ROADSIDE PARKING ALONG LORONG ONG LYE. THE CAR WAS FOUND TO BE DAMAGED WHEN I RETURNED. NO CCTV ALONG THE AREA AND SINCE ITS A SIDE COLLISION, NO VIDEO EVIDENCE. THE DAMAGE IS ON THE FRONT RIGHT SIDE AND REAR RIGHTSIDE. ITS A SIDE SWIPE.

# Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour UNKNOWN

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

E-FILE

#### SKETCH PLAN

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- 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:
  - 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:
  - 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: toxy Food NRIC/FIN No.: 670401976

# Sketch Plan #2

SKETCH PLAN		
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DESCRIBE CIRCUMSTANCE		
Ong Lye. M	parked in the road side a car was found to do all cut along the and a no rideo evedence.	perking along Loring be demaged when
the front on	a no video predence. ght side and rock ord	The danger is on
PECLARATION  We declare the foregoing parti	culars are true in every respect.	AC BY.
R		
olicyholder's Signature Jate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Toly folk NRIC/FIN No.: G7040187X







**Driving License** 



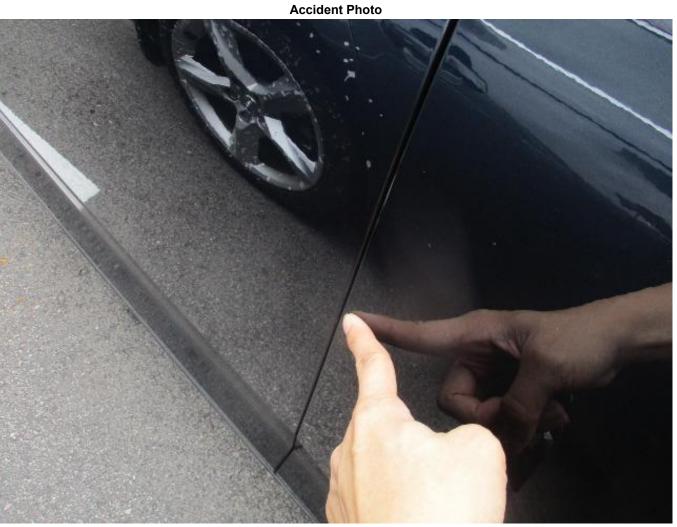






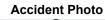


E-FILE 4/5/2018



# **Accident Photo**









## **Accident Photo**



**Addendum Sheet** 



#### 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: \$665500206 / 657 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: MPAIIS 04 1567-01 \_\_\_\_\_ Vehicle Registration No: \_\_\_\_ SLS 4419 H Name(as shown in NRIC): PAJITH MOHAN NRIC/FIN/Passport No : 5 7868 2350 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_\_Mobile No.:\_\_\_\_ Contact (Tel) Email Address : 25/03) 18 \_\_\_\_\_\_\_ Time of Accident : \_\_\_\_\_ 1800 Date of Accident Place of Accident : LORON G ONG LYE Insurance Company: AIG (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 attach sketch plan Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: MASTYRA RTE OSMAN NRIC/FINNo.: Date: