

## 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 withholding 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	23/04/2018 16:46
Date Of Accident	22/04/2018 12:05
Exact Location Of Accident	ALONG ROAD 1 LIM CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2424P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Co Reg No	199902271W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66900280

### Vehicle Particulars

Manufacturer	AUDI
Model	S3 SEDAN 2.0 TFSI QU
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999994635
Cover Note Number	

### Driver

Name of Driver	LIM THIAM HOCK, JOSHUA(LIN TIANFU)
NRIC No	S8519846G
Date Of Birth	12/07/1985
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98366351
Fax Number	
Contact Number	

Address	27 UPPER SERANGOON VIEW #10-14
Postcode	534045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 22/04/2018 AT ABOUT 1202 HRS, I WAS DRIVING MY VEHICLE ALONG LIM CHU KANG ROAD TOWARDS CEMETERY DIRECTION. IN THE MIDST OF DRIVING, I DROVE PASS A POT HOLE THEREFORE I STOPPED MY VEHICLE ALONG THE ROADSIDE WITH HAZARD LIGHT ON. I EXIT MY VEHICLE TO CHECK ON THE FRONT LEFT WHEEL. WHILE I WAS CHECKING, I HEARD A BANG SOUND. I MADE A CHECK AND DISCOVERED THAT THERE WAS A CYCLIST COLLIDED ONTO THE REAR OF MY VEHICLE AND LANDED ON THE GROUND AND THE REAR WINDSHIELD WAS TOTALLY SHATTERED. I MADE A CHECK ON HIM AND HE SUFFERED FROM MINOR CUTS HOWEVER AMBULANCE WAS ACTIVATED TO RENDER ASSISTANCE AND SUBSEQUENTLY, HE WAS BEEN CONVEYED TO UNKNOWN HOSPITAL. BEFORE HE WAS BEEN CONVEYED , WE EXCHANGE PARTICULARS AND HE TOLD ME THAT HE WAS LOOKING DOWN WHILE HE RODE THEREFORE HE DID NOT NOTICE MY VEHICLE. HIS PARTICULARS ARE AS FOLLOWED: CHUA CHOON HIAN, S7107070J, TEL : 97435947 I AM INSTRUCTED BY TP IO FADZLY, TEL: 65476437 TO LODGE A REPORT. NO GOVERNMENT PROPERTIES DAMAGED PRIOR TO THE INCIDENT.

#### 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	
Details Of Properties	
Vehicle Category	NA/UNKNOWN

NRIC/Passport Number	S7107070J
Contact Number	97435947
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHUA CHOON HIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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) 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 (b) 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:

23/04/2018  
1600

Driver's Signature

(If driver is not the policyholder)

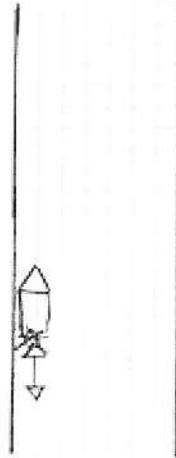
Date & Time:

  
  
Reporting Centre Personnel's Signature  
Name: WONG KHENG SENG, Geoff  
NIC/FIN No.: G 29 87143

Sketch Plan #2

SKETCH PLAN

Along LIM CHU KANG ROAD



SLV 2424P

BICYCLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Please refer to Police Report*  
*Police report NO. T/20180422/2019*

DECLARATION

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

Policyholder's Signature

Date & Time:

23/04/2018

1600

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *WONG KITHONG SENG, Group*

NRIC/FIN No: *G2987143X*