MPA118166584 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 28/12/2018 09:31 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 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 Report 28/12/2018 09:31

Date Of Accident 27/12/2018 18:40

Exact Location Of Accident ALONG BUANGKOK EAST DRIVE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA4008D

Insured/Policyholder

Name Of Registered Owner CHAI CHEE MENG

NRIC No S7578950E

Email Address CHEEMENGCM@GMAIL.COM

Mobile Phone No (LOCAL) +65-98157571

Alternative Phone No Others-98157571

Vehicle Particulars

Manufacturer AUDI

Model A6 1.8 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?

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 1800044000

Cover Note Number

Driver

Name of Driver CHAI CHEE MENG

 NRIC No
 \$7578950E

 Date Of Birth
 13/02/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 22/07/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98157571

Fax Number

Contact Number OTHERS-98157571

EMail Address CHEEMENGCM@GMAIL.COM

83 ANCHORVALE CRESCENT

Address

#07-25

Postcode 544626

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

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) 2

Passenger 1 Name: : ANGELA DAN

Gender: : Female

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 DRIVING IN THE MIDDLE LANE, SUDDENLY THE LORRY CUT INTO MY LANE. I TRIED TO SIGNAL HIM TO STOP BUT HE REFUSED. I MANAGED TO FOLLOW HIM TILL THE TRAFFIC LIGHT AND ASKED HIM TO STOP AND COOPERATE BUT HE REFUSED TO DO SO TOO.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD2628G

Vehicle Make/Model/Colour NISSAN / CABSTAR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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.
- 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.
- 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.
- 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:

28/2/2018

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

Name: Tony Foony NRIC/FIN No.: 620401672

Sketch Plan #2

SKETCH PLAN		
	1 1	A = SJA 400
	A R	B= GBD 26
1		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
my lane. I -	ried to signal him to stop the traffic light and asket too to do so too.	but he refused. I managed him to stop and cooperate
DECLARATION I/We declare the foregoing part	iculars are true in every respect.	SOUTH PRESENTATION OF THE
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time: 26/12/2018

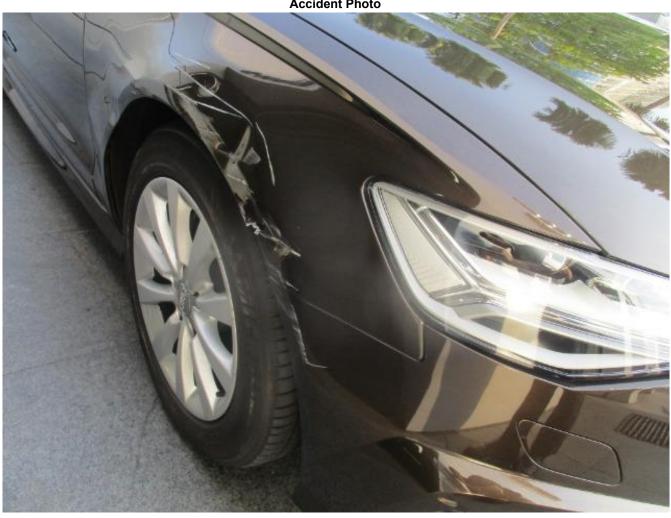
Reporting Centre Personnel's Signature Name: Tory Farry NRIC/FIN No.: 4 20401671

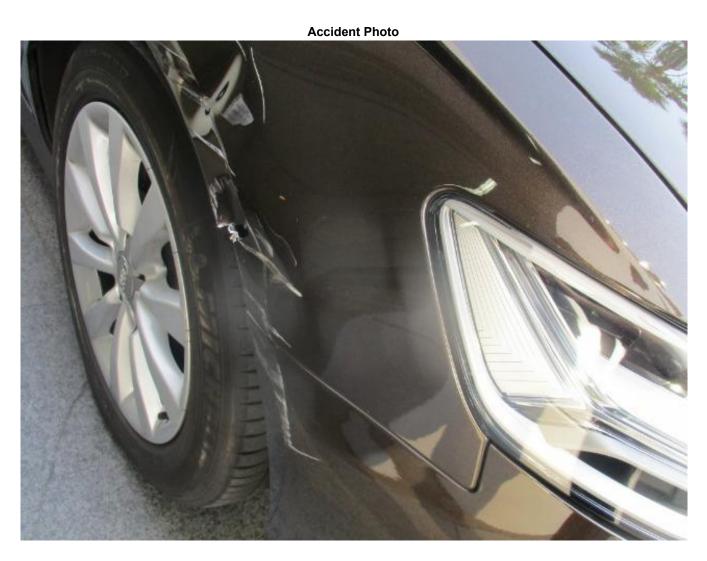


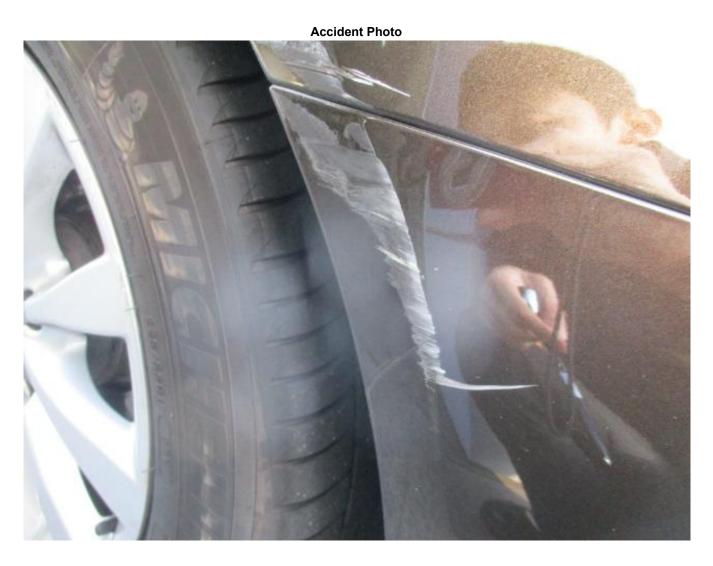








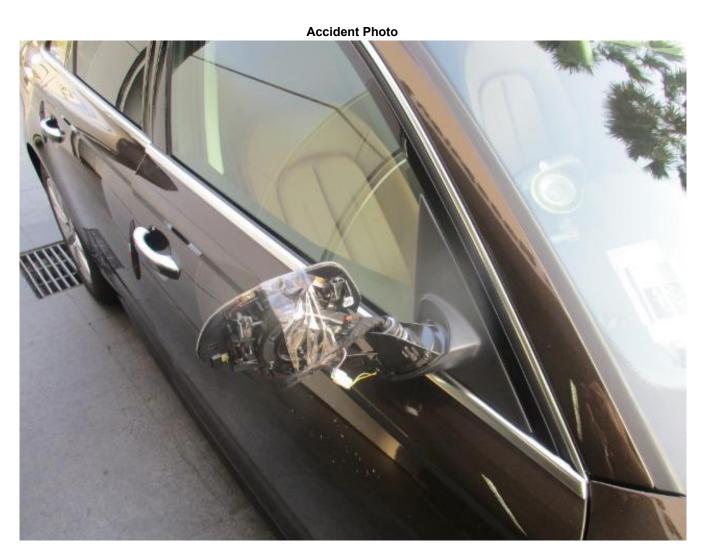






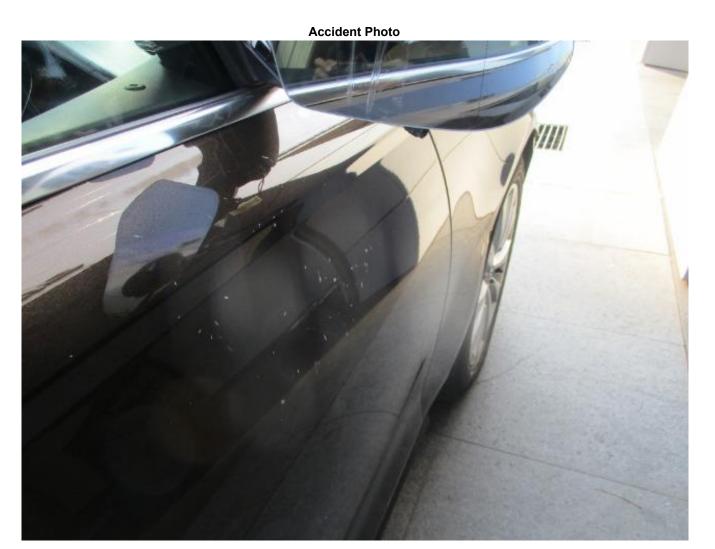






Accident Photo

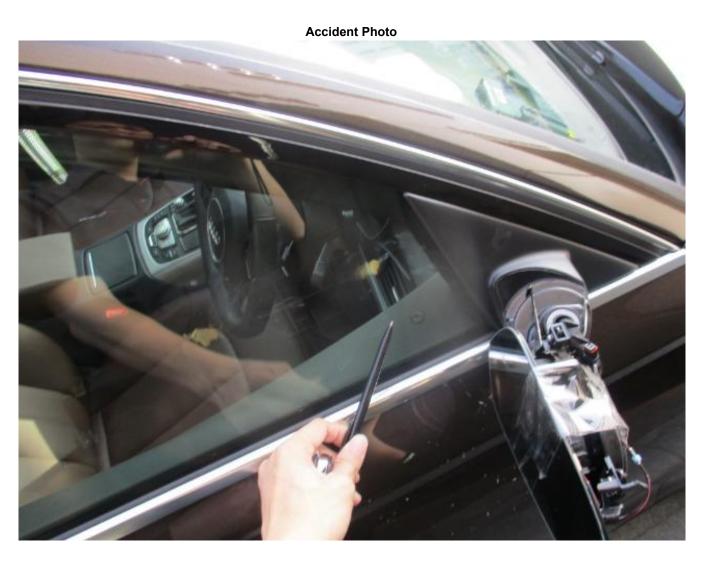




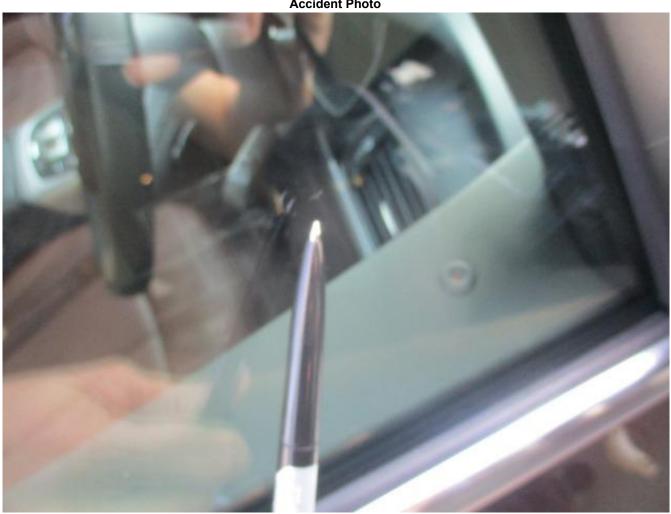
E-FILE 12/31/2018







Accident Photo



Accident Photo

