MPA118166555 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 27/12/2018 20:17 SUBMITTED BY: Jeffrey Tan Eng Su

### 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 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 27/12/2018 20:17

Date Of Accident 27/12/2018 10:00

Exact Location Of Accident TAKASHIMAYA CAR PARK

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SMG3230S

Insured/Policyholder

Name Of Registered Owner ZHANG YING
Passport No/FIN G8040434X
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97246918

Alternative Phone No Office-97246918

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.4 TFSI

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 1800144165

Cover Note Number

Driver

Name of Driver ZHANG YING
Passport No/FIN G8040434X
Date Of Birth 14/10/1984
Occupation INDOOR
Date Of Driving Pass 26/09/2016

Driving Experience 2 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97246918

Fax Number

**Contact Number** OFFICE-97246918

**EMail Address NOEMAIL** 

Address **BLK 10 BEDOK RISE #01-32** 

Postcode 469601

Was driver an employee of the Insured's Company

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 COLLIDED INTO PROPERTY

Weather Conditions **CLEAR** Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 1

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? NO

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? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

I HIT THE PILLAR WHEN I WAS REVERSING INTO THE CAR PARK SLOT

Attachment(s)

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

Was there any audio recorded? NO

### Sketch Plan

### SKETCH PLAN

## IMPORTANT NOTICE

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- 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.

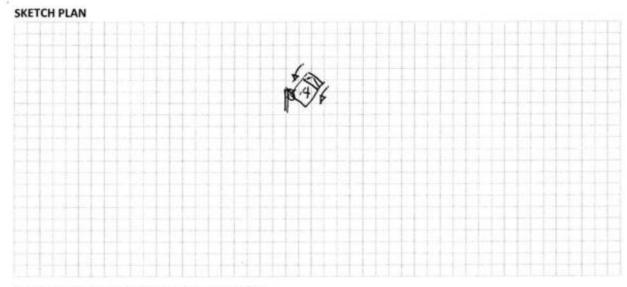
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: WING KNONG SENG, GEO

NRIC/FIN NO .: C72987188

# Sketch Plan #2



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Î hit	the pilhr	when I	was reversing	into the	corporte	Af.	
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# DECLARATION

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

Policyholder's Signature Date & Time:

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

GARNA SketchPlani rem V3

Reporting Centre Personnel's Signature Name: WORLY KHONEY STAP, GROMA NRIC/FIN No .: G 2987/6X

**Driving License** 

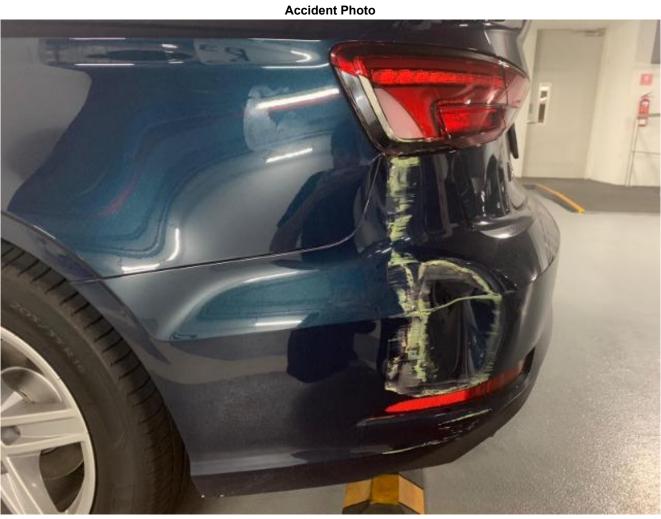








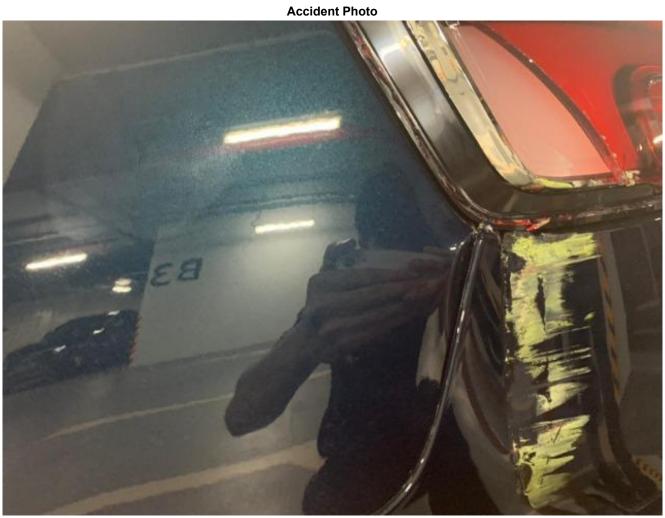




**Driving License** 









# **Accident Photo**

