MPA119031446 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 08/03/2019 14:07 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 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
 08/03/2019 14:07

 Date Of Accident
 07/03/2019 15:55

Exact Location Of Accident ROCHOR RD (NEAR ROCHOR FLYOVER)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM9929B

Insured/Policyholder

Name Of Registered Owner GOH SI FENG, CHESTER

NRIC No S8723222J

Email Address CHESTERGOH87@GMAIL.COM

Mobile Phone No (LOCAL) +65-97548907

Alternative Phone No Home-63772408

Vehicle Particulars

Manufacturer AUDI

Model A3 SEDAN 1.0 TFSI 8V

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 2100507390-01

Cover Note Number

Driver

Name of Driver GOH SI FENG, CHESTER

 NRIC No
 \$8723222J

 Date Of Birth
 12/09/2006

 Occupation
 INDOOR

 Date Of Driving Pass
 12/09/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97548907

Fax Number

Contact Number HOME-63772408

CHESTERGOH87@GMAIL.COM **EMail Address**

BLK 102 BUKIT PURMEI ROAD

Address

#03-84

Postcode 090102

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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?

NO

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver) 2

Passenger 1 Name: : ANDREW CHWEE

> Gender: : Male

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AFTER EXITING TEMASEK BLVD, I WAS SWITCHING LANE IN ORDER TO MAKE A RIGHT TURN AT BEACH ROAD. AFTER REACHING THE 2ND LANE AS ALL OTHER CAR ARE AT A STOP.I ATTEMPTED TO FILTER OUT SLOWLY AS MY CAR WAS ALREADY OUT WITH THE HEAD. I CHECKED TWICE AND IT WAS CLEAR HENCE, I WENT FORWARD. (AS THIS PART WAS A SLOPE, MY VIEW WAS LIMITED, HENCE, I ALREADY TOOK THE EXTRA PRECAUTION TO CHECK AND GO OUT SLOWER) THIS WAS WHEN THE OTHER VEHICLE SUDDENLY APPEARED CAUSING MY FRONT RIGHT BUMPER TO COLLIDE INTO HIS FRONT LEFT SIDE DOOR. I WASN'T SURE IF HE WAS TRAVELLING OR SPEED UP TO PREVENT AN OVERTAKE BUT IF HE WASN'T SO FAST THE SCRATCHES ON HIS CAR SHOULDN'T BEEN SO LONG. AFTER WHICH I MOVED MY VEHICLE BEHIND HIM AS I WAS BLOCKING TRAFFIC AND STARTED EXCHANGING DETAILS.

Attachment(s)

YES 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

KIA / CERATO / NAVYBLUE Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver WONG SOO HUAT

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SMD8352G

S1782467H

90477621

Sketch Plan

E-FILE

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
- 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.
- 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

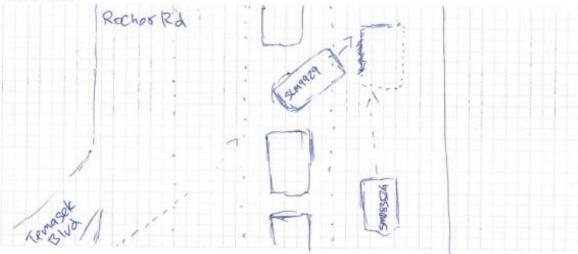
Date & Time: 08 | 03 | 19

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

Reporting Centre Personnel's Signature Name

NRIC/FIN No :





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After Exting Temasek Blvd , I was switching make a right Turn at back Road other cars are to filter out slowly forward was limited hence already check and no out slower ofwas vonicle Suddenly Rumper to I wasn't sure if he to prevent an overtake but if he wasn't so on his not shouldn't been so long, my venicle and Storted exchanging

DECLARATION

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

Policyholder's Signature

Date & Time: 8/3/

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:



E-FILE 3/13/2019



Accident Photo













Accident Photo









Accident Photo

