MPA119038064 / Premium Automobiles Pte Ltd - UBI
ENTRY DATE & TIME: 22/03/2019 18:49
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	22/03/2019 18:49
Date Of Accident	21/03/2019 15:30
Exact Location Of Accident	NEAR TO 81 SCIENCE PARK DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFQ3939L
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN SHARIF
NRIC No	S1353289C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86482201
Alternative Phone No	Others-86482201
Vehicle Particulars	
Manufacturer	AUDI
Model	S3 SB 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	
Cover Note Number	
Driver	
Name of Driver	NURHAYATI BINTE ABDUL RAHIM
NRIC No	S8709903B
Date Of Birth	16/04/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	11 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-86482201
Fax Number	
Contact Number	
EMail Address	NURHAYATI.ABD.RAHIM@GMAIL.COM
Address	BLK 467 ADMIRALTY DRIVE #03-183
Postcode	750467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
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)	1

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

WAS DRIVING ALONG SCIENCE PARK DRIVE (NEAR BLK 81) S-ROUTE ROUD, ON A SECOND LANE, I SAW A CAR STATIONARY IN FRONT OF ME. I CHECK AND SIGNAL RIGHT TO CHANGE LANE. AS I WANTED TO CHANGE, I SAW ONCOMING VEHICLE SPEEDING FAST. I STOP MY CAR TO LET THE CAR MOVED. I SAW THE WHITE CAR THEN SWERVE TO THE RIGHT AND MOUNT THE KERB. NO COLLISION OCCURED AS THE OTHER VEHICLE SWERVE TO THE RIGHT. NO DAMAGE TO MY CAR.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA7246P
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LIEW PEIWEN GREETA
NRIC/Passport Number	S8905580F
Contact Number	96635005
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**.
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 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. 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.
7. 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 :

   (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 (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

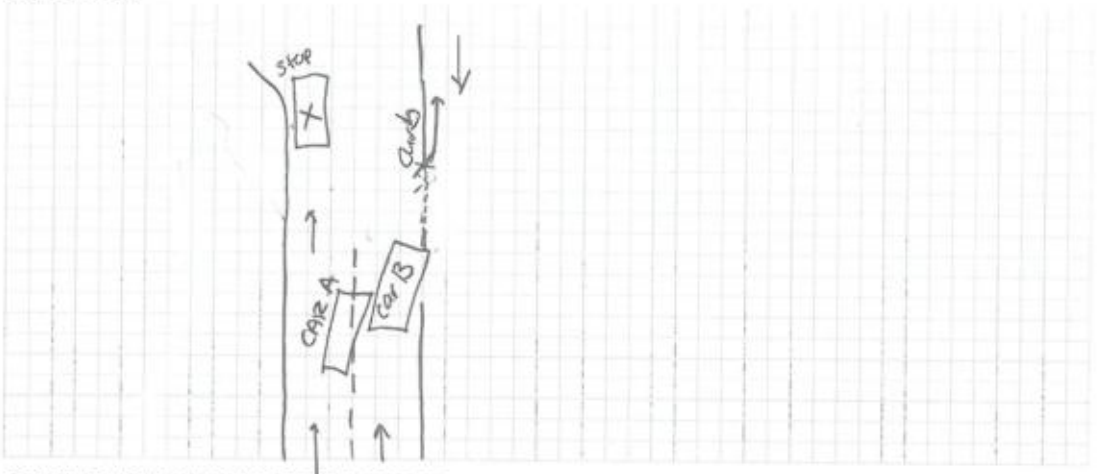
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 22/3/19.	Reporting Centre Personnel's Signature Name: SITI MARELIA NRIC/FIN No.: S8910260Z

PREMIUM AUTOMOBILES PTE LTD

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was Driving along Science Park Drive (near to Blk 81), S-route road, on a second lane, I saw a ~~white~~ car stationary in front of me. I check and signal right to change lane. As I wanted to change I saw oncoming vehicle speeding fast. I stop my car to let the car moved. ~~The~~ I saw the white car then swerve to the right and mount the kerb.

No collision occur as the other vehicle swerve to the right. No damage to my car.

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: 22/3/19.

PREMIUM AUTOMOBILES PTE LTD

Reporting Centre Personnel's Signature
Name: Siti Marsilla
NRIC/FIN No.: S8910260Z