MPA119044648 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 05/04/2019 21:13 SUBMITTED BY: Tony Foong Chin Fong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/04/2019 21:13
Date Of Accident	05/04/2019 12:50
Exact Location Of Accident	315 OUTRAM ROAD05 S(169074) CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2015Y
Insured/Policyholder	
Name Of Registered Owner	WEE CONGYOU
NRIC No	S8109627I
Email Address	CONGYOU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97885930
Alternative Phone No	Others-97885930
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 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	1700067995-01
Cover Note Number	
Driver	
Name of Driver	CHEONG SU MEI, DAWN
NRIC No	S8606446D
Date Of Birth	12/02/1986

INDOOR

12/05/2017

1 YEAR AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-85877175

Fax Number

Contact Number

EMail Address DAWN.CHEONG@HOTMAIL.COM

Address 29 FLORA ROAD #06-02

Postcode 509742

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - FIANCEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

2

NO

NO

1

NO

NO

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

in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

1)1B INDICATES ROUGHLY WHERE CAR WAS PARKED/1: MYCAR / 2: OTHER PARTY 2)QUICK HEADCHECK TO RIGHT, AS I WAS EXITING CARPARK LOT AND NEARING THE BROKEN YELLOW LINES AND DID NOT SEE ANY APPROACHING CARS. 3)DID NOT NOTICE ANY CAR TURNING FROM LANE A. 4)APPROX 5M BETWEEN LANE A AND B, BUT VIEW IS AT AN ANGLE 5)DID NOT EXPECT ANY CAR TO TURN FROM OPPOSITE SIDE LANES C/D/E AS THAT IS AGAINST TRAFFIC 6)OTHER DRIVER APPROACHED VERY FAST SPEED IN CARPARK AT ABOUT 20KM/H, TOO LATE TO STOP. -ONLY VIDEO RECORDING WAS A TRUNCATED COPY FROM OTHER DRIVER'S DASHBOARD CAM. -I REQUESTED EARLIER VIEW OF THE ONLY RECORDING BUT OTHER DRIVER HAS REFUSED TO PROVIDE. -OTHER DRIVER HAS ALSO REFUSED TO PROVIDE POST-COLLISION PHOTOS C DESPITE HAVING AGREED PRIOR TO MOVING THE CARS TO AN UNOBSTRUCTIVE LOCATION. 7)SUSPECT OTHER PARTY TURNED FROM LANE C AS THIS LANE I CANT REALLY SEE INTO, AND ALSO GIVEN THE TRAJECTORY OF HIS CAR.

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

SJE800M

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AUDI A4 SEDAN DARK GREY

PRIVATE CAR

MICHAEL WONG MING KWONG

S7663985Z

91769996

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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 Name: 3(1) NRIC/FIN No.:



















































