MPA119059040 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 07/05/2019 16:04 SUBMITTED BY: Nurdiyana Binte Ahmad

## 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
 07/05/2019 16:04

 Date Of Accident
 06/05/2019 17:30

Exact Location Of Accident 2 GEYLANG SERAI (MSCP)

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SLJ7314D

Insured/Policyholder

Name Of Registered Owner WAN WEI HWANG

NRIC No S7637298E

Email AddressLENWAN76@GMAIL.COMMobile Phone No(LOCAL) +65-94516500

Alternative Phone No Home-62550983

**Vehicle Particulars** 

Manufacturer AUDI

Model A3 SPORTBACK 1.0 TF

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 2100495067-02

Cover Note Number

Driver

Name of Driver WAN WEI HWANG

NRIC No S7637298E

Date Of Birth 09/11/1976

Occupation INDOOR

Date Of Driving Pass 26/08/1996

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94516500

Fax Number

Contact Number HOME-62550983

EMail Address LENWAN76@GMAIL.COM

Address 28 JALAN DATOH #07-10

Postcode 329426

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 -

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Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

sistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT.

Attachment(s)

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

Was there any audio recorded?

#### **Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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 insurers) 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 Personners Signature Name: Sih Wevsitta

NRIC/FIN No.: 5 81 (0260

SKETCH PLAN	A fillar	
SL\$9340		
DESCRIBE CIRCUMSTANCE	ICES OF THE ACCIDENT	
pared a	of 860517, I returned to any or and discovered of the cor dancged while my our was my SCP of Guyleng Levai Money (24cyleng Levai Money (24cyleng Levai Money (24cyleng Levai Money)	el (mai)
two was ni	o vite left neward. Laisent see any CCTV - by my cercon has not morry so I done video potye.	
ECLARATION We declare the foregoing parti	ticulars are true in every respect.	

E-FILE

POLICE REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20190507/2073

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 13:02		Made:	Vide Report No.:	Station Diary No.: 62	
Informa	nt's Partic	ulars .			
Name of Informant: WAN WEI HWANG			Address: 28 JALAN DATOH #07-10 SINGAPORE 329426		
ID Type / ID No.: NRIC NO / S7637298E			Contact No.: Home/Office:	Mobile: 94516500	
Nationali SINGAP	ty: ORE CITIZ	'EN	Email:		
Sex: Male	Age: 42	Date of Birth: 09/11/1976	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DOCTOR			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/05/2019 17:3	Type of Loc Car Park	cation:
Location: Along Road 1 GEYLANG SI Blk 2 Geyland	ERAI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One way	ion:			Anyone conveyed	4 hu

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLJ7314D		AUDI	A3 SPORTBAC K 1.0 TFSI S TRONIC (LED)	Red		0

**POLICE REPORT** 





T/20190507/2073

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Report No. T/20190507/2073

2 of 3

Tel No: 1800-8486999

CONTINUATION OF REPORT

On 6 May 2019 at about 5:30pm, I came back to my vehicle SLJ7314D and discovered that the rear right tail light and bumper was hit by another vehicle. My vehicle was parked at level 1B. There was also no note left behind by the driver which hit my car. I am lodging this report for insurance claim purposes.

POLICE REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20190507/2073

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 13:02
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	



# **Accident Photo**



# **Accident Photo**







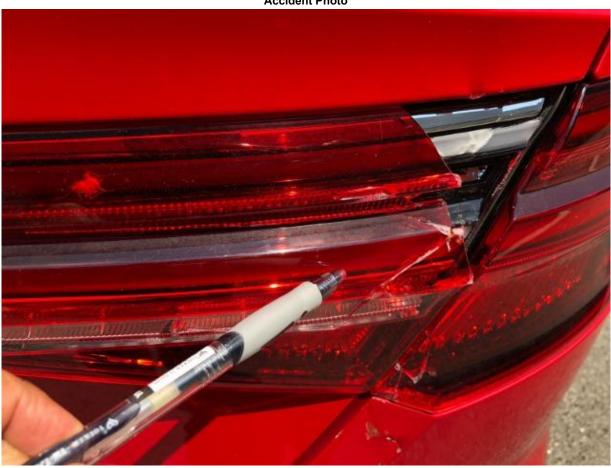
# **Accident Photo**







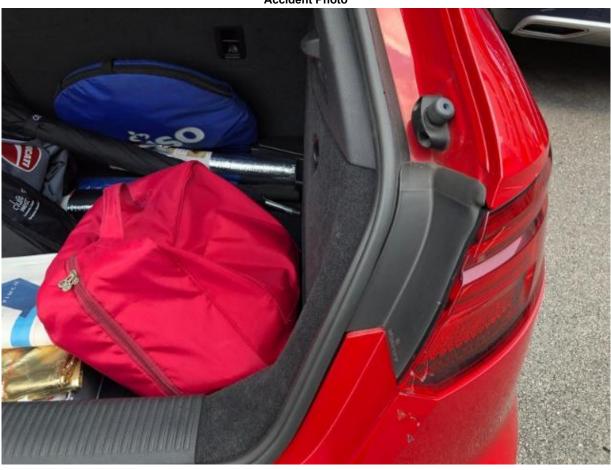












E-FILE 5/10/2019





