MPA119103424 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 06/08/2019 22:08 SUBMITTED BY: Tony Foong Chin Fong

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 conse 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	06/08/2019 22:08
Date Of Accident	06/08/2019 07:45
Exact Location Of Accident	BUKIT TIMAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ6814Y
Insured/Policyholder	
Name Of Registered Owner	ZHENG TIANYUAN
NRIC No	S8231455E
Email Address	TIANYUAN20@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81276670
Alternative Phone No	Office-81276670
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0
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	YES
Policy Number	1900070756
Cover Note Number	
Driver	
Name of Driver	ZHENG TIANYUAN
NRIC No	S8231455E
Date Of Birth	17/09/1982

**INDOOR** 

17/06/2004

15 YEARS AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-81276670

Fax Number

**Contact Number** OFFICE-81276670

**EMail Address** TIANYUAN20@GMAIL.COM

Address 105 PRINCE CHARLES CRESCENT #15-17

Postcode 159019 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** 

Type Of Accident COLLISION - MAJOR/MINOR RD

2

NO

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

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** 

I WAS MAKING A TURN INTO DUNEARN ROAD. I CHECKED THAT THERE WAS NO CAR IN LANE 1 SO I MADE THE TURN. UPON TURNING A BLACK AUDI SLX 8192 H CUT FROM LANE 2 INTO LANE 1 IN RONT OF ME AND SIDE SWIPED MY FRONT LEFT OF MY CAR.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLX8192H Vehicle Registration Number Vehicle Make/Model/Colour **AUDI A4** 

**Details Of Properties** 

Vehicle Category PRIVATE CAR

PETER TAY SENG LENG Name of Driver

NRIC/Passport Number S14031607 **Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

97548550

#### Sketch Plan

#### SKETCH PLAN

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- 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)

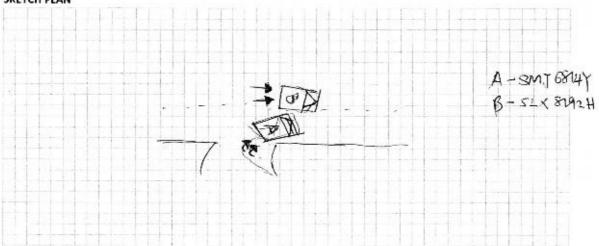
I understand, acknowledge, agree and consent that:

- (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:
  - 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 Resembl's Signature Name: WAIG KHONIG STICK, GOOGL NRIC/FIN No.: G. 2921460



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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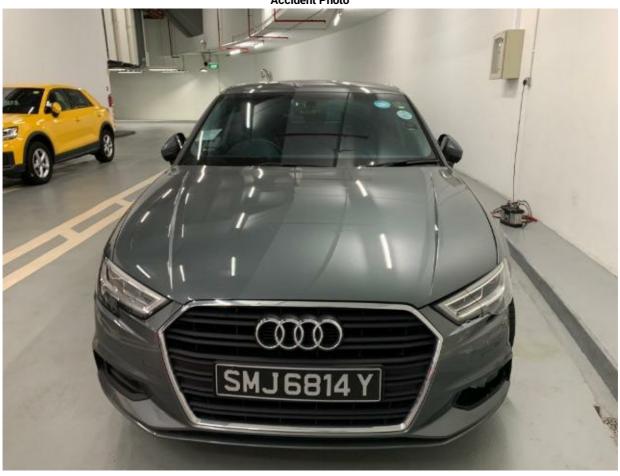
# DECLARATION

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

Gla .

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: 1264G, KHO-44 SEAU, GROY
NRIC/FIN No.: G295743X

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**Accident Photo** 









