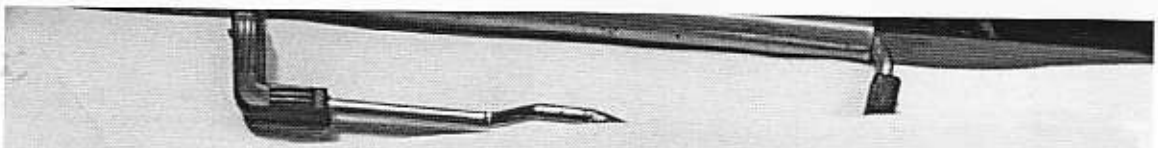
MPA119157642 / Premium Automobiles Pte Ltd - UBI
ENTRY DATE & TIME: 20/12/2019 17:12
SUBMITTED BY: Chang Chee Sing

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 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. 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	20/12/2019 17:12
Date Of Accident	20/12/2019 15:15
Exact Location Of Accident	NICOLL WAY BY RAFFLES BLVD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML225B
Insured/Policyholder	
Name Of Registered Owner	HUANG ZHONGSEN, JASON
NRIC No	SXXXX104C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96671386
Alternative Phone No	OFFICE-96671386
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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	1900093890
Cover Note Number	
Driver	
Name of Driver	HUANG ZHONGSEN, JASON
NRIC No	SXXXX104C
Date Of Birth	24/08/1988
Occupation	INDOOR
Date Of Driving Pass	09/02/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96671386
Fax Number	
Contact Number	OFFICE-96671386



Address	62 CHOA CHU KANG
Postcode	
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	SIDE SWIPE
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
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)	2
Passenger 1	NAME : TAN YEE SIN GENDER : FEMALE

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

I CHECKED MY BLIND SPOT AND SIGNAL BEFORE CHANGING LINE TO FOUR LINE. BUT THE VAN DRIVER DID NOT SIGNAL AND CHANGE THE LINE WITHOUT LOOKING AT OUR CAR. HENCE, THE VAN DRIVER CRUSH ON US. THE VAN DRIVER FROM FIVE LINE CHANGE TO FOUR LINE.

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

Vehicle Registration Number	GU5365X
Vehicle Make/Model/Colour	TOYOTA/VAN/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH GUAN LEONG (SU YUANLONG)
NRIC/Passport Number	SXXXX624B
Contact Number	
Address	
Postcode	

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) 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:

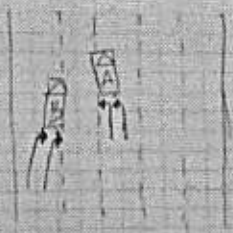
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.: [illegible]

Sketch Plan #2

SKETCH PLAN

A- SML 225B
B- GU5365X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~bad~~ I checked my ~~bind~~ spot, ~~and signal~~ before changing line to ~~4~~ four line. But the van driver did not signal and change the line without looking at our car. Hence, the Van driver ~~crush~~ crash on us. The van driver from ~~fourth~~ four line change to ~~three~~ four line.

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:

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

...ation Services Branch