MPA120046588 / Premium Automobiles Pte Ltd - UBI ENTRY DATE & TIME: 18/05/2020 10:28 SUBMITTED BY: Khoo Zhen Wei

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	18/05/2020 10:28
Date Of Accident	08/05/2020 10:15
Exact Location Of Accident	ALONG ROAD 1 LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP7744P
Insured/Policyholder	
Name Of Registered Owner	STOUPAS JEREMY CONSTANTINE
NRIC No	SXXXX994D
Email Address	JEREMY.STOUPAS@ALLENOVERY.COM
Mobile Phone No	(LOCAL) +65-98227714
Alternative Phone No	OFFICE-98227714
Vehicle Particulars	
Manufacturer	AUDI
Model	Q5 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?	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	
Cover Note Number	
Delicar	

Driver

Name of Driver

NGUYEN THI BE HAN

NRIC No

SXXXX249E

Date Of Birth

10/07/1981

Occupation

INDOOR

Date Of Driving Pass

17/09/2012

Driving Experience 7 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82231196

Fax Number

Contact Number

EMail Address HANSTOUPAS@YAHOO.COM.SG

Address 25 COVE WAY

#15-18

Postcode 098209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Contact

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , **POSTCODE**: 088762 , **COUNTRY**: SINGAPORE

TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

ON MONDAY, 8 MAY 2020 AT APPROXIMATELY 10.15 AM, I WAS DRIVING ALONG LOWER DELTA ROAD TOWARDS SENTOSA, WHEN I STOPPED BEHIND ANOTHER VEHICLE (REG VEHICLE NO. SMG 2258 U) (THE OFFENDING VEHICLE) AT A SET OF TRAFFIC LIGHTS WHILE THE LIGHT WAS RED. SHORTLY THEREAFTER, THE LIGHT TURNED GREEN AND ALL OF THE TRAFFIC GOING IN THAT DIRECTION PROCEEDED FORWARDS IN THE NORMAL FASHION, INCLUDING THE OFFENDING VEHICLE. BUT FOR NO APPARENT REASON WHATSOEVER, THE OFFENDING VEHICLE SLAMMED ON ITS BRAKES AND CAME TO A COMPLETE STOP IN THE MIDDLE OF THAT INTERSECTION TOTALLY UNEXPECTEDLY AND WITHOUT WARNING. THERE WAS NO REASON FOR OR NEED TO STOP AND NO OTHER VEHICLES WERE BLOCKING OR ABOUT TO BLOCK OR MOVE INTO HIS LANE AHEAD OF HIM. I BRAKED BUT NOT IN SUFFICIENT TIME TO AVOID A MINOR COLLISION WITH THE REAR OF THE OFFENDING VEHICLE. I ASKED THE DRIVER OF THE OFFENDING VEHICLE WHY HE HAD SLAMMED ON HIS BRAKES LIKE THAT AND HE WAS UNABLE TO PROVIDE ANY ANSWER. HE SAID HE WAS DELIVERING FOOD. AFTER THE ACCIDENT HE TURNED RIGHT AT THAT INTERSECTION SO IT IS CLEAR TO ME THAT HE STOPPED BECAUSE HE REALISED HE WAS IN THE WRONG LANE.NO OTHER VEHICLES OR PASSENGERS WERE INVOLVED IN EITHER CAR. NO WITNESSES.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMG2258U

Vehicle Make/Model/Colour GRAY HONDA VEZEL

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)

PRIVATE CAR CHANG HEE HUAT

SXXXX272J 97997058

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.
- 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>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 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 Insurence 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/iaw 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

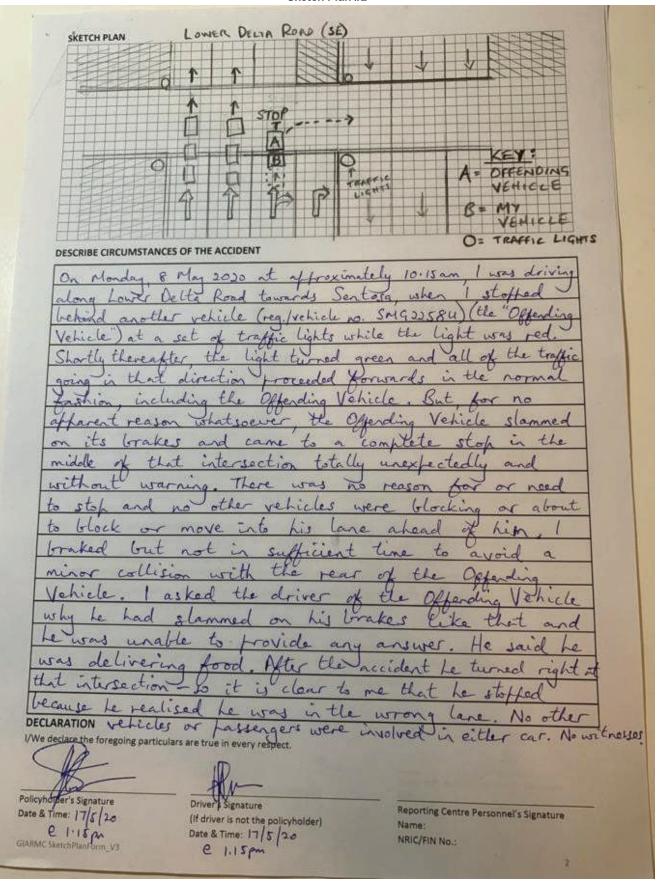
C 1.15 pm

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3







Police Station Of Origin: Bukit Merah East N P C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No. 1800-2369999

1 of 3 Report No. Tr20200508/2019

REPORT OF A TRAFFIC ACCIDENT

08/05/20	e Report (20 12:32	Made: +	Vide Report No.	Station Diary No.	
Informar	it's Partic	ulars			
	Informant THI BE I		Address: 25 COVE WAY #15-18 SING	SAPORE 098209	
	ID No. / S81882		Contact No.: Home/Office: Mobile: 82231196		
Nationalit	у	1102	Emait	7730000 34400 7700	
Sex Female	Age: 38	Date of Birth 10/07/1981	Type of Informant:		
Race. Vietnamese			Language:	Institution / School Name:	
Occupation: Company director			Oriving Licence Information: Class: 3	Date of Expiry	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/05/2020 10	46	Type of Location T-Junction
Along Road 1 LOWER DEL					
Weather:		Road Surface.		Road	Speed Limit:
Traffic Flow. Traffic Control. Two Way Traffic Light - Working				Traffic Votume: Moderate	
TWO YVBY					

Vehicle No.	Time	Make	Model	Color	Constitution.	Tax
venicie ivo.	Type	Make	Middel	Color	Gandillian	No of Passenge
SLP7744P	Car				Slightly	0
					Damaged	
SMG2258U	Car				Slightly	0
	risks.				Damaged	

Details of Person Involved	Real Property of the Control of the
Any Pedestrian Involved: No	
No. of Pedestrians Injured, NIL	Use of Pedestrian Crossing: NA



T/202090823019

Police Station Of Origin:
Buikt Merah East N.P.C
A 391 New Bridge Road Police Canton/rent
Complex SINGAPORE 088762
Tel No. 1800-2389999
CONTINUATION OF REPORT

2 of 3 Report No. T/20200508/2019

Driver			20000	THE RESERVE OF THE PERSON NAMED IN	
Name	NGUYEN THI BE HAN		ID No.	S8188249E	
Related Vehicle	SLP7744P (Car)		Contact No.	82231196	
Hospital/Clinic	NUL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc		harge NIL		
No. of Days gran	ted Medical Leave NIL		Injury NIL		
Driver	The same of the sa	Victoria de	E STATE OF THE PARTY OF THE PAR	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
Name	Chiang Hee Huat		ID No.	S6837272J	
Related Vehicle	SMG2258U (Car)		Contact No.	97997058	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge NIL		
No. of Days gran	ted Medical Leave NIL		Injury NIL		

Brief Details.

On 08/05/2020 at about 1016hrs, I was driving along Lower Delta Road towards Sentosa. When I was about to move off at one traffic light junction, another vehicle which was infront of my vehicle suddenly jammed brake shortly after it moved off. As a result, my vehicle hit the rear of the said vehicle infront. Only minor damages to the front of my vehicle and the other vehicle's rear. That is all.

Police Report





Police Station Of Origin Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex S/NGAPORE 988762 Tel No. 1800-2369999

3 of 3 Report No. T/20200008/2019

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

Sgt 1 LIM WEE ERN GABRIEL

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 85476151

Authentica 200 Stamp

Signatur

Singapore Police Force

Signature Of Informant:

Date/Time: 08/05/2020 12:32

Classification Of Case

