SP0R20C40002 / PREMIUM AUTOMOBILES PTE LTD [408699]
ENTRY DATE & TIME: 04/12/2020 15:38 (SGT)
SUBMITTED BY: TING SING WEI
VERSION: 1 (04/12/2020 15:38 (SGT))

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 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 Submission	04/12/2020 15:38 (SGT)
Date of Accident	03/12/2020 14:25 (SGT)
Exact Location of Accident	10 Jln Serene, Singapore 258748
Additional Location Information	NEAR SERENE CENTRE - BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML124J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUNIYANDI VAHITHA
NRIC No	SXXXX820B
Email Address	VANITHA.AYYA@GMAIL.COM
Mobile Phone No	(Phone) +65-81125764
Alternative Phone No	(Home) +65-81125764

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900094367
Cover Note Number	-

DRIVER

Name of Driver	MUNIYANDI VAHITHA
NRIC No	SXXXX820B
Date Of Birth	03/12/1978
Occupation	Indoor

Date Of Driving Pass	27/07/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81125764
Alt. Phone Number	(Home) +65-81125764
Email Address	VANITHA.AYYA@GMAIL.COM
Address	BLK 170
Address complement	#05-1135 STIRLING ROAD
Postcode	140170
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PILLAYAR AYYASAMY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS WAITING FOR THE TRAFFIC TO CLEAR ON THE MAIN ROAD TO TAKE MY TURN(LEFT). A CAR (SLB 2243 A) CAME AND COLLIEDE INTO MY CAR AND THE BEHIND PAST OF MY CAR HAD BEEN DASHED.

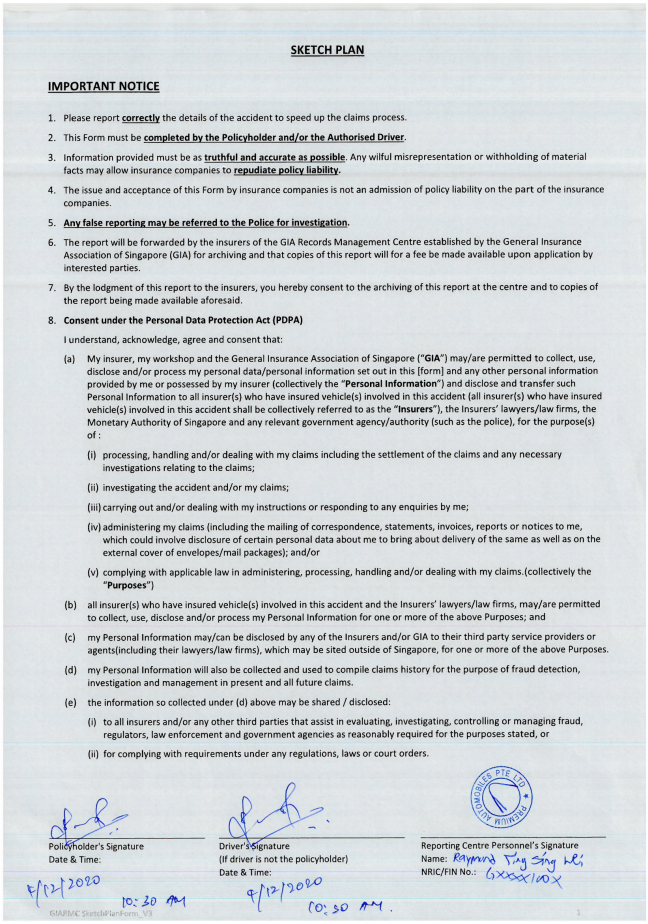
ATTACHMENT(S)

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	SLB2243A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEHA TAMOTIA

Work Permit No	GXXXX435X
Contact Number	(Phone) +65-90614104
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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7. 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 :

   (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:

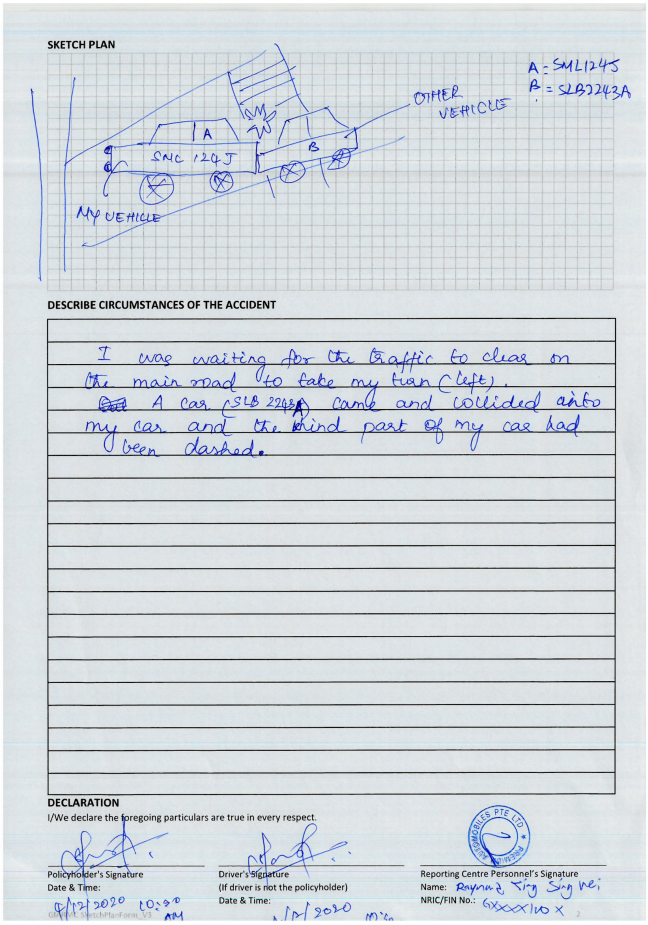
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 9/12/2020 10:30 AM	Driver's Signature (If driver is not the policyholder) Date & Time: 9/12/2020 10:30 AM.	Reporting Centre Personnel's Signature Name: Raymond Tay Sing Lee NRIC/FIN No.: Gxxxx100X

GIAPIMC SketchPlanForm_V1 1

SKETCH PLAN #2



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic to clear on the main road to take my turn (left). A car (SJB 3243A) came and collided into my car and the rear part of my car had been dashed.

DECLARATION

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

Policyholder's Signature
Date & Time: 9/12/2020 10:30 AM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/12/2020

Reporting Centre Personnel's Signature
Name: Rayna, Tay Siyne
NRIC/FIN No.: Gxxxx110X

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

AUDI AG
WAUZZZ8V8KA073869
1755 kg
3055 kg
1 - 0940 kg
2 - 0930 kg
Typ 8V
Audi
CHZD224
032019

IMAGES #19

10:20
04.12.2020
9026 km 9026.4
+28.0°c
6
7
8
130
°C
90
50
120
100
80
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10