

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 Submission	15/03/2021 17:58 (SGT)
Date of Accident	12/03/2021 17:00 (SGT)
Exact Location of Accident	Novena, Singapore
Additional Location Information	INFRONT OF NOVENA VELOCITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ21T
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Company Reg No	1XXXXX271W
Email Address	CLAIMS@PREMIUMAUTO.COM.SG
Mobile Phone No	(Phone) +65-67689827
Alternative Phone No	(Home) +65-67689827

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A8L
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993762/100881894-00016
Cover Note Number	-

DRIVER

Name of Driver	HADI WIDJAJA TANAGA
NRIC No	SXXXX008F
Date Of Birth	23/09/1954
Occupation	Indoor

Date Of Driving Pass	26/04/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-67689827
Alt. Phone Number	-
Email Address	CLAIMS@PREMIUMAUTO.COM.SG
Address	55 UBI ROAD 1
Address complement	-
Postcode	408699
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON FRIDAY 12 MARCH 2021 AROUND 1700 HRS. I WAS DRIVING ALONG THOMSON HEADING TOWARDS MOULMEIN ROAD.

AS I PASSED NOVENA VELOCITY AND WAS INTENDING TO TURN LEFT TOWARDS MOULMEIN ROAD I QUICKLY CHECKED MY LEFT WING MIRROR AND LEFT BLINDSPOT. UNKNOWINGLY, THE CAR IN FRONT OF ME STOPPED SUDDENLY AND I COULD NOT BRAKE IN TIME AND HIT INTO ITS REAR. THE CAR IN FRONT OF ME IS A HYUNDAI ELENTRA BEARING REGISTRATION PLATE SKE1155Z.

AFTER I GOT OUT TO HAVE A LOOK, I REALISED THAT THERE WAS ANOTHER YELLOW TAXI HYUNDAI i40 BEARING REGISTRATION PLATE SHB4948J IN FRONT OF SKE1155Z WHICH WAS ALLEGEDLY HIT BY SKE1155Z. I DO NOT KNOW EXACTLY HOW THAT ACCIDENT HAPPENED.

WE EXCHANGED PARTICULARS. THE DRIVER FOR SKE1155Z IS A GENTLEMAN MR LI GUOCHEN, HANDPHONE 90478017. THE DRIVER FOR THE YELLOW TAXI IS A LADY WITH HANDPHONE 93803221. MR LI GUOCHEN APPEARS ALRIGHT AND WERE AT THE SCENE TALKING FOR AT LEAST ANOTHER 45 MINS BEFORE MY TOW TRUNK CAME.

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	SKE1155Z
-----------------------------	----------

Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI GUOCHEN
Contact Number	(Phone) +65-90478017
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB4948J
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-93803221
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.
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.

6. 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.



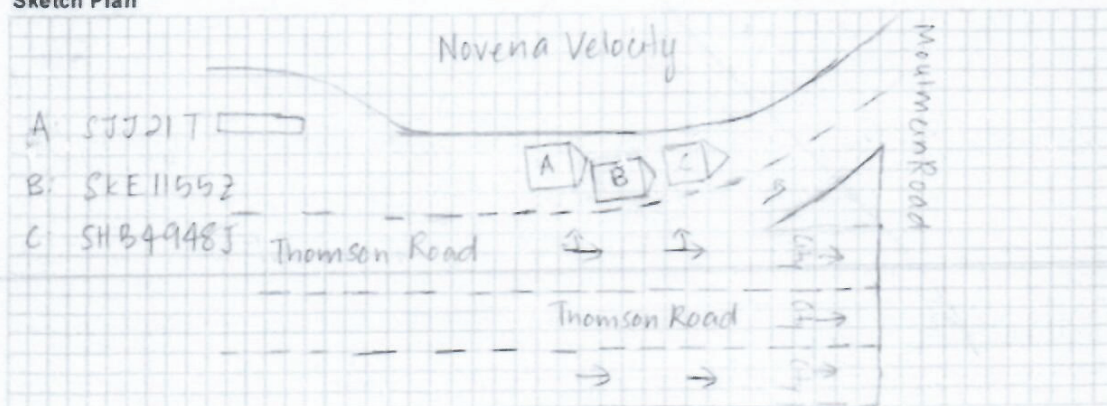
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON FRIDAY 12 MARCH 2021 AROUND 1700HRS. I WAS DRIVING ALONG THOMSON HEADING TOWARDS MOULMEIN ROAD.

AS I PASSED NOVENA VELOCITY AND WAS INTENDING TO TURN LEFT TOWARDS MOULMEIN ROAD, I QUICKLY CHECKED MY LEFT WING MIRROR AND LEFT BLINDSPOT. UNKNOWNLY THE CAR IN FRONT OF ME STOPPED SUDDENLY AND I COULD NOT BRAKE IN TIME AND HIT ONTO ITS REAR. THE CAR INFRONT OF ME IS A HYUNDAI ELANTRA BEARING REGISTRATION PLATE SKE1155Z.

AFTER I GOT OUT TO HAVE A LOOK, I REALISED THAT THERE WAS ANOTHER YELLOW TAXI HYUNDAI i40 BEARING REGISTRATION PLATE SHB4948J INFRONT OF SKE1155Z WHICH WAS ALLEGEDLY HIT BY SKE1155Z. I DO NOT KNOW EXACTLY HOW THAT ACCIDENT HAPPENED.

WE EXCHANGED PARTICULARS. THE DRIVER FOR SKE1155Z IS A GENTLEMAN MR LI GUOCHEN HANDPHONE 90478017. THE DRIVER FOR THE YELLOW TAXI IS A LADY WITH HANDPHONE 93803221. MR LI GUOCHEN APPEARS ALRIGHT AND WERE AT THE SCENE TALKING FOR AT LEAST ANOTHER 45MINS BEFOR MY TOWTRUCK CAME.

I LEFT AFTER MY TOWTRUCK CAME.

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



Witnessed by Reporting Centre Personnel