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	19/08/2021 18:11 (SGT)
Date of Accident	19/08/2021 07:20 (SGT)
Exact Location of Accident	Near 3150 Commonwealth Ave W, Clementi, Singapore 129580
Additional Location Information	COMMOMWEALTH AVENUE WAST AFTER BLK 326 CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9886Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG GUO LIANG
NRIC No	SXXXX082J
Email Address	GLWANG2015666888@GMAIL.COM
Mobile Phone No	(Phone) +65-97126828
Alternative Phone No	+65-97126828

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900094223-01
Cover Note Number	-

DRIVER

Name of Driver	WANG GUO LIANG

NRIC No	SXXXX082J
Date Of Birth	17/02/1979
Occupation	Indoor
Date Of Driving Pass	11/12/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97126828
Alt. Phone Number	+65-97126828
Email Address	GLWANG2015666888@GMAIL.COM
Address	BLK 28 JLN LEMPENG # 29-06
Address complement	-
Postcode	128807
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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

I WAS AT RIGHT LANE AND PREPARED TO FILTER TO CENTER LANE, AS FEW VEHICLES IN FRONT OF ME WAITING TO TURN RIGHT. I SIGNALLED, CHECKED BLIND SPOT WAS CLEAR AND VERIFIED THERE WAS NO UPCOMING VEHICLES ON THE CENTER LANE FROM BEHIND. I MOVED TO THE LEFT SLOWLY. WHEN MY VEHICLE ALMOST IN THE CENTER LANE, I STRAIGHTENED MY STEERING WHEEL. SUDDENLY, A TEST VEHICLE CAME INTO MY LANE AND HIT MY FRONT LEFT HEAD LIGHT AND BRUSH THROUGH MY VEHICLE. UNDERSTOOD THE VEHICLE SJC 3765 Y JUST EXIT FROM CARPARK NEAR TO BLK 326 AND HE TURNED TO CENTER LANE IMMEDIATELY EXIT FROM THE CARPARK. WHICH RESULTED THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC3765Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

PREMIUM AUTOMOBILES PTE LTD

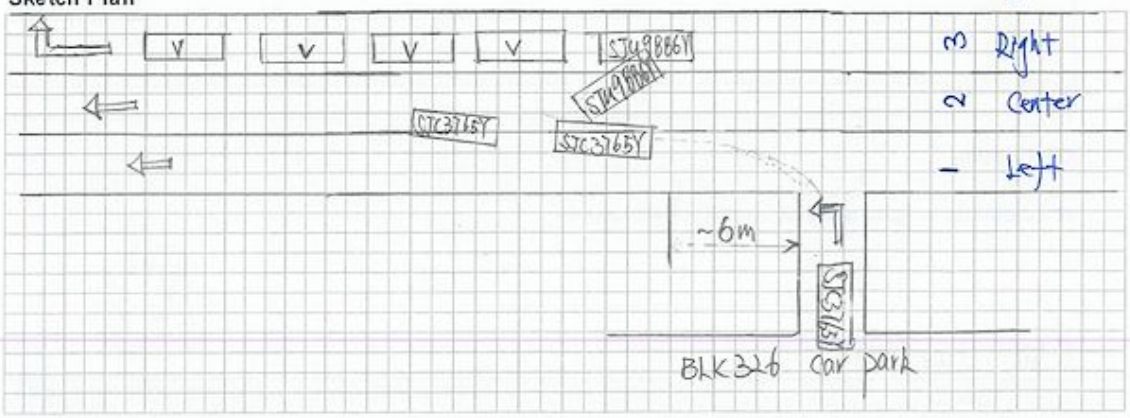
19.08.21 1600hrs.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Tony Foong

Sketch Plan



Describe Circumstances of the Accident

I Was at right lane and prepared to latter to center lane. as few vehicles in front of me waiting to turn right. I signalled, checked blind spot was clear and verified there was no upcoming vehicles on the center lane from behind. I moved to the left slowly. when my vehicle almost on the center lane. I straightened my steering wheel. Suddenly, a taxi vehicle came into my lane and hit my front left head light and brush through my vehicle. understood the vehicle SJC3765X just exit from carpark near to Blk326 and he turned to center lane immediately exit from car park which resulted in the accident.

Declaration

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

WANG GUOLIANG
Policyholder's Signature / Date & Time
19.08.2021
1645

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

PREMIUM AUTOMOBILES PTE LTD

Witnessed by Reporting Centre Personnel Tony Foong

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


Direct Reception 1
Direct Reception 2
Direct Reception 3
SJU9886Y

IMAGES #5

IMAGES #6

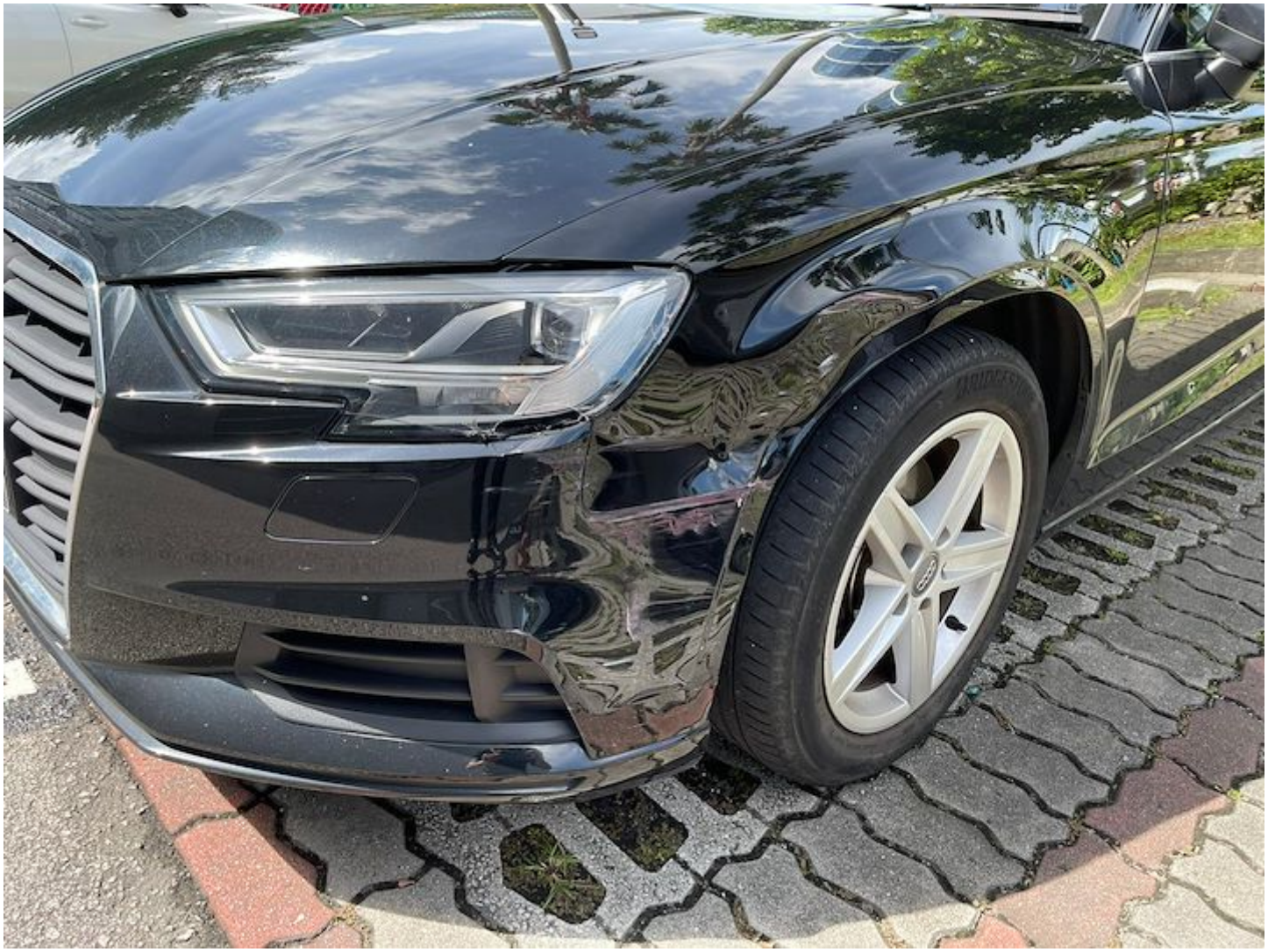
IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11




Audi
01
CHZD2242
022019
AUDI AG
WAUZZZ8V5K1027352
1755 kg
3055 kg
1: 0940 kg
2: 0930 kg
Typ 8V

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16