SP0P218O0001 / PREMIUM AUTOCARE CENTRE [159938]
ENTRY DATE & TIME: 24/08/2021 18:42 (SGT)
SUBMITTED BY: WONG KHONG SENG
VERSION: 1 (24/08/2021 18:42 (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	24/08/2021 18:42 (SGT)
Date of Accident	24/08/2021 13:46 (SGT)
Exact Location of Accident	2 Linden Dr, Singapore 288683
Additional Location Information	THE U-TURN OF NAN YANG GIRLS' HIGH SCHOOL TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4684C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHANG CHEE MENG
NRIC No	SXXXX070A
Email Address	KIROVSKI@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97622011
Alternative Phone No	(Office) +65-97622011

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	HARRIER PREMIUM 2.0 CVT
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
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10043688R03
Cover Note Number	-

DRIVER

Name of Driver	GOH SOH LAI IDA

NRIC No	SXXXX559H
Date Of Birth	01/04/1980
Occupation	Indoor
Date Of Driving Pass	02/06/1999
Driving experience	22 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84685068
Alt. Phone Number	-
Email Address	IDA.GOH@GMAIL.COM
Address	BLK 53 HAVELOCK RD
Address complement	#16-16
Postcode	161053
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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 STOPPED AT U-TURN JUNCTION. SECONDS LATER, I WAS HIT ON MY REAR. THE CAR WHICH HIT ME IS A RED MITSUBISHI SLP 8242 P.

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	SLP8242P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	CHITTY RAMANATHAN PARVATHI
NRIC No	-1

Contact Number	(Phone) +65-96903759
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 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.
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.

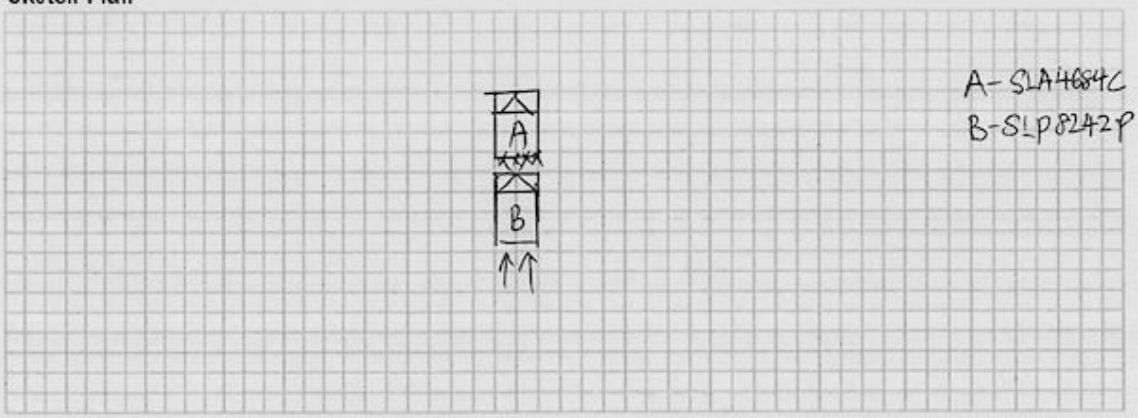
PREMIUM AUTOCARE CENTRE

Policyholder's Signature / Date & Time 24.08.21, 3.58pm

Driver's Signature (If driver is not the policyholder) / Date & Time 24.08.21, 3:58pm

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I stopped at u-turn junction. Seconds later, I was hit on my rear. The car which hit me is a Red Mitsubishi SLP8242P.

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
24.08.21, 3.58pm	24.08.21, 3.58pm	PREMIUM AUTO CENTRE

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

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IMAGES #17

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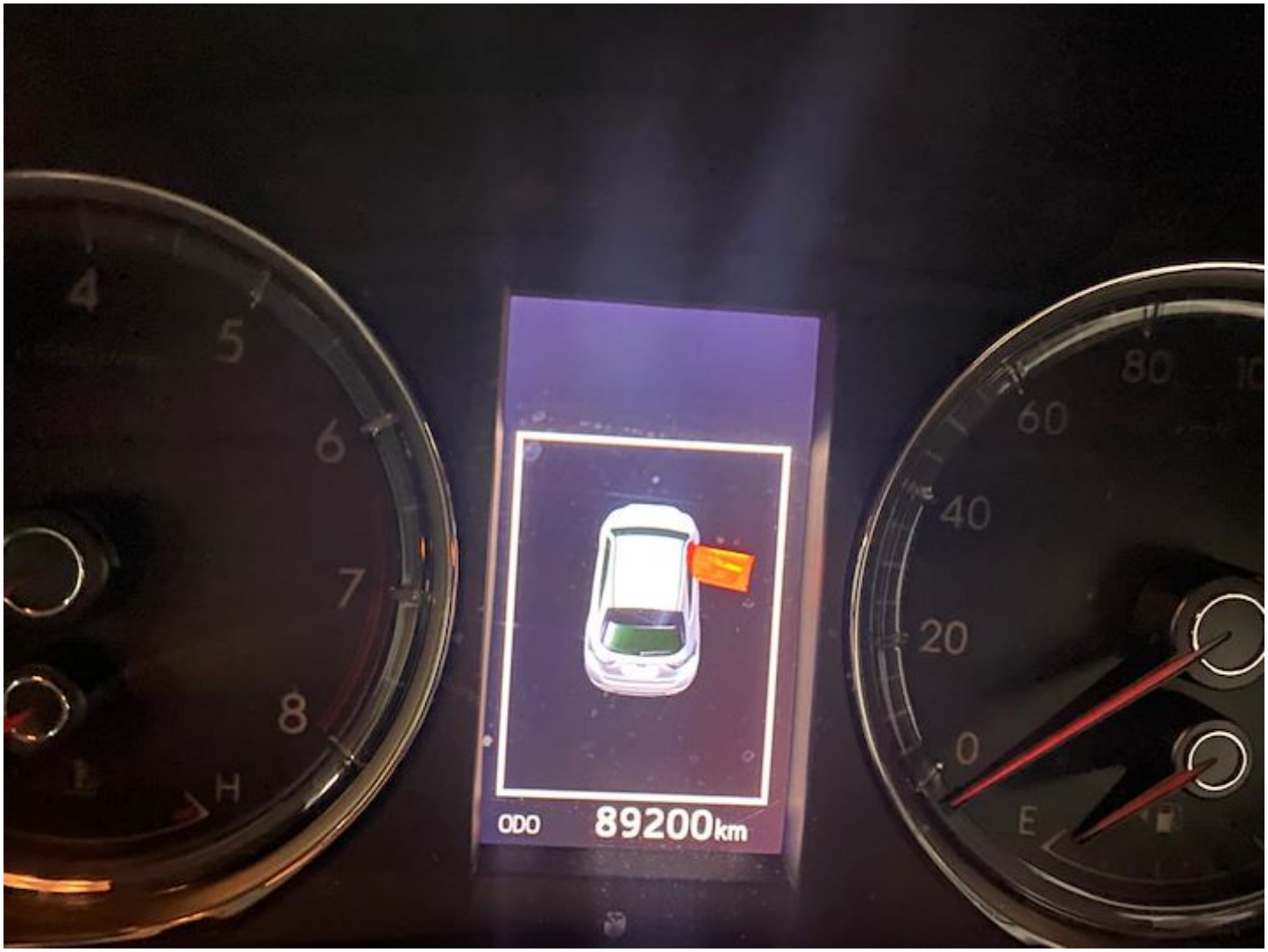
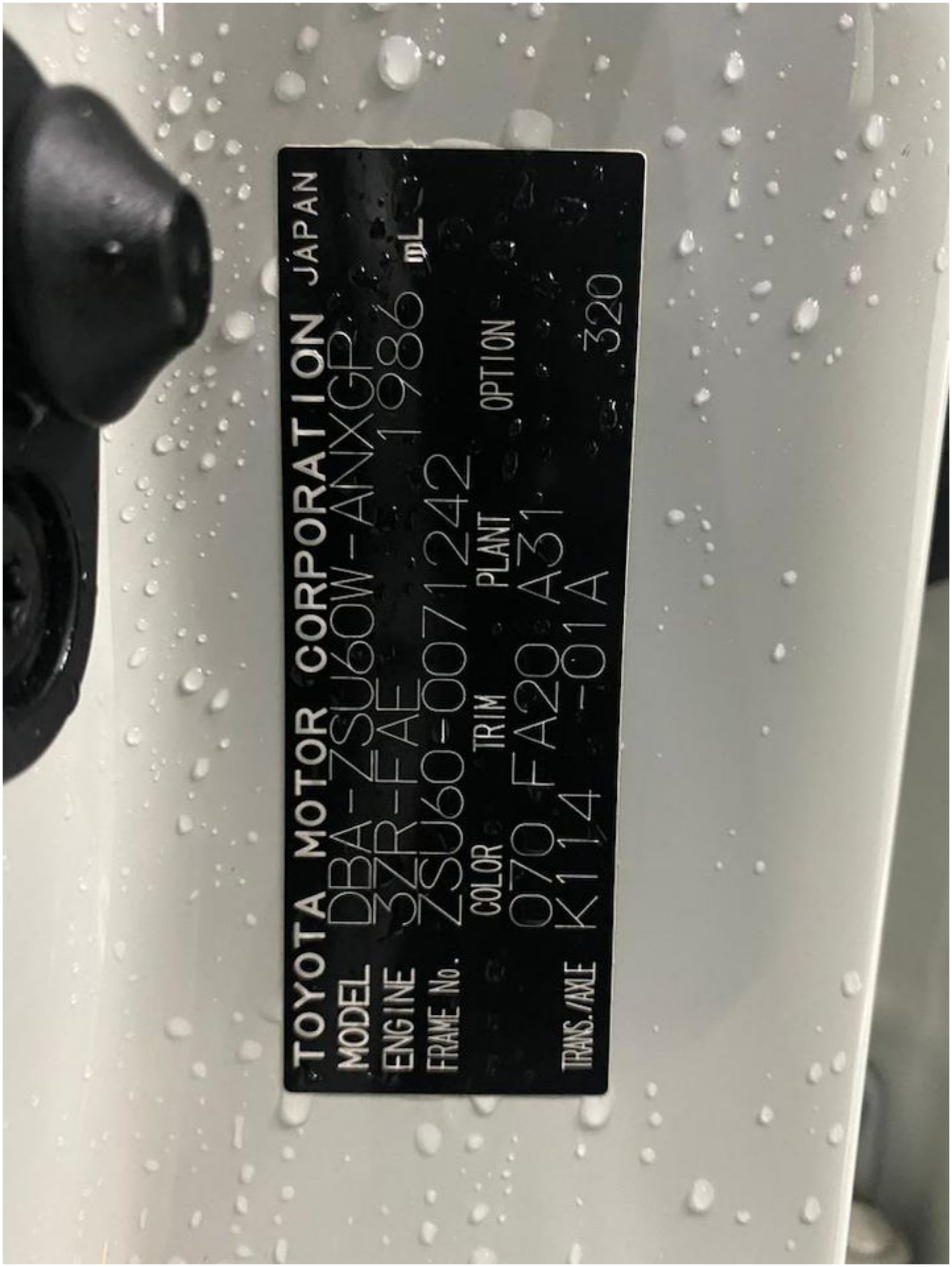
IMAGES #21

IMAGES #22

IMAGES #23

IMAGES #24




TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ZSU60W-ANXGP
ENGINE 3ZR-FAE 1986 mL
FRAME No. ZSU60-0071242
COLOR TRIM PLANT OPTION
070 FA20 A31
TRANS./AXLE K114-01A 320