

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	27/06/2022 17:09 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 12:40 (SGT)
Exact Location of Accident	Near Opp Sci Pk 2/The Gemini, Singapore
Additional Location Information	SOUTH BUONA VISTA ROAD TO WEST COAST HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND536J
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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) +65-67689911
Alternative Phone No	-

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	1498

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1220000165

DRIVER

Name of Driver	BENEDICT TEO ZHEN YONG
NRIC No	SXXXX608A
Date Of Birth	01/10/1992
Occupation	Indoor

Date Of Driving Pass	28/10/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81687823
Alt. Phone Number	-
Email Address	CLAIMS@PREMIUMAUTO.COM.SG
Address	BLK 635 VEERASAMY ROAD
Address complement	#02-164
Postcode	200635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS EXITING A LEFT BEND & WHILE ENTERING INTO THE RIGHT BEND (SHARP), I ACCIDENTALLY ACCELERATED INTO THE BEND & HIT THE KERB.

ATTACHMENT(S)

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time
 27/6/2022
 Sketch Plan @ 15:52

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



Witnessed by Reporting Centre Personnel
 Chang Chee Sing
 17aw



A = SND 536 J

Describe Circumstances of the Accident

I WAS EXITING A LEFT BEND & WHILE ENTERING INTO THE RIGHT BEND (SHARP), I ACCIDENTALLY ACCELERATED INTO THE BEND & HIT THE KERB.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

27/6/2022
3 15:52

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



Witnessed by Reporting Centre Personnel

Chang Chee Sing
17 Jun





























































**SINGAPORE
POLICE FORCE**



T/20220627/2072

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220627/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2022 16:33		Vide Report No.:		Station Diary No.: 42
Informant's Particulars				
Name of Informant: BENEDICT TEO ZHEN YONG		Address: APT BLK 635 VEERASAMY ROAD #02-164 SINGAPORE 200635		
ID Type / ID No.: NRIC NO / S9236608A		Contact No.: Home/Office: Mobile: 81687823		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 29	Date of Birth: 01/10/1992	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: OPERATIONS EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 27/06/2022 12:30	Type of Location: Bend
Location: SOUTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND536J	Car	AUDI	A3		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220627/2072

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Report No. T/20220627/2072

CONTINUATION OF REPORT

Driver			
Name	BENEDICT TEO ZHEN YONG		ID No. S9236608A
Related Vehicle	SND536J (Car)		Contact No. 81687823
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 27/6/2022 at about 1230hrs, I was driving my company's car, an Audi A3 bearing plate number (SND 536J). I was driving along South Buona Vista Rd towards Pasir Panjang Rd. While driving towards the right bend, I accidentally accelerated and hit onto a curb. Upon the hit, I immediately called my company to inform them of the accident. They activated a towing truck to tow the car to our workshop. I was advised to lodge a police report. The damages to the car was scratches on the front left, rear left on the rims of tyre and also scratches on the front left bumper.

I am lodging this report for record purposes and for insurance claims.

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719997



T/20220627/2072

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Report No. T/20220627/2072

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:

D /
SGT 2 SITI NAMIRA BINTE
SAIRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/06/2022 16:33

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168

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