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.

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 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

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 Yes your vehicle? 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	(1 Holle) 103-01007023
Email Address	- OLAIMO O DE EMILIMALITO COM CO
	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	
Noau Surface	Dry
OTHER INFORMATION	
Was any foreign valuals involved in the assident?	N
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	_
Chighia language assa in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Vee
	Yes
	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 FITHE BEND & HIT THE KERB.	RIGHT BEND (SHARP), I ACCIDENTALLY ACCELERATED INTO
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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' 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 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

OMOBILES PIE

Policyholder's Signature / Date & Time 27/6/2022

Sketch Plan

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

& Time

15:52

Witnessed by Reporting Cen Personnel Chang Chan

A = SND 536 J

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Declaration

We declare the foregoing particulars are true in every respect.

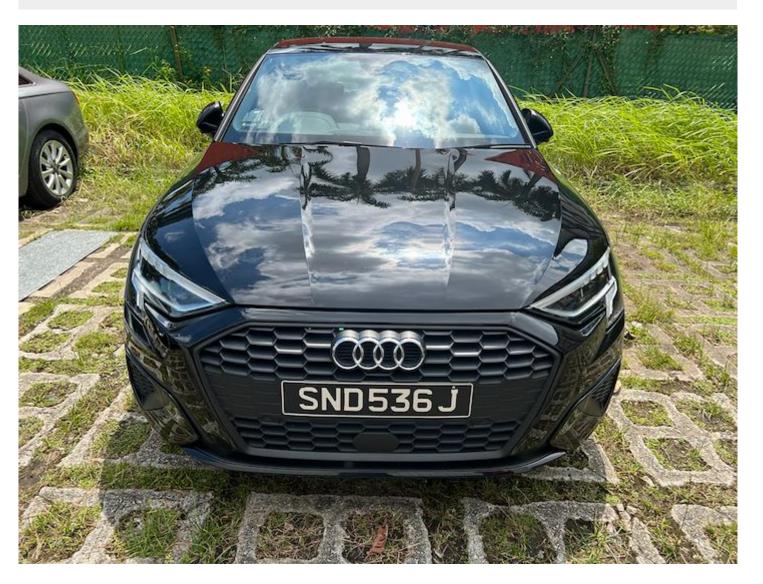
TOMOR BY

Policyholder's Signature / Date & Time 27/6/2002

3 15:52

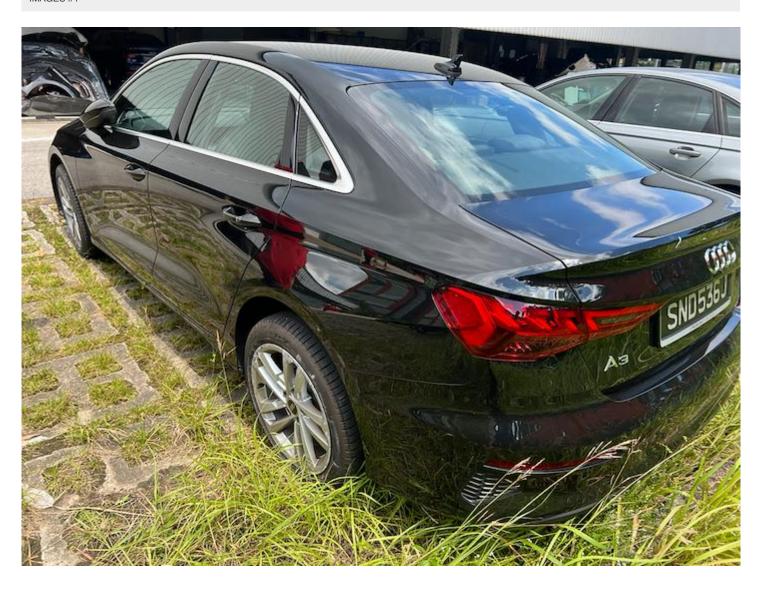
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Gentre Personnel Chang Well Sing

















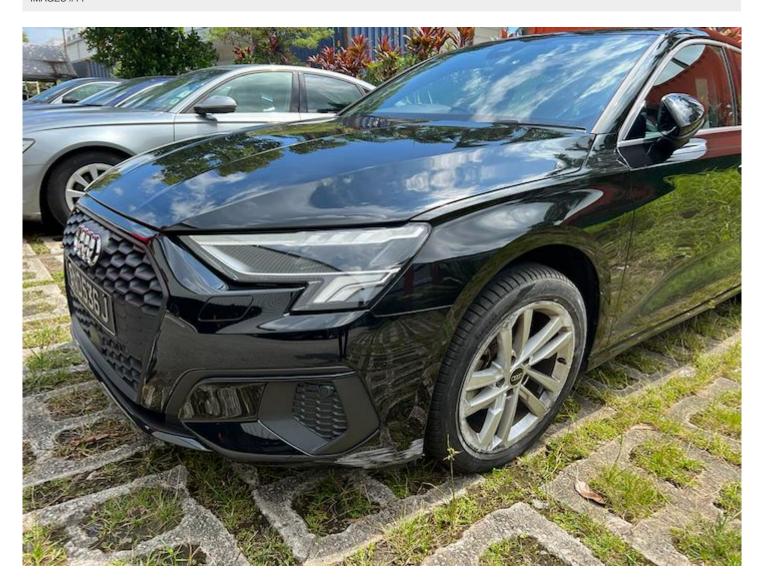






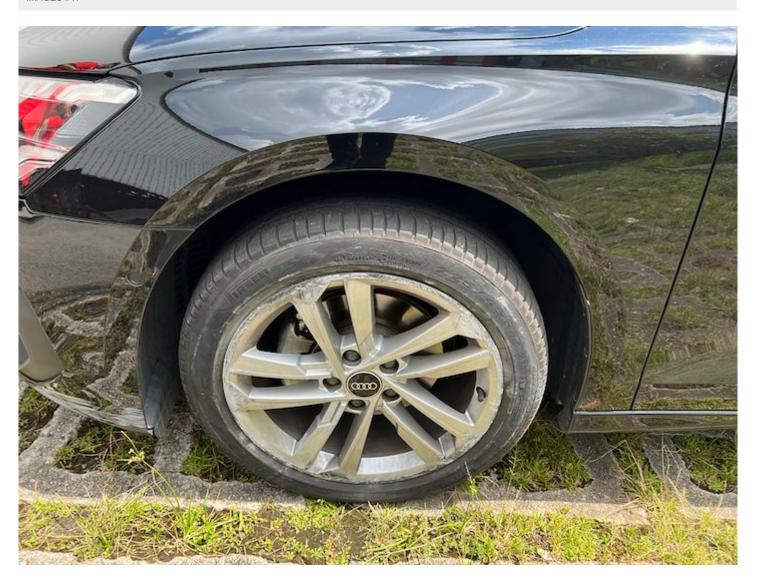


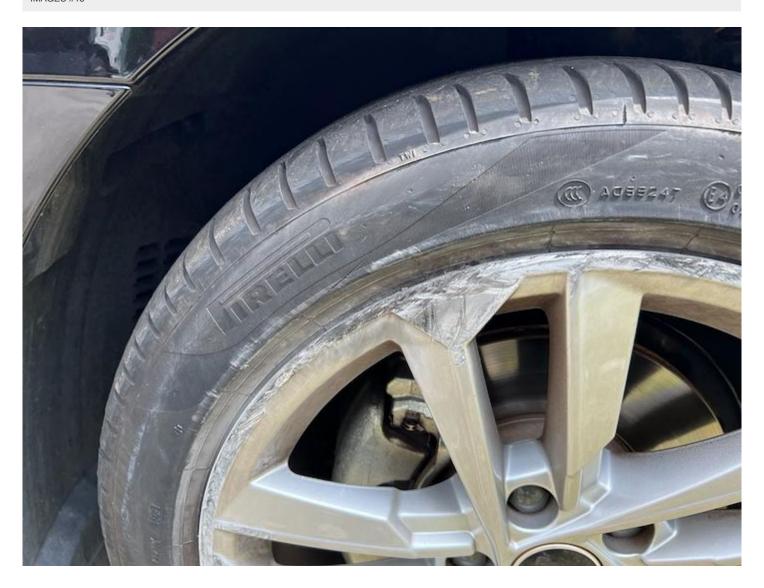


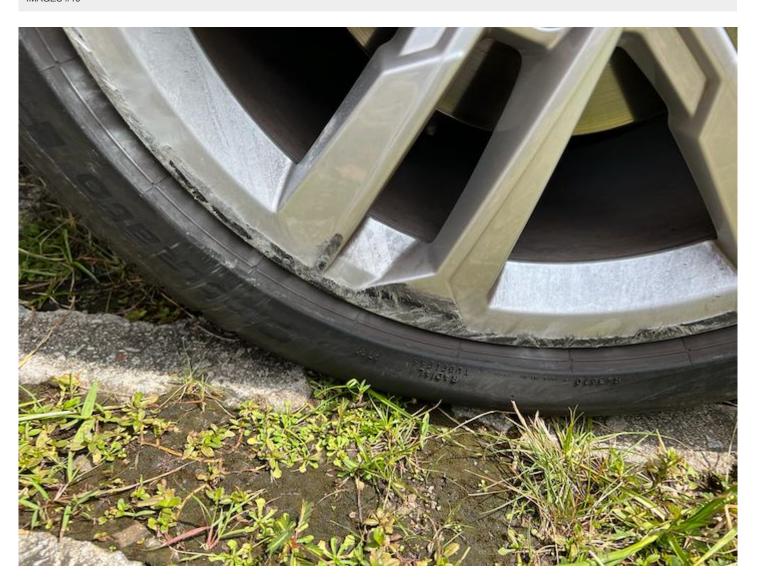


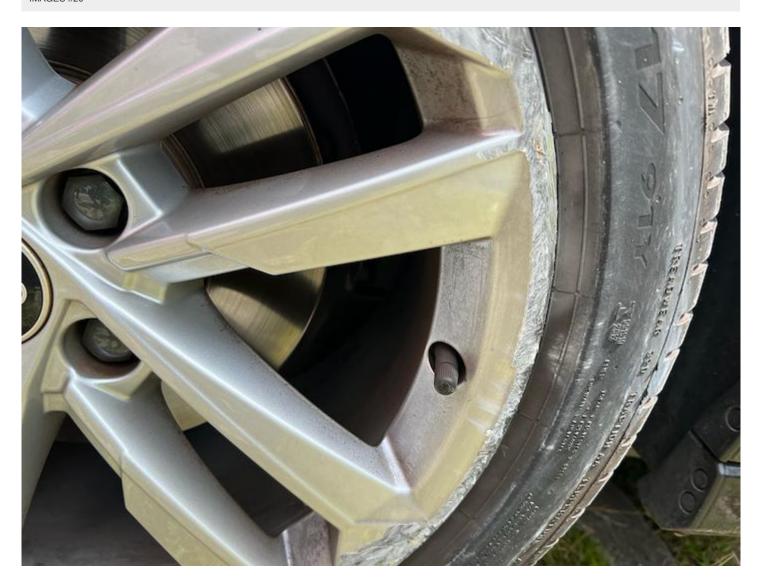








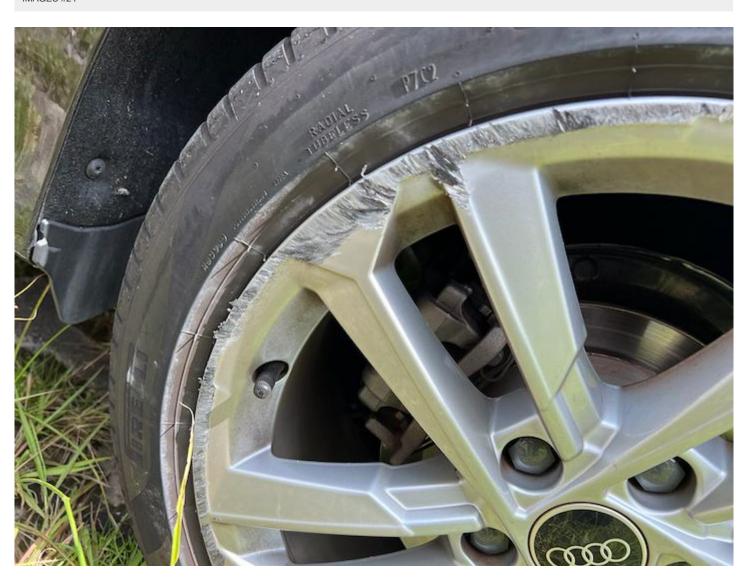




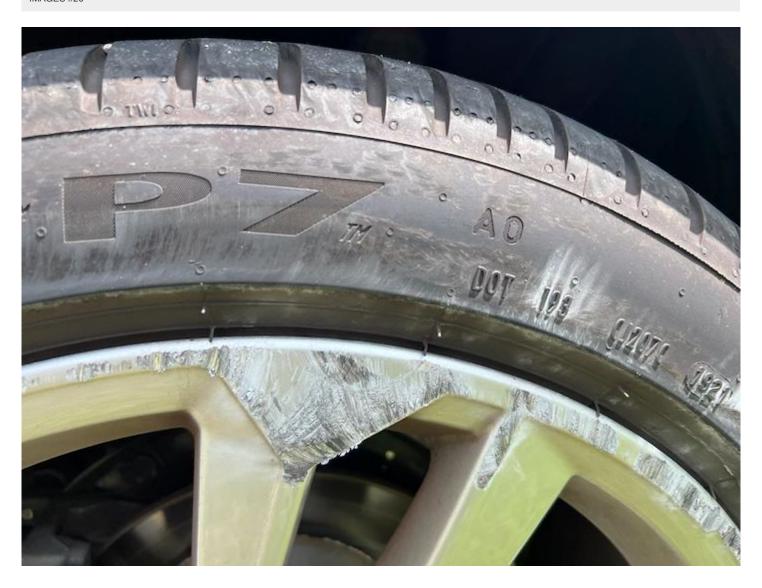






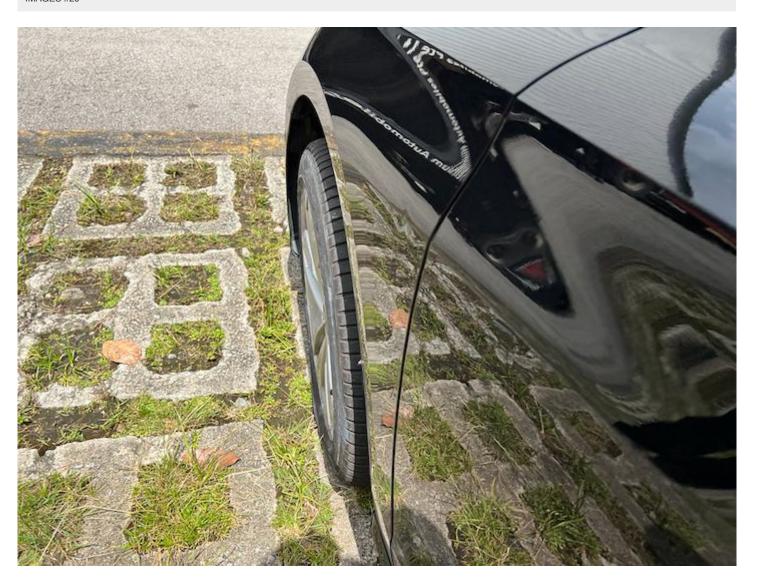
















Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20220627/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 27/06/20:	e Report M 22 16:33	ade:	Vide Report No.:	Station Diary No. 42
Informar	nt's Particu	lars		
BENEDI	Informant: CT TEO ZH	IEN YONG	Address: APT BLK 635 VEERASAMY 200635	ROAD #02-164 SINGAPORE
ID Type I NRIC NO	/ ID No.: D / S923660	08A	Contact No.: Home/Office:	Mobile: 81687823
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Male	Age: 29	Date of Birth: 01/10/1992	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat OPERA	tion: TIONS EXE	CUTIVE	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Government Propert	Drink y Drive: No	Date/Time of Accident: 27/06/2022 12:30	Type of Location: Bend
Location: SOUTH BUO Weather: Clear	NA VISTA ROAD	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Two Way				Anyone conveyed by

Details of V	enicle myo	Iveu	A POST AND LONG BY THE	al the fall to be being the		
Vehide 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

Scanned with CamScanner





Police Station Of Origin: Queenstown N.P.C

Report No. T/20220627/2072

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Name	BENEDICT TEO ZHEN YONG	;	ID No).	S9236608A
Related Vehicle	SND536J (Car)		Conta	ict No.	81687823
Hosp!talfClinic	NIL		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
NO Tot Days gran	nted Medical Leave NIL	Degree o			-

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 workshoo. 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.

Scanned with CamScanner





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

3 of 3 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 O
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2022
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification
NP168	

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