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 Actual 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.

- 4. The issue and acceptance 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 24/08/2022 19:04 (SGT) Reported by Date of Accident 24/08/2022 01:45 (SGT) Exact Location of Accident Eng Neo Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SND490G

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) +65-66900293 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Q3 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 1400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 0999993555-01/1220004546

DRIVER

Name of Driver LEE WEN JIA (LI WENJIA) NRIC No SXXXX283H Date Of Birth 05/01/1983 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	03/07/2003 19 YEARS AND 1 MONTH Female (Phone) +65-91478045 - ADJIAL@GMAIL.COM 154 ENG KANG GARDEN - 599252 No Paid Driver No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Property Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 1 No - No 2 No EVELYN ZHANG Female
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE BELOW SKETCH PLAN & POLICE RE	Yes Clementi Division Headquarters (Phone) +65-18007740000 (Fax) +65-67741705 20 Clementi Avenue 5 Singapore 129858 No -
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy lability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 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 indgement 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)

lunderstand, 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 datalpers and information set out in this (form) and any other personal information provided by my 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 "linsurers"), the histories lawyers/law (firm, the Monetary Authority of Singapore and any relevant government agencylauthority (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;

(ii) 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 ms, which could involve disclosure of certain personal data about mailto bring about delivery of the same as wiet 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 law yers/lew firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Data &

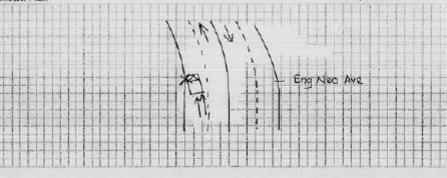
Alle

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

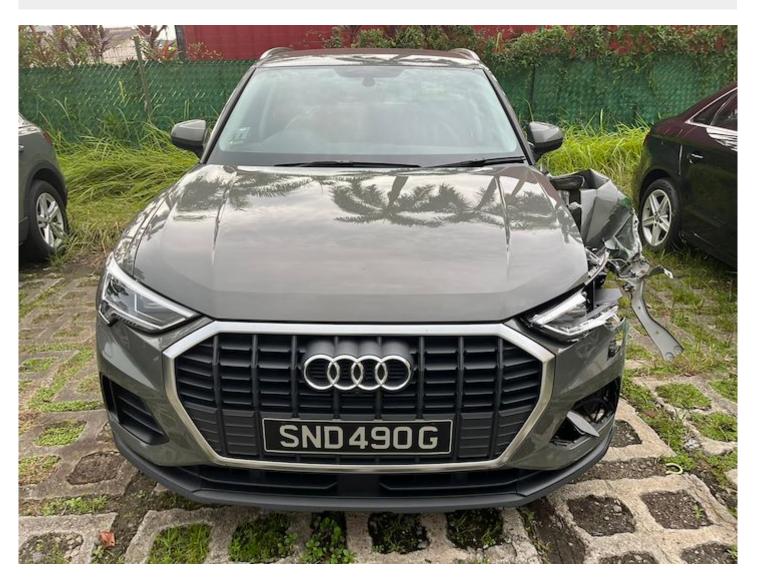
Witnessed by Reporting Centre

reconnel 24|3/22@ 12:15

Sketch Plan



	154 174 156°	pine reportinu o/20120222	
Declaration We declare the foregoing particulars are	true in every respect.		
	Min		
Policyholder's Signature / Date & Dri Time & 1	wer's Signature (If driver is not the policyholder firme	Personnel 24/8/2022 012.15	







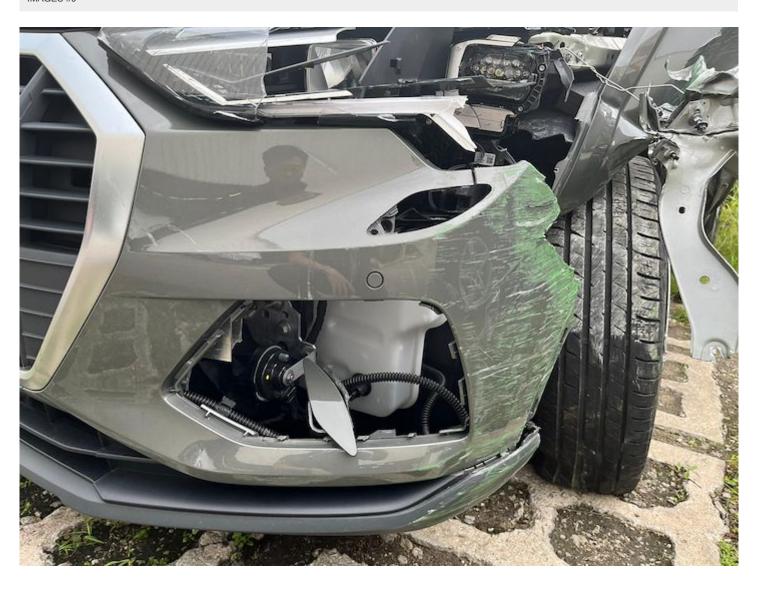


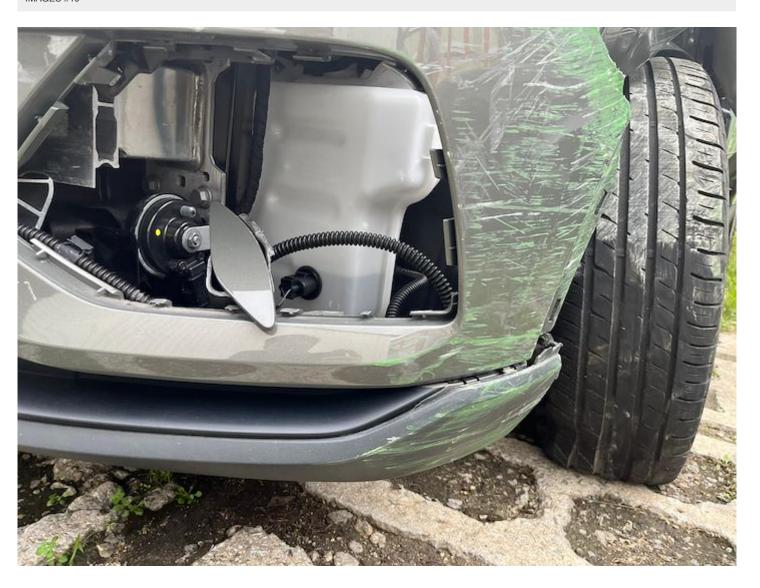


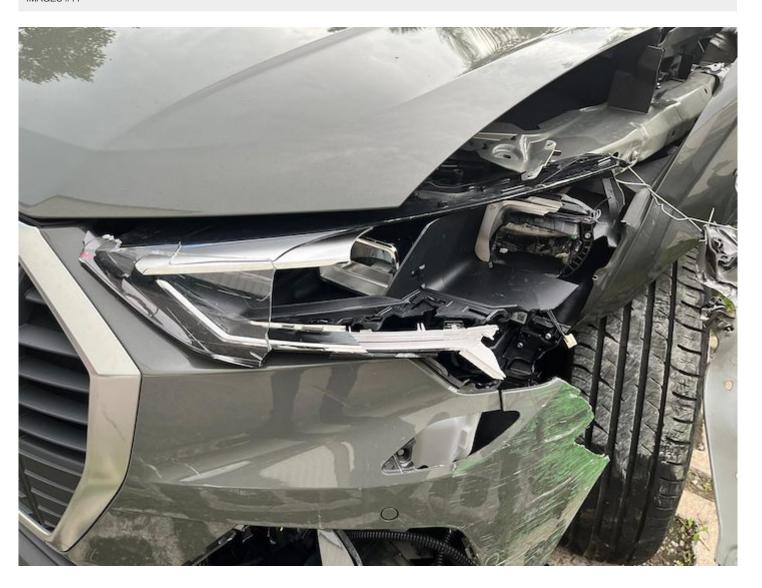


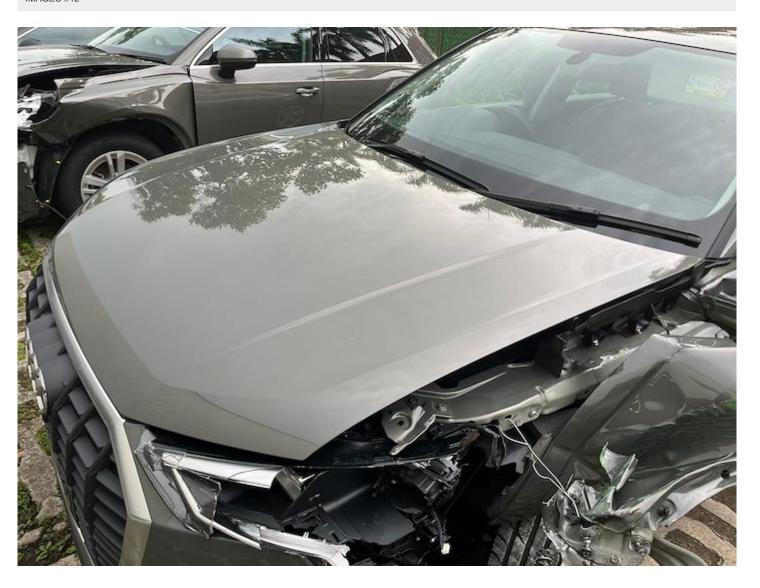




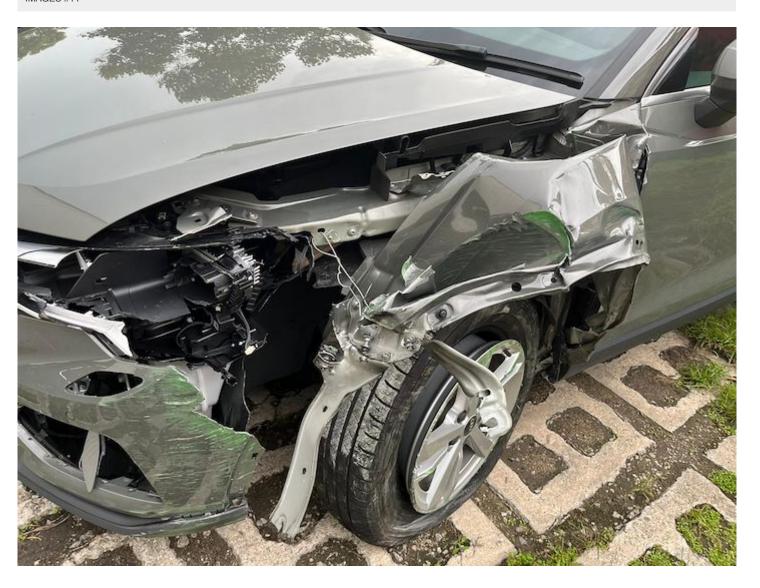


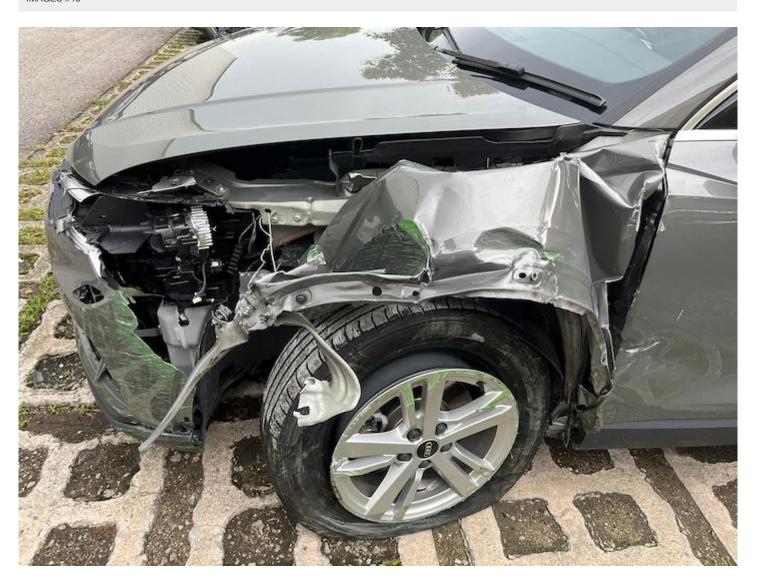


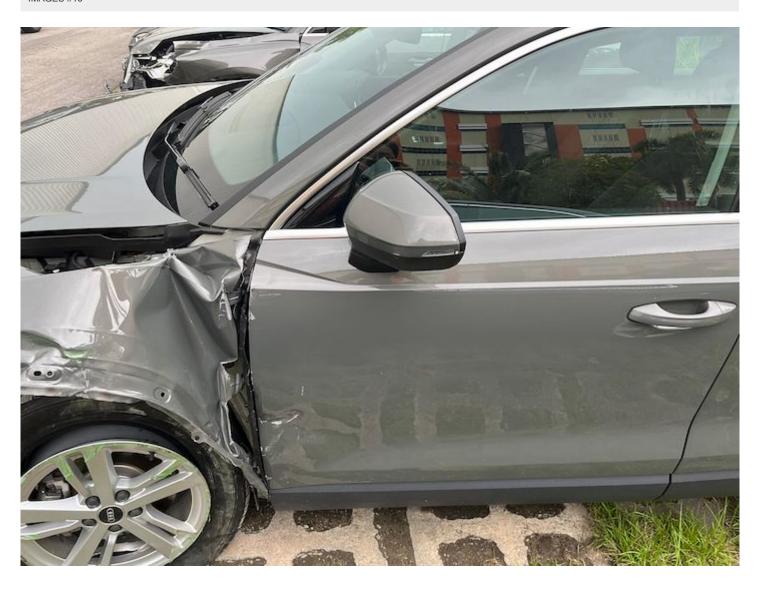


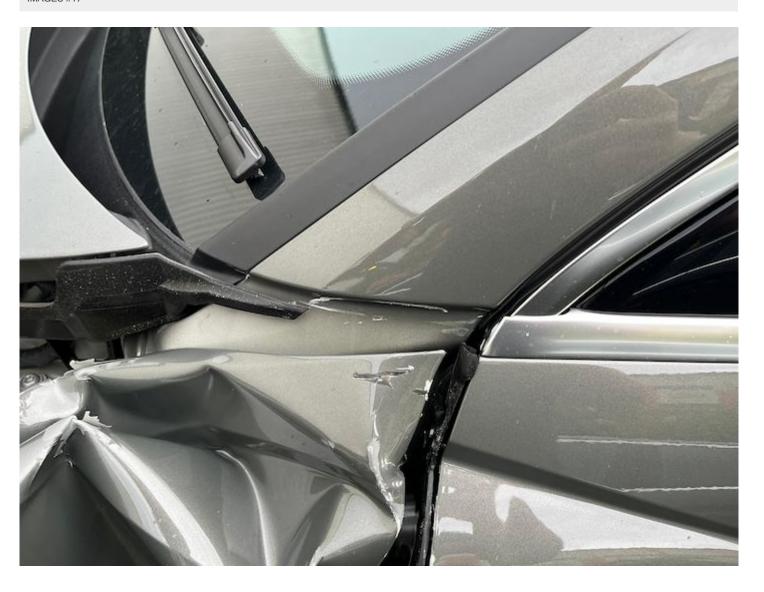


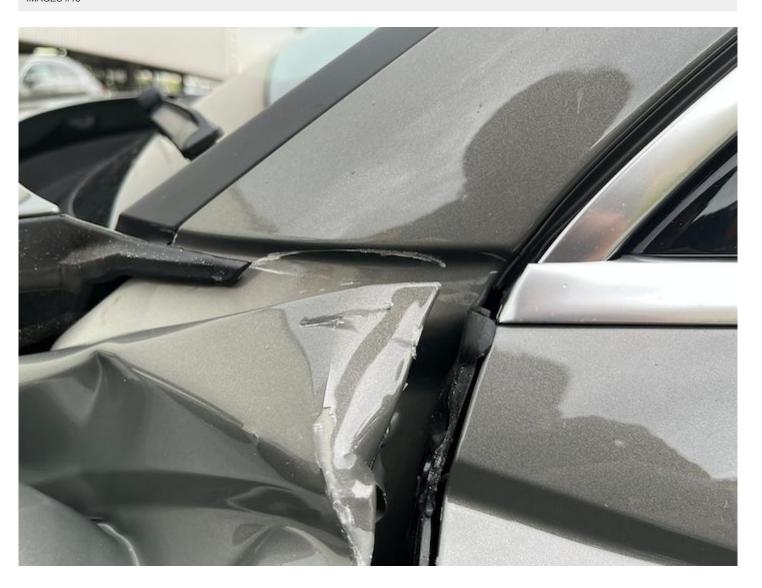






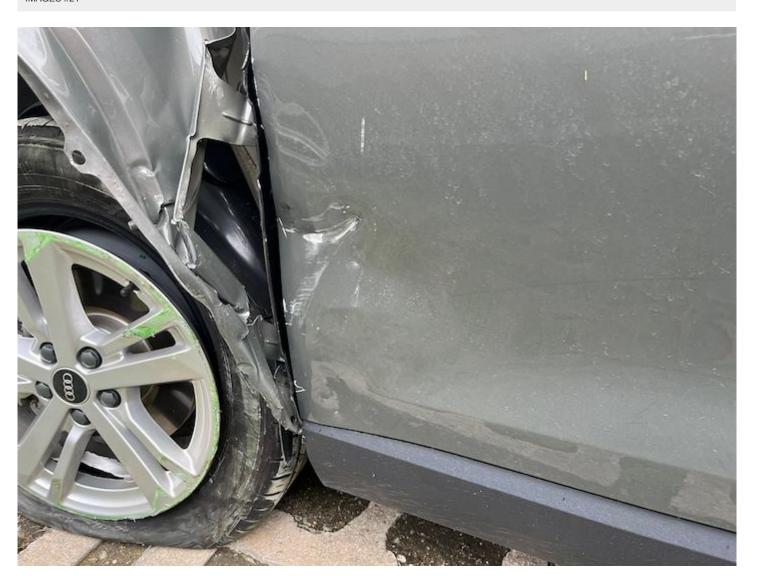


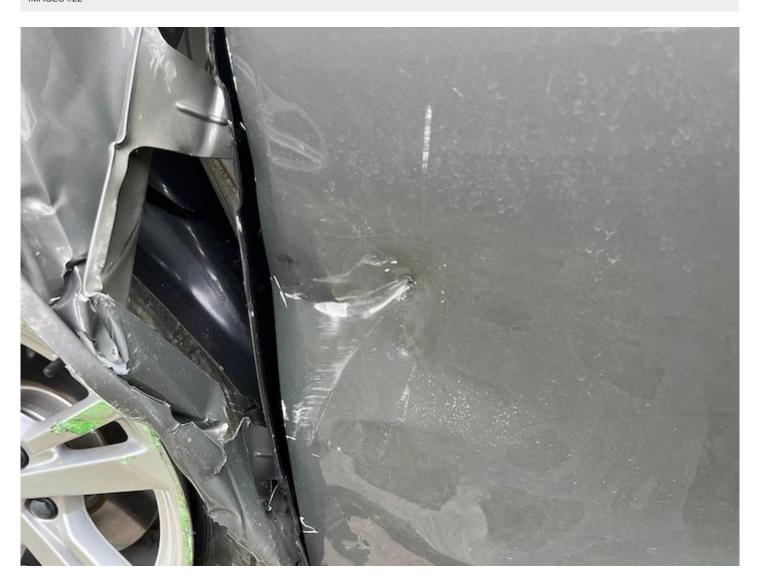


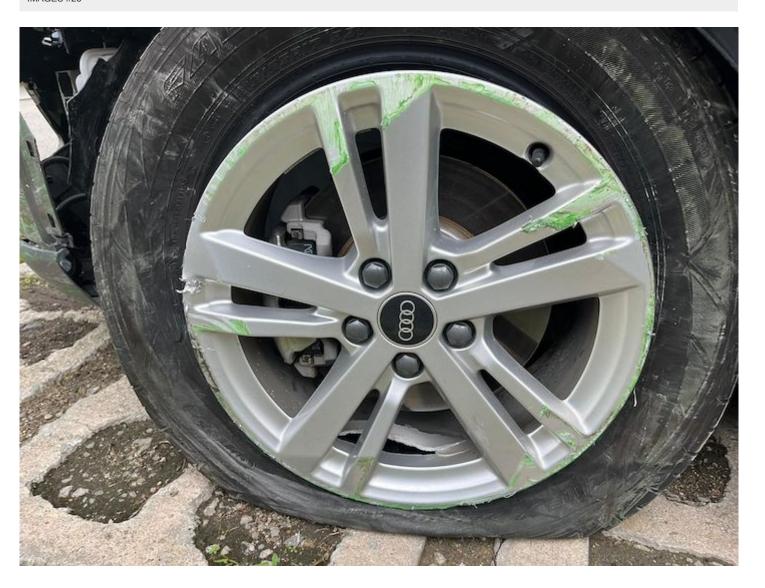


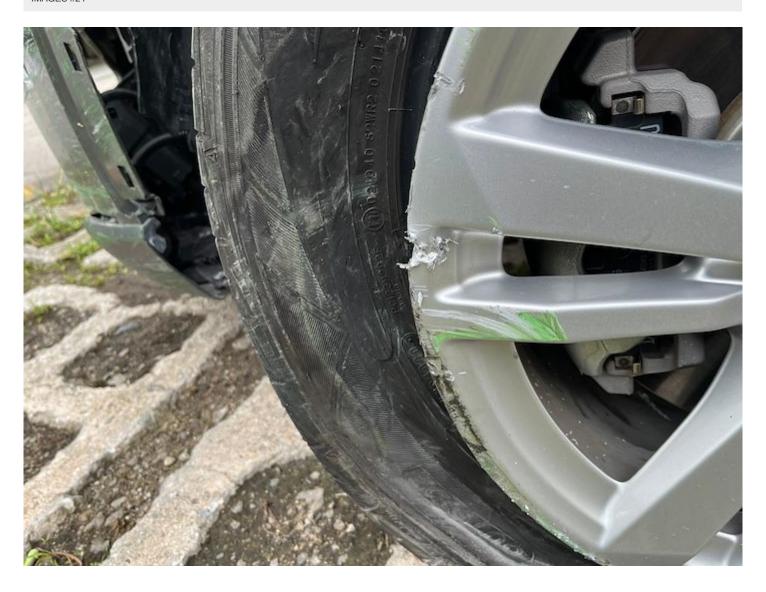


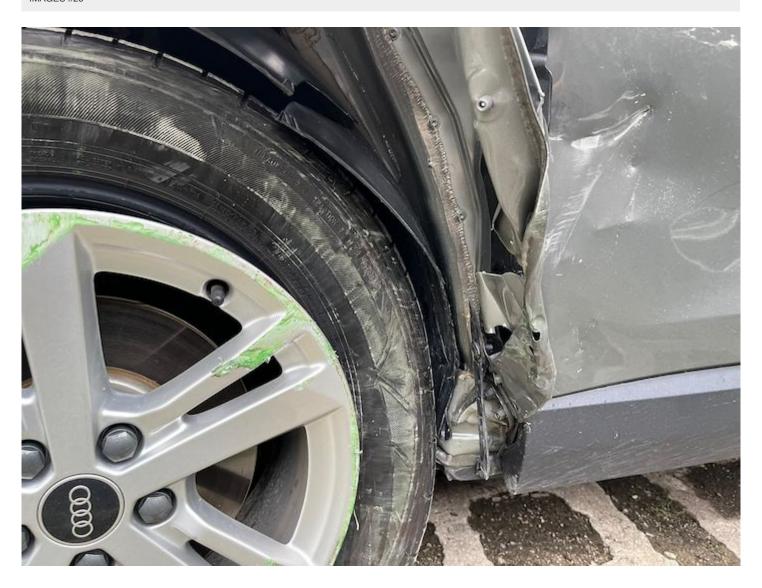


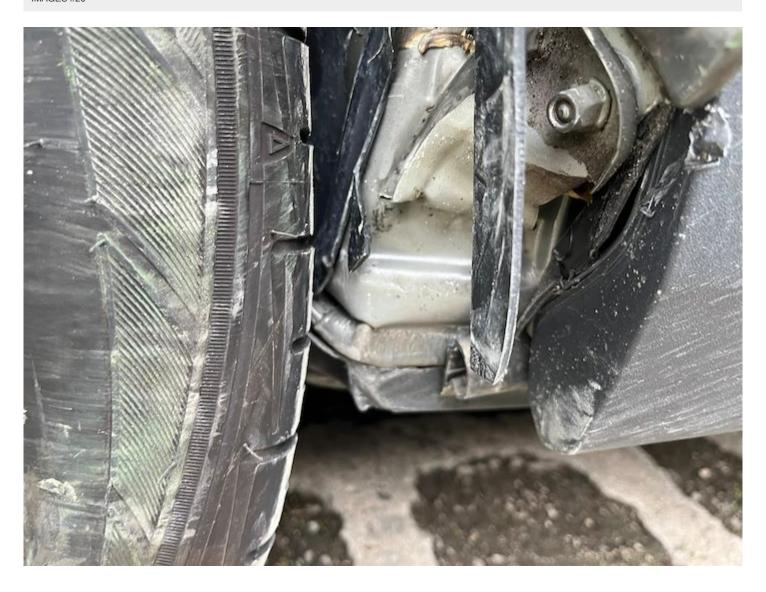


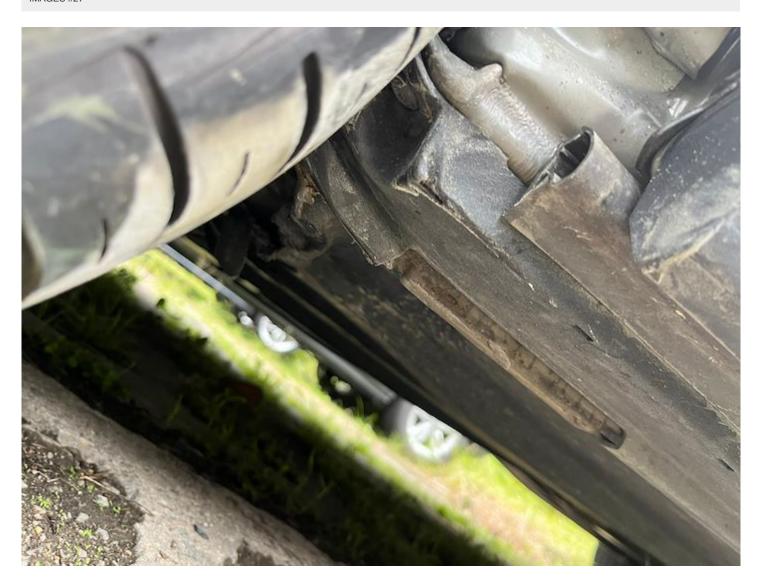


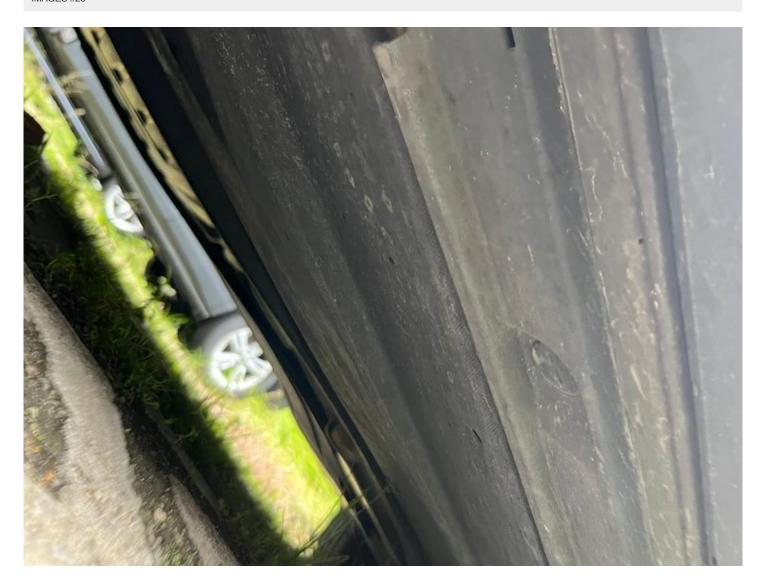


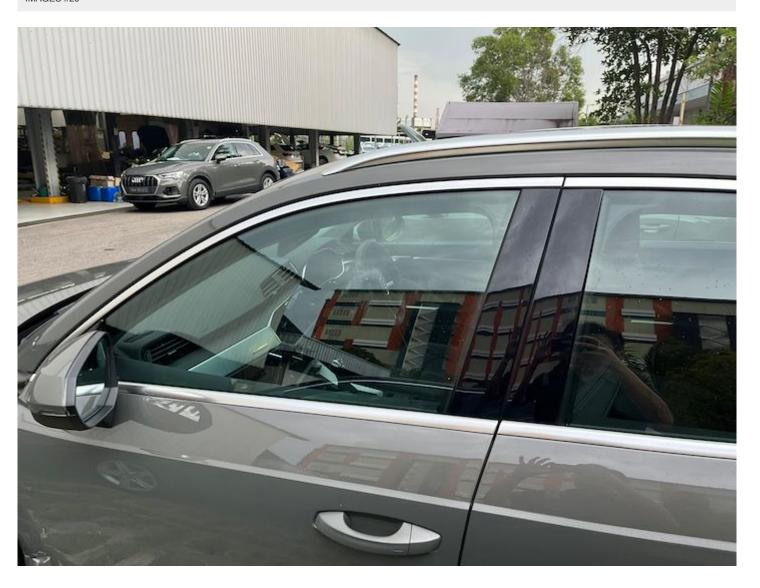




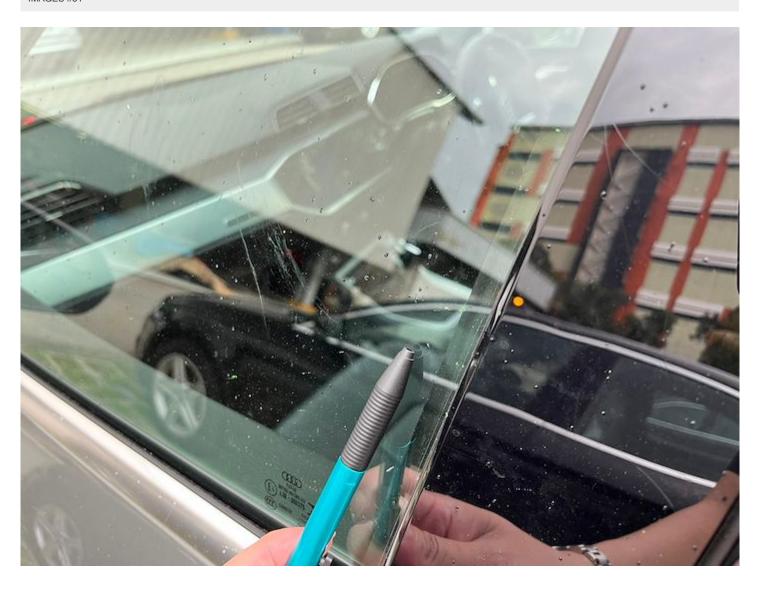


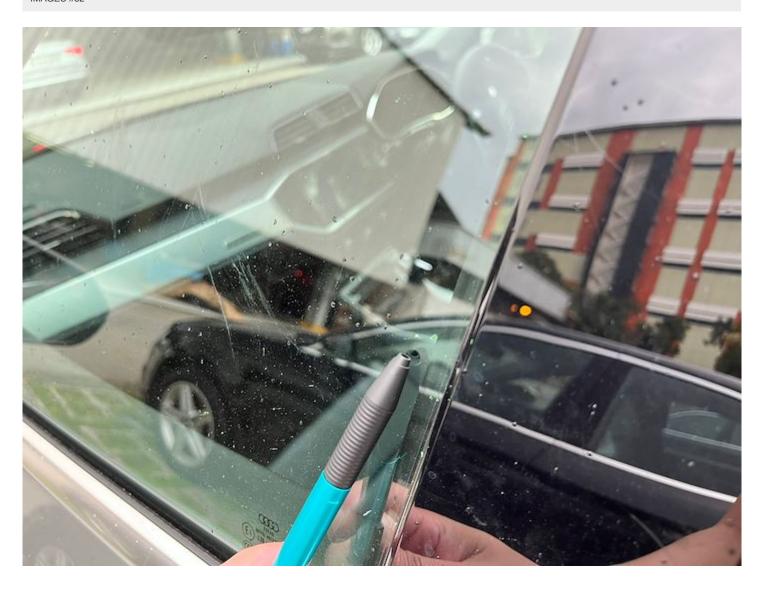






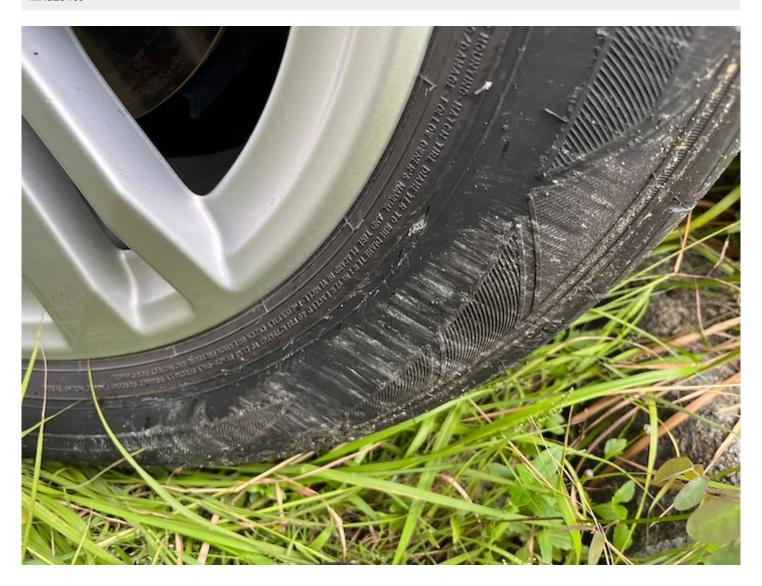




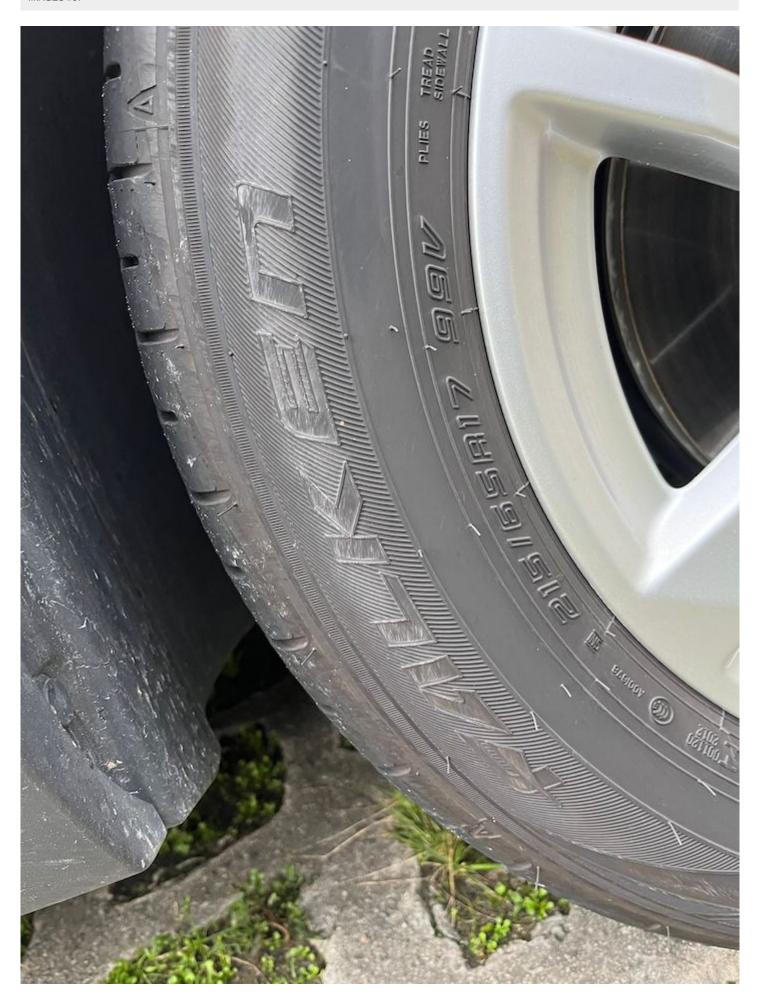
























1 of 2

Report No. D/20220824/7043

POLICE REPORT (NP299)

Brief details.

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made 24/08/2022 21:35	Vide Re	port No.		Station Diary No
Name Of Informant	Address			
LEE WEN JIA	154 EN	G KONG G	ARDEN SINGAPO	RE 599252
ID Type / ID No. NRIC NO / S8301283H	Contact No. Home/Office: Mobile: 91478045		200	
Nationality SINGAPORE CITIZEN	Email A	ddress @GMAIL.C	OM	
Occupation	Sex	Age	Date of Birth	Race
Digital marketing professional	Male	39	05/01/1983	Chinese
Institution/School Name	Languag English	ge	- Vetodo as Bootin	45-78-00-52-78-17-1
Date/Time Of Incident 24/08/2022 01:45 - 24/08/2022 01:50	5-1000000000000000000000000000000000000	Of Inciden	t ARDEN SINGAPO	RE 599252

I was driving the vehicle, a Audi Q3 with vehicle plate number SND490G on my way home yesterday. At about 145am, while on Eng Neo avenue towards Bukit Timah road, I fell asleep while driving and mounted the kerb and after mounting the kerb the car hit the barrier(green colour barrier) as I was not able to brake in time.

There is no human injury and no other vehicle involved. I was not driving under the influence of drug or alcohol as well.

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 24/08/2022 21:35
Classification Of Case:





of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220824/7043

Im lodging this report as I understand the barrier is counted as public property and this a report has to be lodged within 24 hours. Insurance has been lodged as well pertaining to the vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2022 21:35
Officer In-Charge Of Case:	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

		ADDENI	DUM
(A)	PARTICULARS OF PE	ERSON MAKING THE AMENDMEN	TS:
	Original Report No	: SP14228O0004-01	Vehicle Registration No: SND490G
	Name(as shown in NRIC)	: LEE WEN JIA (LI WENJIA)	NRIC/FIN/Passport No : SXXXX283H
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please delete as	appropriate
	Address	:154 ENG KANG GARDEN	Singapore(599252
	Contact (Tel)	: 91478045	Mobile No. :
	Email Address	: ADJIAL@GMAIL.COM	
	Date of Accident	: 24/08/2022	Time of Accident : 01:45
	Place of Accident	: Eng Neo Ave, Singapore	
	Insurance Company	: AIG Asia Pacific Insurance Pt	e. Ltd.
(B)	make the following		at and would like to include additional information or
	make the following	amendments:	nt and would like to include additional information or
	make the following	amendments:	nt and would like to include additional information or
	make the following	amendments:	at and would like to include additional information or
	make the following	amendments:	nt and would like to include additional information or
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	make the following	amendments:	at and would like to include additional information or
	make the following	amendments:	at and would like to include additional information or
	TO UPLOAD THE	POLICE REPORT.	Reporting Centre Personnel's Signature
	TO UPLOAD THE	POLICE REPORT.	ON DIE PIE