

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.

- 5. Any falsa 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 27/10/2022 16:03 (SGT) Reported by Owner Date of Accident 15/09/2022 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information MUHAMMAD ALI LANE Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** SNF9592B Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PREMIUM AUTOMOBILES PTE LTD Company Reg No 1XXXXX271W CLAIMS@PREMIUMAUTO.COM.SG Email Address Mobile Phone No (Phone) +65-66900293 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A4 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 CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 0999993555-01/1220004598

DRIVER

Name of Driver MICHAEL TIQUEZ Passport No/FIN Date Of Birth 6XXXX9460 Occupation 14/08/1990 Indoor

Accident report SP14224R0003

Date Of Driving Pass	
Driving experience	29/08/2022
Gender	1 MONTH
Mobile Number	Male 7035560164
Alt. Phone Number	(Phone) +1-7025560164
Email Address	MICHEZ & CMAIL COM
Address	MTIQUEZ@GMAIL.COM 322 KAREN LAS VEGAS
Address complement	UNITED STATES
Postcode	
Is the driver the policyholder?	NV89109
If No, Relationship of the Driver with the Insured	No Deld Deluge
Does Driver Own Other Vehicles?	Paid Driver
Vehicle Registration Number of Other Vehicle Owned by Driver	No
and the same analysis and analysis analysis and analysis analysis and analysis analysis analysis and analysis analysis analysis analysi	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	O. W. L. L. Branch
Weather Conditions	Collided into Property
Road Surface	Clear
Modu Guildee	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	A
Translator's phone number	<u>.</u>
Translator's email	
Original language used in the statement	★
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	N
Was notice of intended Prosecution given?	No
	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
	The state of the s
THE FOREIGN CUSTOMER MR. MICHAEL TIQUEZ (PAID DRIV	/ER)HAS RENTED THE VEHICLE (SNF 9592 B) FROM 15 SEP 22
TO 16 SEP. THE PAID DRIVER DID NOT INFORM US OF THE A	CCIDENT AND ONLY TOLD US THAT THE CAR WAS AVAILABLE
. AN AREFERDION VILLE DOLLE ON 10 SER MORNING IID	
THE THE PROPERTY OF THE PROPER	THIS DAMAGE AND ACCIDENT MANAEDIATELY HOMEVED BY
TO THE PROPERTY OF THE PROPERT	S COUNTRY AND MAR NO LONGER AGNERATED E HE DID
HAS COLLIDED INTO A METAL PUBLICADED INTO THE GIA REP	ORT. ACCORDING TO THE VIDEO FOOTAGE, THE PAID MACES
TO THE LEFT SIDE OF THE CAR.	ORT, ACCORDING TO THE VIDEO FOOTAGE, THE PAID DRIVER ALONG MUHAMMAD ALI LANE, AND IT CAUSED THE DAMAGES
THE CAR.	
ATTACHMENT/O	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vec
Vas there any video captured by Car Camera?	Yes
July Sallela?	Yes

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- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, 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) 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

- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (W) administering my claims (including the making 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

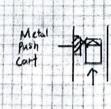


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident	unhida (SNF 9592 B)
Describe Circumstances of the Accident The Foreign customer Mr. Michael Tiquez (paid driver)has rented the	Vernois (Grv.
from 15 sep 22 to 16 sep.	essay on a comment of the security of the secu
The paid driver did not inform us of the accident and only told us that t	he car was available for collect
The paid driver did not inform us of the accident and only told as that t	
the realized the	car was damaged.
at the hotel on 16 Sep, morning. Upon retrieval, we then realised the	Odi Was da
We have also informed our claims department of this damage and ac	cident immediately.
vve have also informed our claims department of this service	
However, by then, the paid driver had already flown back to his country	y and was no longer contactab
He did mention initially that he would want to get his insurer in the stat	es to pay off the damage in full
However, when we request more info, he is no longer contactable via	
(both calls and text messages).	
Besides of that, we managed to retreive the video footage of the accid	ent from the dash call and it
has been uploaded into the GIA report. According to the video footage	the paid driver has collided
into a metal push cart while driving along Muhammad Ali lane, and it c	aused the damages to the left
side of the car.	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date 6 Time

Witnessed by Reporting Centre Personnel