SP14231J0001-01 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 19/01/2023 17:51 (SGT) SUBMITTED BY: LIM KEE SIANG VERSION: 2 (09/02/2023 11:22 (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 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 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 19/01/2023 17:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/12/2022 19:50 (SGT) Exact Location of Accident E Coast Rd & Frankel Ave, Singapore Additional Location Information Red-Light Junction of East Coast Rd & Frankel Ave Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGH168A

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Global Esplanade Pte Ltd Company Reg No 2XXXXXX2400 Email Address kimyeow@kenjocorp.com Mobile Phone No (Phone) +65-97546006 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Audi Model **Etron Quattro** 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

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220094400

#### DRIVER

Name of Driver Tan Jo-Ann NRIC No SXXXX939J Date Of Birth 19/09/1976 Occupation Indoor

Date Of Driving Pass 28/12/1998 Driving experience 24 YEARS Gender Female Mobile Number (Phone) +65-97937254 Alt. Phone Number (Home) +65-64400546 Email Address tja.spore@gmail.com Address 71 Wilkinson Road Address complement Postcode 436761 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Lucas Soh Gender Male PASSENGER 2 Name Atticus Soh Gender Male PASSENGER 3 Name Justin Tan Gender Male PASSENGER 4 Name Jessie Tan Gender Female 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

At the red light junction when the light was still red. I accidentally stepped on the accelerator and the car (SGH168A) surged forward and collided with the vehicle in front (SMW1580K). There was damage to the car bumper of SMW1580K. It was cracked as seen in the picture.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMW1580K Hyundai Avante				
Vehicle Variant	-				
Vehicle Colour	-				
Vehicle Category	Private car				
Name of Driver	Norazman Bin Mohd				
Contact Number	(Phone) +65-96907484				
Address	-				
Address complement	-				
Postcode	-				
Insurance Company Name	-				
Nature Of Damage	-				
Details of property damaged in accident					
No. Of Passenger (Including Driver)					

## SKETCH PLAN

### MPORTANT 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 liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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, acknow ledge, 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Pian

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## Declaration

We declare the foregoing particulars are true in every respect.

OF PIECES

Policyholder's Signature / Date & Time

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

THE WINDS

Witnessed by Reporting Centre Personnel













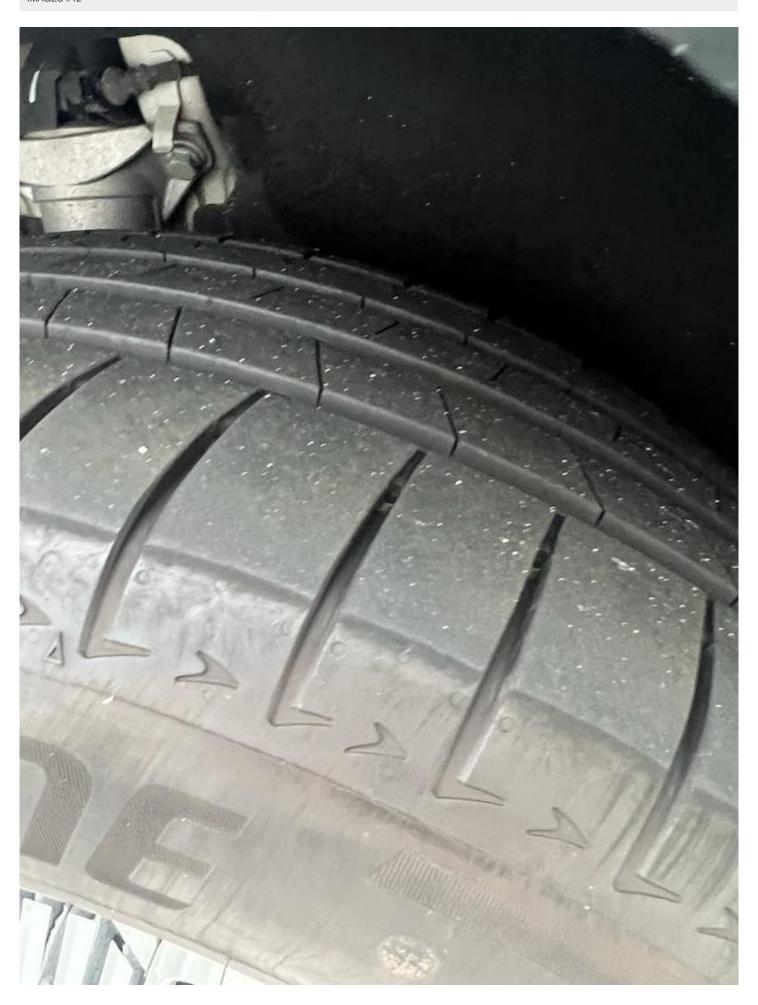








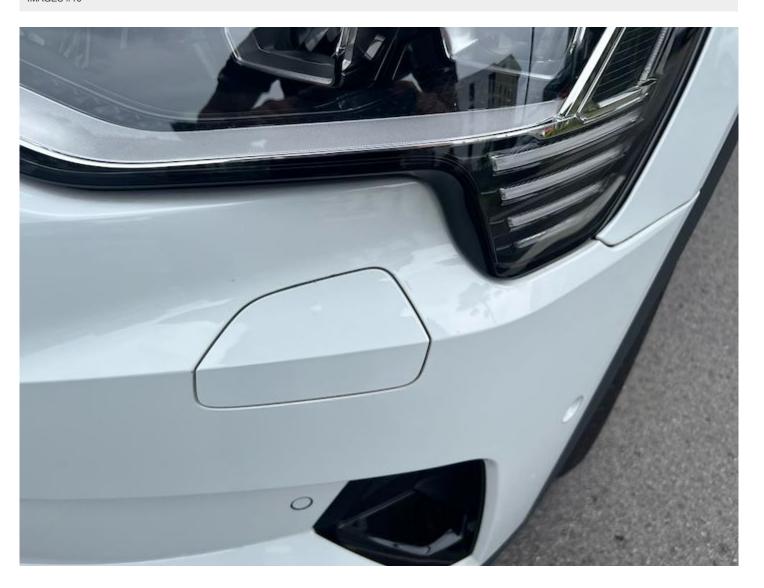




























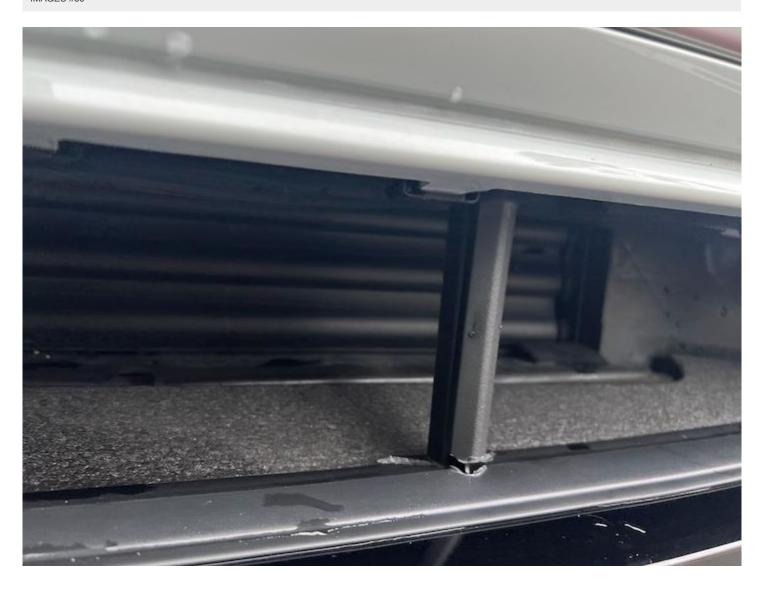


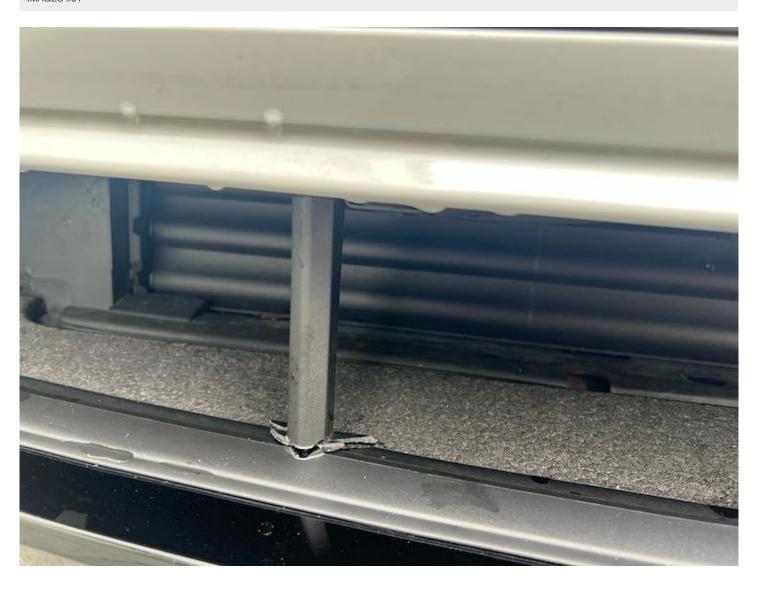


























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	DUM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
	Original Report No	:SP14231J0001	Vehicle Registration No: SGH 168 A	
	Name(as shownin NRIC	: Global Esplanade Pte Ltd	NRIC/FIN/Passport No: 2XXXXXX2400	
	(*Vehicle Driver/V	ehicle Owner) (*) Please delete as a	appropriate	
	Address	: 71 Wilkinson Road	Singapore( 436761 )	
	Contact (Tel)	s <u> </u>	Mobile No. : <u>97546006</u>	
	Email Address	: kimyeow@kenjocorp.com		
	Date of Accident	: 29/12/2022	Time of Accident : 19:50	
	Place of Accident	: Red-Light Junction of East 0	Coast Rd & Frankel Ave	
	Insurance Company	y: AIG Asia Pacific Insurance	Pte. Ltd.	
(B) ADDITIONALINFORMATION / AMENDMENTS:				
	TO AMEND DE	RIVER'S DATE OF BIRTH.		
	Policyholder / Drive Date:	er's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:	