

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 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	18/05/2023 17:31 (SGT)
Reported by	Owner
Date of Accident	18/05/2023 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ULU PANDAN RD, CLEMENTI RD (OPP SUNSET WAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ5169X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIUM AUTOMOBILES PTE LTD
Company Reg No	1XXXXX271W
Email Address	BENEDICT.TEO@PREMIUMAUTO.COM.SG
Mobile Phone No	(Phone) +65-66900280
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	1400

INSURANCE COMPANY

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

DRIVER

Name of Driver	AHMAD ZAHARI BIN ZAINUDIN
NRIC No	SXXXX859E
Date Of Birth	18/09/1990
Occupation	Indoor

Date Of Driving Pass	09/11/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81832505
Alt. Phone Number	-
Email Address	AHMADZAHARI@PROTONMAIL.COM
Address	BLK 528 JELAPANG RD
Address complement	-
Postcode	670528
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	2
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)	2
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	-

PASSENGER 1

Name	KOH JIA YAN
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

TRAVELLING ON CLEMENTI ROAD TOWARDS AYE.
INCIDENT OCCURED JUST PASSED SUNSET WAY JUNCTION.
MY VEHICLE (A) WAS ON THE SECOND LANE WHEN COLLIDED WITH VEHICLE (B), WHLIST THE TRAFFIC WAS HEAVY , I ACCIDENTALLY STEPPED ON THE ACCELERATOR TO HAVE CASUSING THE VEHICLE TO ACCELERATE FORWARD WITH SPEED, I WAS ABLE TO BREAK IN TIME JUST SLIGHTLY HITTING VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2893U
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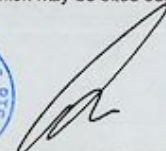
Vehicle Manufacturer	Opel
Vehicle Model	Astra
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	IVAN
Contact Number	(Phone) +65-98802171
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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

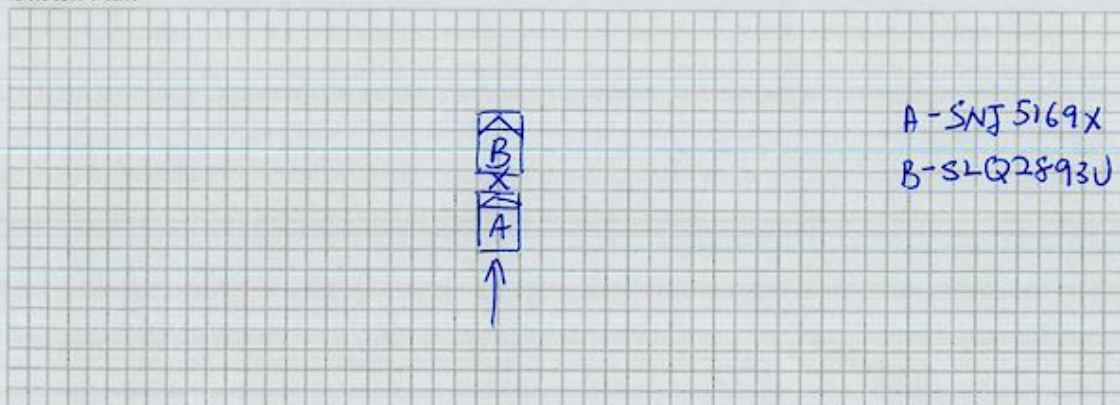



Driver's Signature (If driver is not the policyholder) / Date & Time

18/05/2023 @ 1300



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Traveling on Clementi Rd towards AYE.
Incident occurred just passed Sunset Way junction.

My vehicle (A) was on the second lane when collided with vehicle (B), whilst the traffic was heavy, I accidentally stepped on the accelerator too hard causing the vehicle to accelerate forward with speed, I was able to break in time just slightly hitting vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

18/05/2013 1300



Witnessed by Reporting Centre Personnel



