SP1423650004 / PREMIUM AUTOMOBILES PTE LTD [408699] ENTRY DATE & TIME: 05/06/2023 19:31 (SGT) SUBMITTED BY: WONG KHONG SENG VERSION: 1 (05/06/2023 19:31 (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 05/06/2023 19:31 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/05/2023 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information PARAGON CARPARK AT ORCHARD RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

2000

Vehicle Registration Number SMG3786E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHO JAE YOUNG** Passport No/FIN GXXXX806P Email Address JASONJYCHO@GMAIL.COM Mobile Phone No (Phone) +65-97294896 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Q7 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

INSURANCE COMPANY

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

DRIVER

CC

Name of Driver **CHO JAE YOUNG** Passport No/FIN GXXXX806P Date Of Birth 09/12/1978 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address In 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	05/10/1995 27 YEARS AND 7 MONTHS Male (Phone) +65-97294896 - JASONJYCHO@GMAIL.COM 93 GRANGE ROAD #10-05 249614 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked 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	- -
DETAILS OF POLICE ACTION	
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?	Yes Tanglin Division Headquaters (Phone) +65-18003910000 (Fax) +65-63964900 21 Kampong Java Road Singapore 228892 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE SKETCH PLAN & POICE REPORT E/2 I NOTICED THE DAMAGE ON MY LEFT SIDE MIRROR ON MAY NOT EXACTLY KNOW HOW THIS DAMAGE HAVE OCCURED. AUDI SERVICE CENTRE IMMEDIATELY AFTER THE INCIDENT	Y 15, 2023 AROUND 3P,M AT THE PARAGON CAR PARK. I DO . MY WORK SCHEDULE PREVENTED ME FROM COMING TO THE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

UNKNOWN

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
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

- 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.
- 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.
- 5. 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, 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.

Policyholder's Signature / Date &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SMC3786

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Declaration									
Declaration	on								
We declare	the foregoing	particulars	are true	in every respect					
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Policyholder	s Signature / I	Date &	Driver's	Signature (If driv	er is not the	policyho	der) / Date	Winessed	by Reporting Centre
Time /	1000		& Time	(//			-	Personnel	-, supering centre
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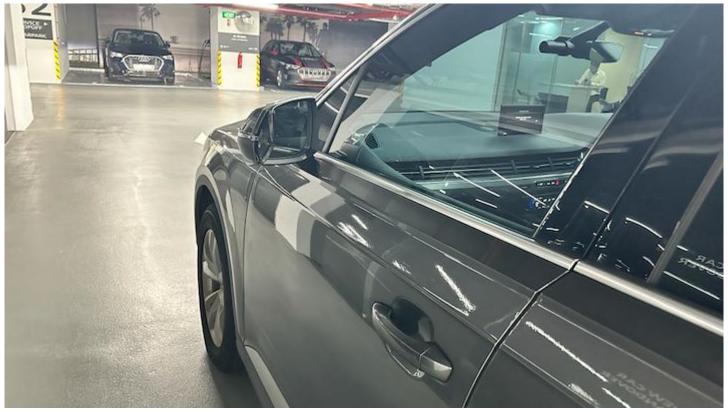


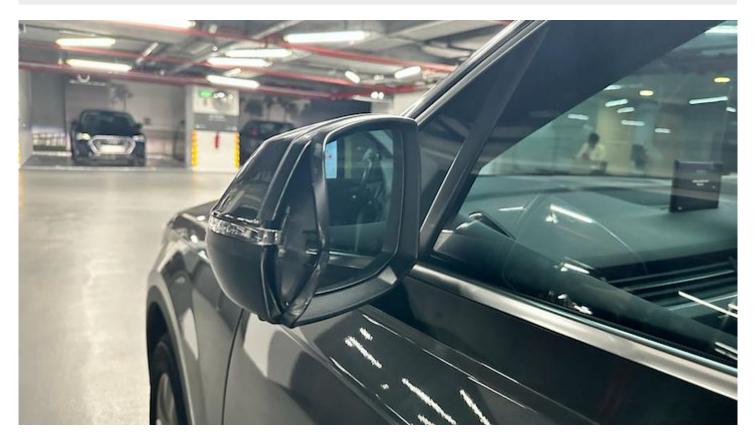




















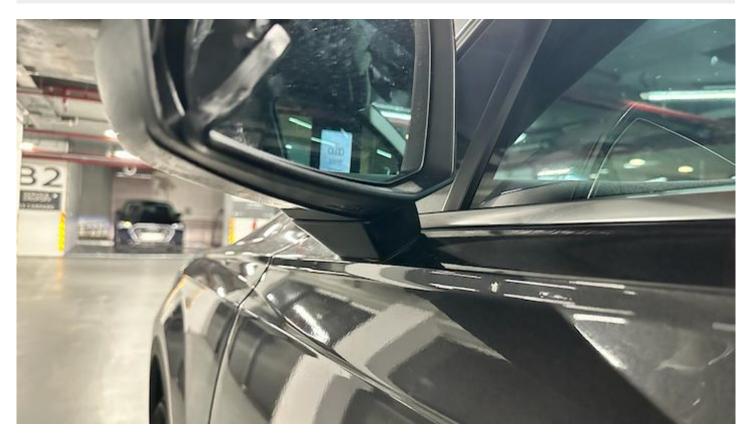
























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POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Report No. E/20230605/7039

Date/Time Report Made 05/06/2023 18:19	Vide Re	port No.		Station Diary No
Name Of Informant CHO JAE YOUNG	1 (07) (510)	San rusumones en) #10-05 GRANGI	E RESIDENCES
ID Type / ID No. FIN NO / G3810806P	Contact Home/C	0.000	Mobile: 97294896	
Nationality KOREAN, SOUTH	Email A JASON		MAIL.COM	0
Occupation Fund/Portfolio manager	Sex Male	Age 44	Date of Birth 09/12/1978	Race Korean
Institution/School Name	Langua English		O CONTRACTOR OF	6.070.7.001
Date/Time Of Incident 15/05/2023 15:00 - 15/05/2023 15:30	Location 68 GPA	Of Inciden	t - 110 05 GRANG I	E-REGIBENGEO
	001010	1005 4400		

Brief details.

PARAGON CARPARK AT ORCHARD RD

I noticed the damage on my left side mirror on May 15, 2023 around 3pm at the Paragon car park. I do not exactly know how this damage have occurred. My work schedule prevented me from coming to the Audi Service Center immediately after the incident.

Subjects Involved Victim			
Victim			

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 05/06/2023 18:19

Classification Of Case:



2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230605/7039

Person Name	CHO JAE YOUNG		
ID Type	FIN NO	ID No	G3810806P
Gender	Male	Age	44
Race	Korean	Language	English
Occupation	Fund/Portfolio manager	Address	93 GRANGE ROAD #10-05 GRANGE RESIDENCES SINGAPORE 249614
Mobile No	97294896	Is Informant A Victim?	Yes

Signature Of Inte	erpreter:	Date/Time 05/06/202	
тчи арупсамо		OUNTER	3 10.13
Officer In-Charg	e Of Case:	Classifica	tion Of Case:
	INGAPORE OLICE FORCE		E/20230606/7039 2 0
POLICE REPOR	RT (NP299) CONTINUAT	ION OF REPORT	Report No. E/20230605/7
Person Name	CHO JAE YOUNG	lm	Inc. constant
ID Type Gender	FIN NO Male	ID No Age	G3810806P 44
Race Occupation	Korean Fund/Portfolio manager	Language Address	English 93 GRANGE ROAD #10-05 GRANGE RESIDENCES
Mobile No	97294896	Is Informant A Victim?	SINGAPORE 249614 Yes
		LAncounts	-
Person Name	CHO JAE YOUNG (Informati	rt)	
	ficer Recording The Report:	Signature The ident report has	Of Informant: ty of the person making this i been authenticated by Singpa: ure is required.