

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 First Submission	20/06/2024 18:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/06/2024 11:00 (SGT)
Exact Location of Accident	16, Jalan Impian Emas 7, Taman Impian Emas, 81300 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3836E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE JUN WEI, ERIC
NRIC No	S8706331C
Email Address	ERIC@RHSASIA.COM
Mobile Phone No	(Phone) +65-94594292
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A7
Variant	SPORTBACK 2.0 TFS
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070161277-03

DRIVER

Name of Driver	LEE JUN WEI, ERIC
NRIC No	S8706331C
Date Of Birth	17/03/1987

Occupation	Indoor
Driving Pass Date	16/07/2005
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94594292
Alt. Phone Number	-
Email Address	ERIC@RHSASIA.COM
Address	88 HILLVIEW AVENUE
Address complement	#02-05
Postcode	669590
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	MALAYSIA7365
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	SKUDAI POLICE STATION
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS GOING ON A STRAIGHT ROAD. TOYOTA HILUX SUDDENLY REVERSED OUT OF PARKING LOT WITHOUT CHECKING AND HIT MY CAR.

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	MALAYSIA7365
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Vehicle Manufacturer	Toyota
Vehicle Model	Hilux
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	S R KOMAGAN A/L RAJA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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")

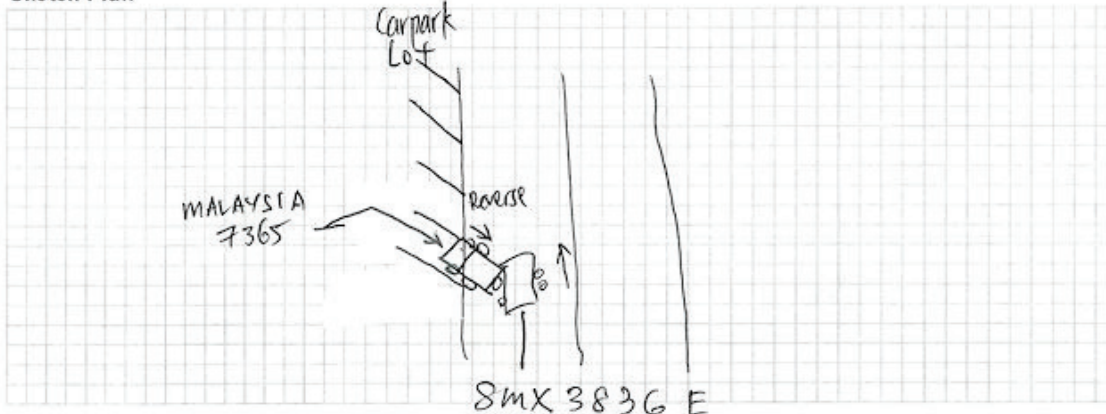
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
 20/6/24
 1700

 - 20/6/24
 Driver's Signature (If driver is not the policyholder) / Date & Time
 1700


 Witnessed by Reporting Centre Personnel

Sketch Plan

I was going on a straight road. Toyota Hilux suddenly reversed out of parking lot without checking and hit my car.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel