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 Authorised 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.

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 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 11/04/2022 14:44 (SGT) Date of Accident 09/04/2022 11:46 (SGT) Exact Location of Accident Lebuhraya Pasir Gudang, Johor Bahru, Johor, Malaysia Additional Location Information Country/State of Loss Malaysia/Johor Darul Takzim

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP832B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE SEE THONG NRIC No. SXXXX969B Email Address VINCENT.LEE3863@YAHOO.COM.SG

Mobile Phone No (Phone) +65-81266569 Alternative Phone No (Home) +65-81266569

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 Transmission Auto

Private car

1439

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number 7210052041 Cover Note Number

DRIVER

CC

Name of Driver LEE SEE THONG NRIC No. SXXXX969B

Date Of Birth 15/08/1972 Occupation Indoor Date Of Driving Pass 02/03/2000 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81266569 Alt. Phone Number (Home) +65-81266569 Email Address VINCENT.LEE3863@YAHOO.COM.SG Address **BLK 330 CLEMENTI AVE 2** Address complement #06-178 Postcode 120330 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes 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 FOREIGN VEHICLE 1 Vehicle Registration Number JSD7938 Vehicle Category Private car PASSENGER 1 Name LEE HUI XUAN BERNICE Gender Female PASSENGER 2 Name **TEO AH MOOI**

DETAILS OF POLICE ACTION

Gender

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-65474900

Police Station Address

10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING TOWARDS JOHOR BAHRU ALONG PASIR GUDANG HIGHWAY AT 11:45AM. SUDDENLY, THERE WAS A MALAYSIA REGISTERED CAR PLATE: JSD 7938 HIT MY CAR BUMPER AT LEFT SIDE. HE TOLD ME THAT HE WAS FAILED TO STOP HIS CAR DURING THE ACCIDENT.

Female

ATTACHMENT(S)



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSD7938
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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)

Lunderstand, 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.

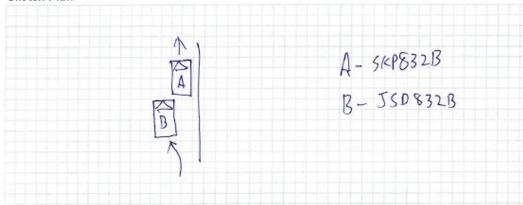
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel Tany From

Sketch Plan

Time



Describe Circumstances of the Accident
Describe Circumstances of the Accident I was alring toward Johan Bahm along Pasir Gudang highway at 11:46 an. Suddenly, there was a malaysia registered car plat: JSD 7138 hit somy car bumper at left gidl. He told me that he was failed to stop his car during the accident.
highway at 11:46 am. Suddenly, there was a malayria
reassered car plat: 350 7938 hit many car bumper at
left fide. He told me that he was forled to stop his
car during the accident.

Declaration

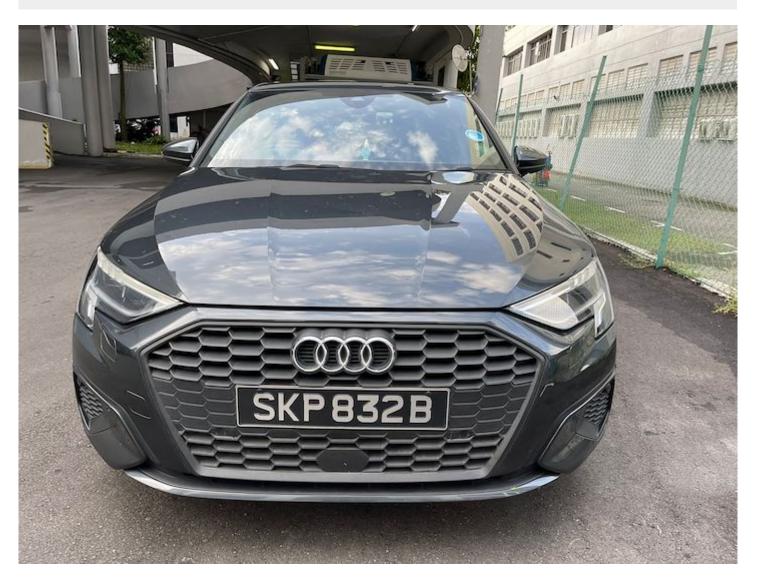
We declare the foregoing particulars are true in every respect.

3/2 114/2

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



Witnessed by Reporting Centre Personnel Tony From

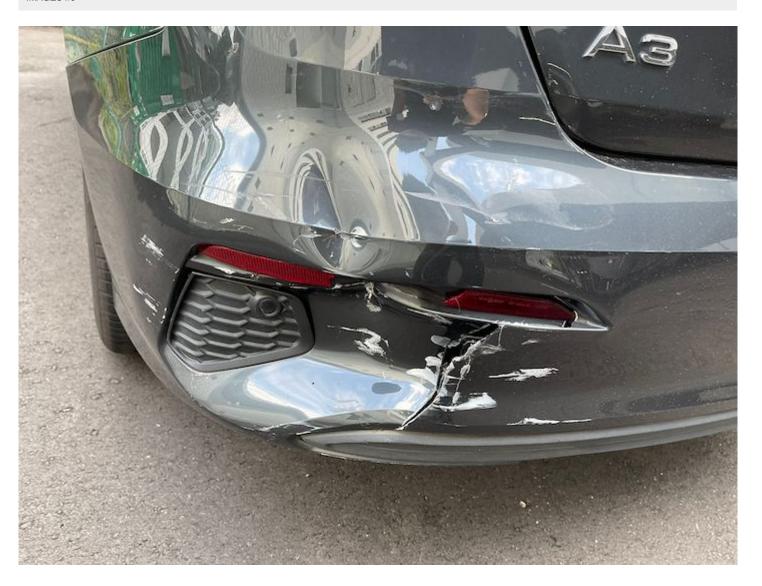






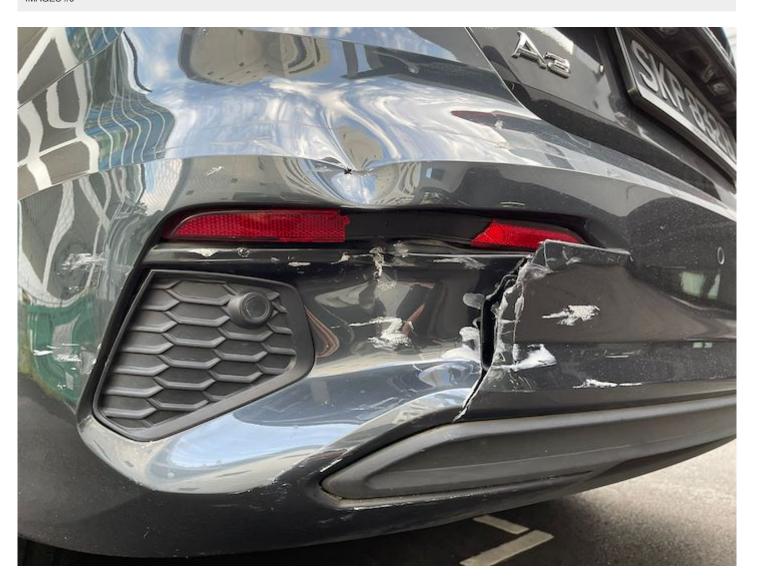




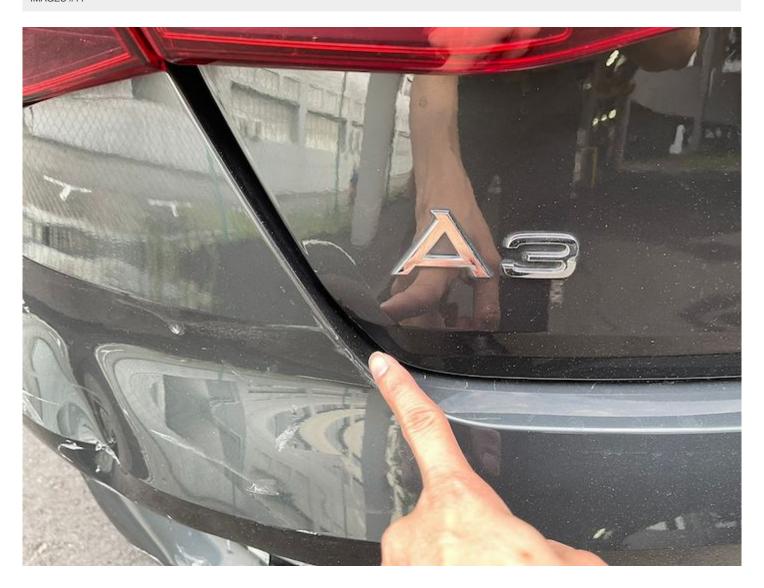


























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220411/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2022 11:24		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	Informant: E THONG	i	Address: 330 CLEMENTI AVENUE 2 #06-178 SINGAPORE 120		
	/ ID No.: D / S72729	69B	Contact No.: Home/Office: Mobile: 81266569		
National MALAYS			Email: vincent.lee3863@yahoo	o.com.sg	
Sex: Male	Age: 49	Date of Birth: 15/08/1972	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: Date of Expiry:		

Seneral Inform	mation of the Accident	ALKEN GELEVIEW		TOWER ELLEN WAS	
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/04/2022 11:45	Type of Location Straight Road	
Location: Pasir Gudang	յ Highway				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
Type of Collis Between Mov		Anyone conveyed by ambulance: No			

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKP832B	Car	AUDI	A3 Sedan 1.5 TFSI S Tronic	Grey	Seriously Damaged	3

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKP832B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210052041	24/05/2021	23/05/2022		



T/20220411/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220411/7006

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrian	No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner			AT CALL DO				
Name	LEE SEE THONG	LEE SEE THONG		ID No),	S7272969B	
Related Vehicle	NIL			Conta	act No.	81266569	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ig ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days granted Medical Leave		NIL	Degree of	of	NIL		

Brief Details.

On 9-Apr-2022 at 11:46am, I was driving along Pasir Gudang highway towards Johor Bahru with my car plate no: SKP832B rear bumper was hit by Malaysia car plate no: JSD7938. No injury is reporting during the time of accident. But, my car left side of rear bumper was badly hit and broken.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220411/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2022 11:24				
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:				
NP168					