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.

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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 26/05/2023 16:00 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/05/2023 15:24 (SGT) Exact Location of Accident 53 Ubi Rd 1, Singapore 408698 Additional Location Information Infront of 53 Ubi Road 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT56367

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Lee Chiew Muay NRIC No SXXXX130B Email Address wendy.lee@premiumauto.com.sg Mobile Phone No (Phone) +65-96319428 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q3 Variant Audi Q3 Sportback 1.4 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070096456-02

DRIVER

Name of Driver Lee Chiew Muay NRIC No SXXXX130B Date Of Birth 20/09/1967 Occupation Indoor

Date Of Driving Pass 06/04/1987 Driving experience 36 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-96319428 Alt. Phone Number Email Address wendy.lee@premiumauto.com.sg Address 90 Jellicoe Road Address complement Postcode 208749 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 Side Swipe 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? No 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 25/05/2023 at about 3.25pm, I had just made a left turn from Ubi Ave 3 onto Ubi Road 1. I then occupied the right lane of the 2-lane road of Ubi Road 1 as I had noticed a Honda Vezel was stationary with hazard lights switched on, just outside my office located at No 53 Ubi Road 1. The two lanes would eventually merge as one, just outside the office. I then continued to drive at reduced speed as I had to make a left turn into the driveway to my office. Just as my car passed the stationary Honda Vezel, I made the left turn into the driveway, with my signal indicator on. And as I was about to complete the turn, I felt an impact from the left rear portion of my car and realized that the Honda Vezel had moved off from the stationary without due care. The female driver of the Honda Vezel came down and began to apologize. ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Vehicle Registration NumberSKU7103AVehicle ManufacturerHondaVehicle ModelVezel

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90601913
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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)

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' 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 GA 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 26/5/23-1540his

Sketch Plan

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

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

Witnessed by Reporting Centre

Personnel Tony Foony

A - SMT 56 36 Z

B - Sku 7103 A

Moving off B |

with hazard light

hazard light

On

Describe Circumstances of the Accident
On 25/05/2023 at or about 3.25pm, I had just made a left turn from Ubi Ave 3 onto Ubi Road 1.
I then occupied the right lane of the 2-lane road of Ubi Road 1 as I had noticed a Honda Vezel
was stationary with hazard lights switched on, just outside my office located at No 53 Ubi Road 1.
The two lanes would eventually merge as one, just outside the office.
I then continued to drive at reduced speed as I had to make a left turn into the driveway
to my office. Just as my car passedthe stationary Honda Vezel,I made the left turn into the
driveway, with my signal indicator on.
And as I was about to complete the turn, I felt an impact from the left rear portion of my car
and realized that the Honda Vezel had moved off from the stationary without due care.
The female driver of the Honda Vezel came down and began to apologize.
No.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 26/5/23 -\540\vs

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

Witnessed by Reporting Centre Personnel Tony Foorg



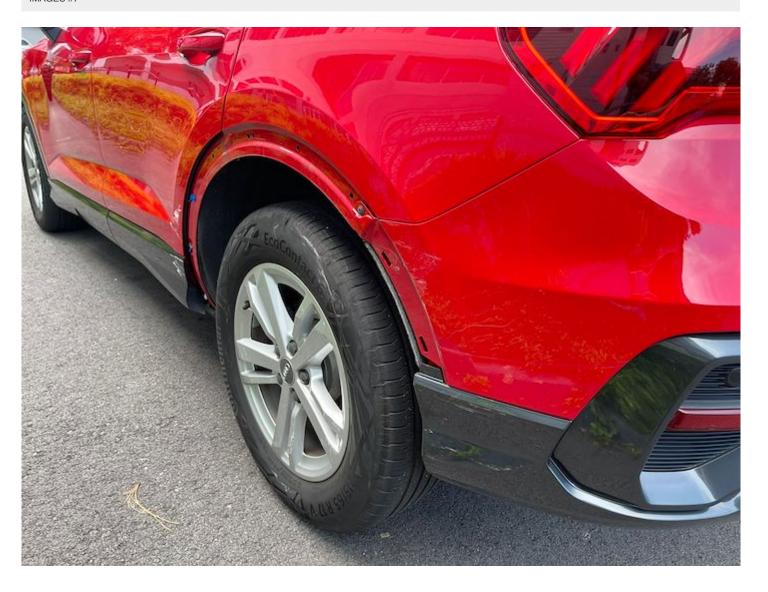






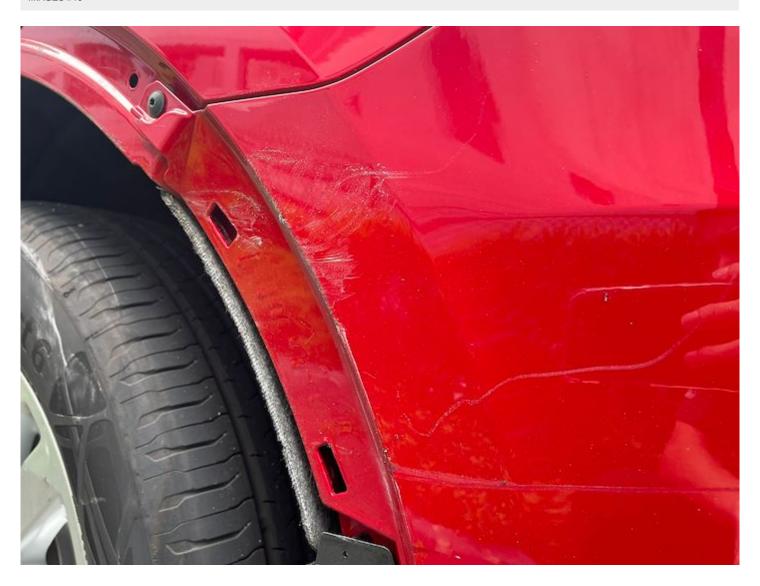


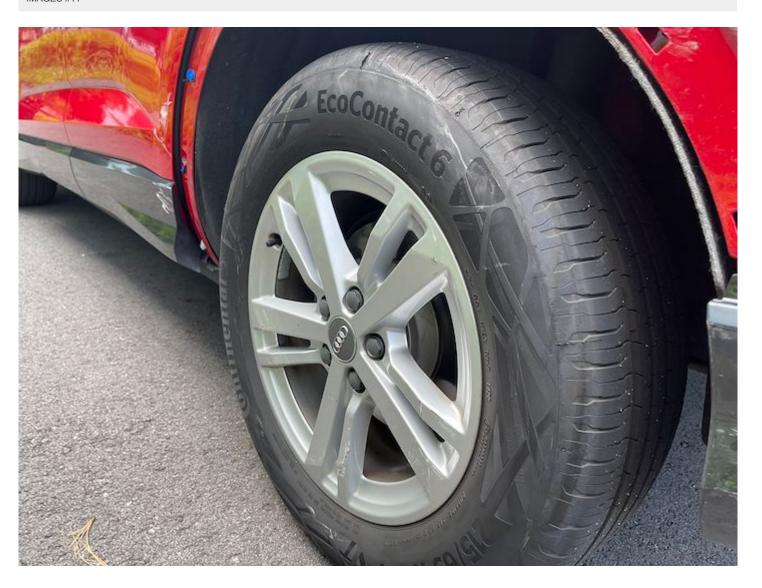


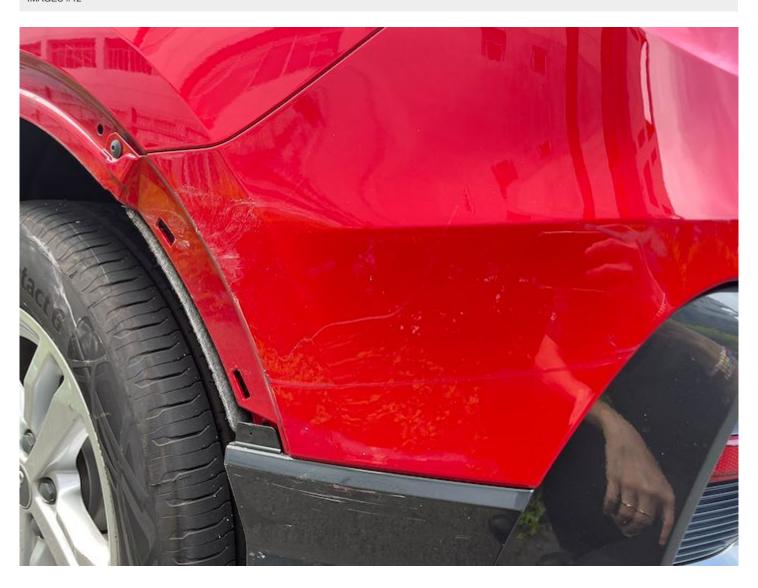










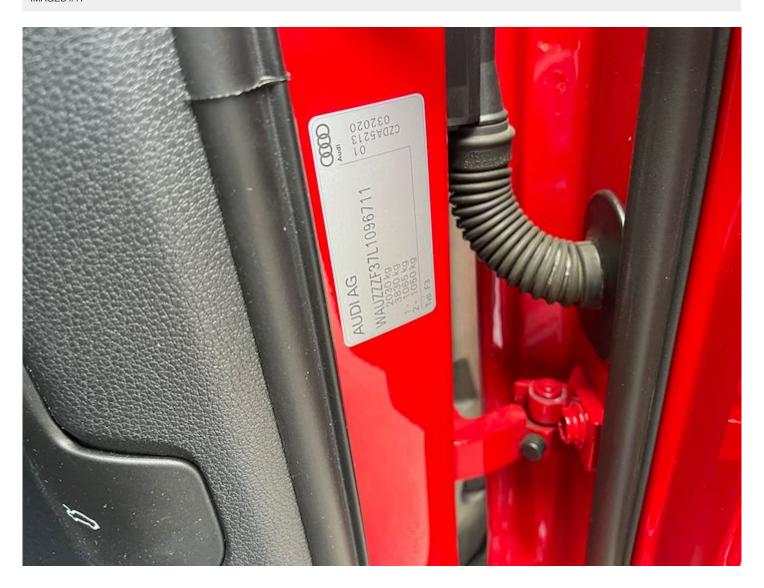




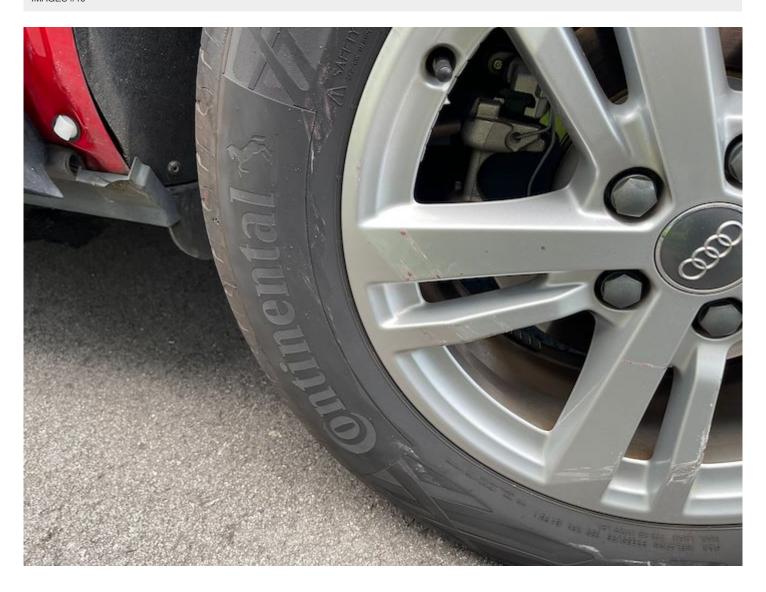




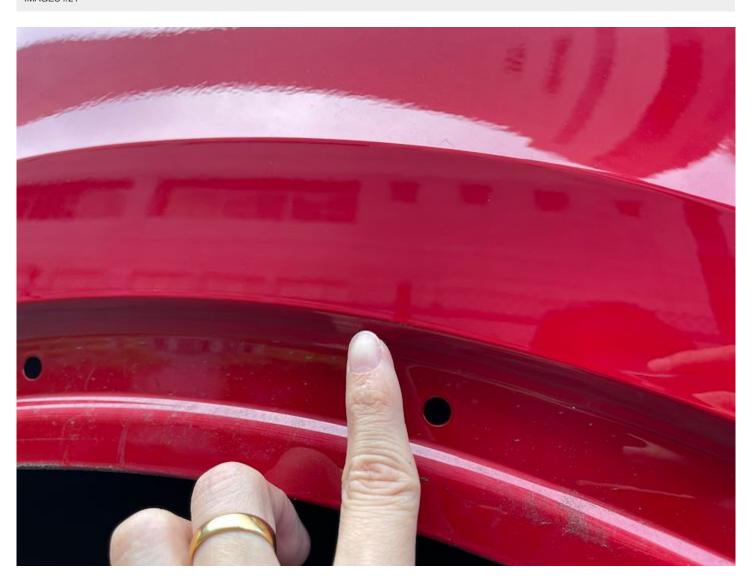


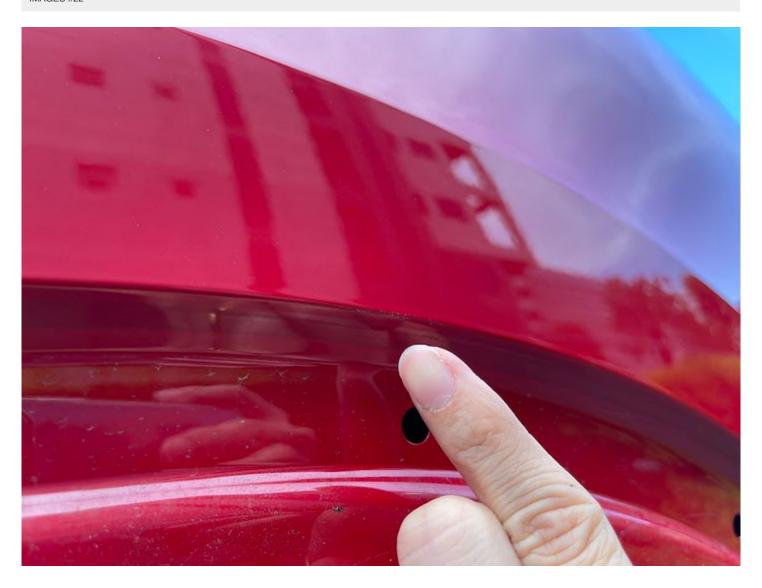


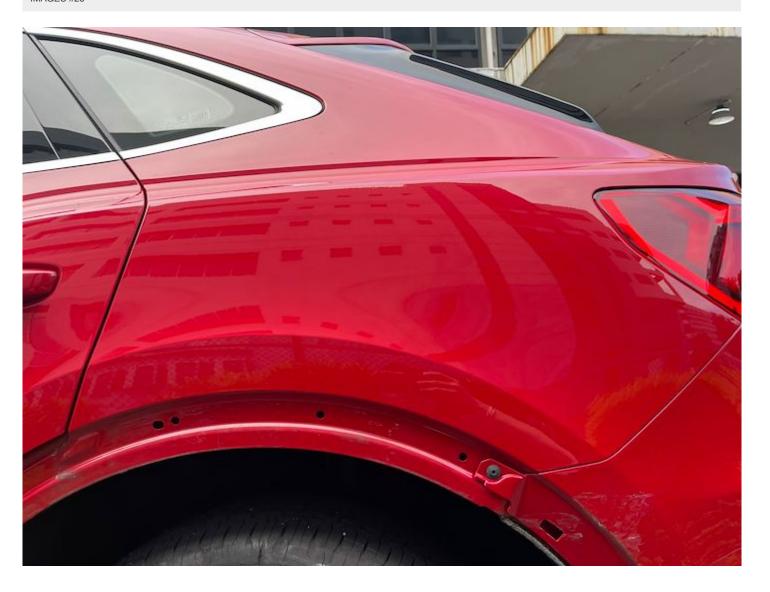




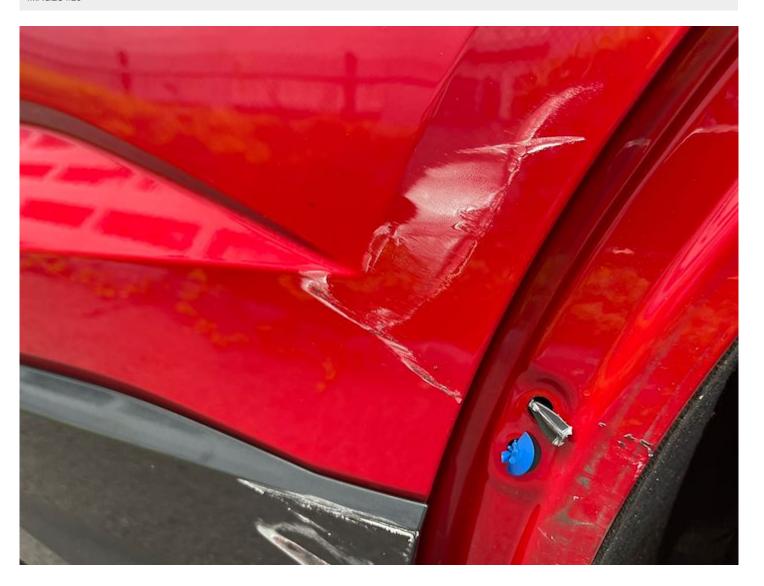


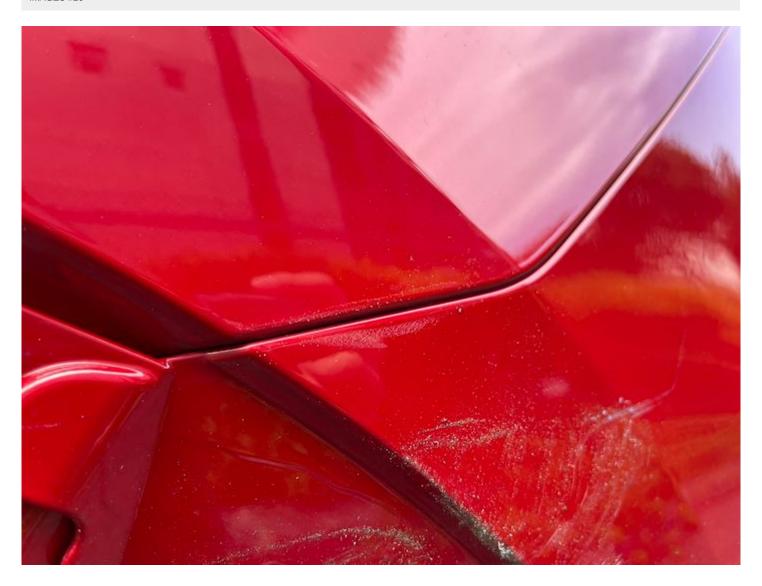


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: \$66550020G / 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.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SP14235Q0003-01 Vehicle Registration No: SMT 5636 Z Name(as shownin NRIC): Lee Chiew Muay ____NRIC/FIN/Passport No: SXXXX130B (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate 90 Jellicoe Road Singapore(208749) Address Mobile No.: 96319428 Contact (Tel) : wendy.lee@premiumauto.com.sg Email Address ___Time of Accident : 15:24 Date of Accident : 25/05/2023 Place of Accident : Infront of 53 Ubi Road 1 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO CONVERT THIRD PARTY CLAIM TO CLAIMING OWN INSURANCE. Reporting Centre Personnel's Signature Name: Tony Foony Policyholder / Driver's Signature

NRIC/FIN No .: Date:

Date: