# **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 13/07/2023 17:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/07/2023 21:20 (SGT) Exact Location of Accident Johor Bahru, Johor, Malaysia Additional Location Information 10.4 KM EXPRESSWAY Country/State of Loss Malavsia

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNE534J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYED NAJIB BIN SYED ABDUL MALIK ALSAGOFF NRIC No SXXXX381F Email Address knapp001@gmail.com Mobile Phone No (Phone) +65-85000271 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Lexus Model Es250 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2494

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220021797-01

DRIVER

Name of Driver SYED NAJIB BIN SYED ABDUL MALIK ALSAGOFF NRIC No SXXXX381F Date Of Birth 24/08/1976 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is 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	03/09/1997 25 YEARS AND 10 MONTHS Male (Phone) +65-85000271 - knapp001@gmail.com BLK 386 BUKIT BATOK WEST AVENUE 5 #15-354 - 650386 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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  FOREIGN VEHICLE 1  Vehicle Registration Number  Vehicle Category	- - - JRN883
DETAILS OF POLICE ACTION	Titalo dal
Was the accident reported to the police? Police Station Name Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH AND TRAFIK JOHOR BAHRU (U)/	/011146/23
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	JRN883

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmus | completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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 indurer (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 builtonly (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 an wor dealing with my instructions or responding to any enquiries by me,
- (iv) administering inviolatins (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 implicable 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 addition and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and by 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 sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

I B A A

KM10.4 CESUH RAYA ISKANDAR SULTAN

Describe Circumstances of the Accident	
On 12/07/2023, around 21.70pm.	
I was diving vehicle SNESSYJ from country garden to puter har	bur
Total Section   Indiana Section	2.11
I netical a cat out of sydden and son down. Suddenly car Note TRNXXX from helped hit was	
I lead to the state of the stat	
I am not injured.	
My damme of my car is	
lack were brook left with at Cliffy	
left and mudgrace left right set of lights, punels, revere sensor	
on the front is bumper right mudguard right decript oil	
There are other damage I am not certain 424	
Abup is all my report	
/ J	
TONEY 7-11-0 PONDER / /	
TROFIX FOLTOR BOHRY (u)/01/146/23	6EE
claration	
declare the foregoing particulars are true in every respect.	
Annual Personal and title in every respect.	
A. A	21

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

Policyholder's Sign-Ture / Date & Time

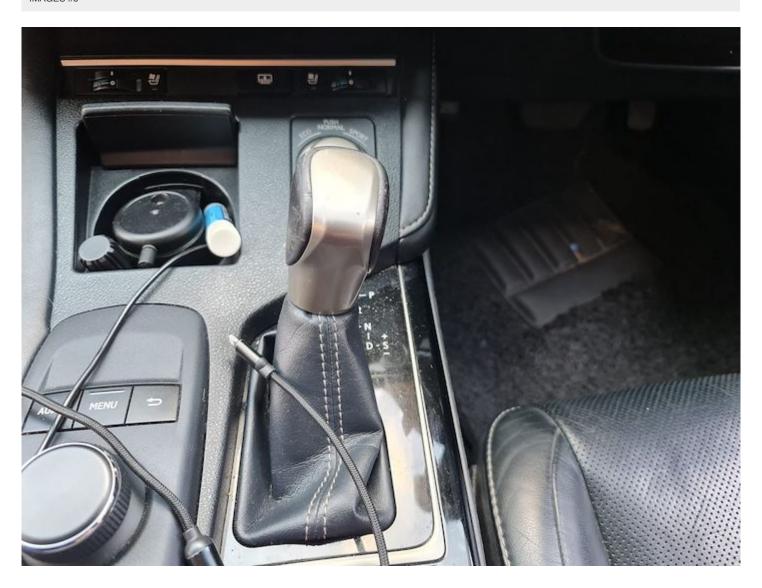
Witnessed by Reporting Centre Personnel





















# POLIS DIRAJA MALAYSIA REPOT POLIS

Balai	TRAFIK JOHOF	RAHRUMIN	Book	MACONING OF THE PARTY	2000
Daerah	J/BAHRU UTAR		Pegawai	Penyiasat : R13	2496
Kontinjen	: JOHOR				
No. Repot	: TRAFIK JOHOF	BAHRU(U)/01114	16122		
Tarikh	12/07/2023	, , , , , , , , , , , , , , , , , , , ,	W25		
Waktu	2303 PM			- a	
Bahasa Diterim				V.	
Butir-butir Penari	25				
	AMAD SYAMIM BIN	No. Badan	R207489	Pangkat	
MG	-AMAD JASMI	AND	11207403	rangkat	: KONST/P
Butir-butir Juruba	lasa (Jika Ada) :				
Nama :		No. K/P (Baru) :	200	No. Polis/Tentera	br 4 coor
No. Pasport :		Bahasa Asal :	22	wher remera	100 (57)
Alamat :					
Butir-butir Pengac	iu:				
Nama	SYED NAJIB BIN S	SYED ABOUL MAL	IK ALSAGOFF		
No. K/P (Baru)	39 <del>92</del> 3	No. Polis/Tenter		No. Pasport	: K3630792H
No. Sijil Beranak	-	Jantina	: Lelaki	Tarikh Lahir	: 24/08/1976
Jmur	46 Tahun 10 Bulan	Keturunan	: Melavu	Warganegara	: SINGAPORE
Pekerjaan	BERNIAGA		111.0		ONGAPORE
Mamat Tinggal	APT BLK 386 BUK	IT BATOK WEST	WENUE 5 #15-35	4 SINGAPORE 650	BRE SINGAPORE
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Alamat Pejabat	1940				
lo, Tel (Rumah)	;	No. Tel (Pejabat)	;	No. Tel (Bimbi	t);6585000271
imel	-				1,755,555,041,1
engadu Meny	an:				
EBUHRAYA ISKA EEKOR KUCING ELAKANG TELAI ERLANGGAR BAI EUMPER, BONET, TANAN BELAKAM	AM LEBIH KURANG ARDEN HENDAK KE NDAR SULTAN, SI MELINTAS DI LAL I TERLANGGAR B U PEMBAHAGI JAL SET LAMPU KIRI/ , MANAKALA HADA ROSAKAN BELUM P	EPUTERIHARBO EMASA SAYA M UAN SAYA TIBA ELAKANG M/KA AN. SAYA TIDAK KANAN, PANEL, IPAN PULA BUMI	UR. PADA KETIK, EMPERLAHANKA-TIBA SEBUAH R SAYA LALU CEDERA. KERO REVERSE SENS	A ITU, APABILA SAY, AN KENDERAAN S M/KAR NOMBOR J SAYA HILANG KAI SAKAN BELAKANG SOR, MUDGUARD	A SAMPAI DI KM10.4 GAYA KERANA ADA RN883 DARI ARAH WALAN KE KANAN MKAR SAYA IALAH
andatangan Pengu	du: Tanda	atangan Jurubahas	sa(Jika ada);	Tandatangan I	Penerima Repot:
-				1	12 1/