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.

- 4. The issue and acceptance of this is form by instrained 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 17/07/2023 12:41 (SGT) Reported by **Actual Driver** Date of Accident 09/07/2023 15:30 (SGT) Exact Location of Accident 79, Jalan Tebrau Lama, Taman Abad, 80250 Johor Bahru, Johor, Malaysia Additional Location Information PETRON CENTURY GARDEN JB Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2402R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOW ZHI LING NRIC No SXXXX300G Email Address enzolowgraphics@gmail.com Mobile Phone No (Phone) +65-87518858 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070127780-02

DRIVER

Name of Driver **ENZO LOW** NRIC No SXXXX464F Date Of Birth 20/09/1994

Occupation Outdoor Date Of Driving Pass 25/07/2014 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-87518858 Alt. Phone Number Email Address enzolowgraphics@gmail.com Address BLK 121A EDGEDALE PLAINS #03-245 Address complement Postcode 821121 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Sibling 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? Yes 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? 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 FOREIGN VEHICLE 1 Vehicle Registration Number SV8100F Vehicle Category Private car DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. 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 PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230715/7009 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SU8100F
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

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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 ladgement 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 aforeseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

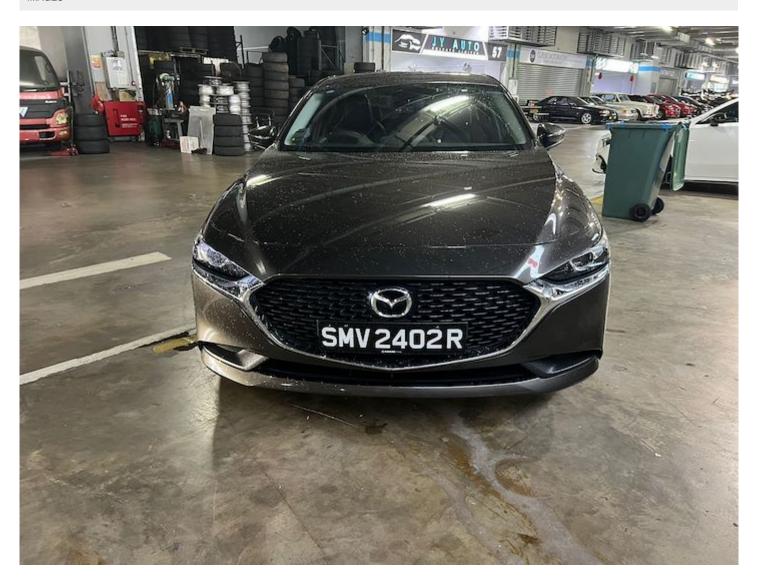
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 agencylauthority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the sattlement 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 (awyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sur Policyholder's Signature / Data & Time	Driverte Si	Sur gnature (If driver is not the	- F. V. (1) - Ja	Bull	11/07/2023	
Sketch Plan	PR1ROW		GARDFAY	(Name as in NRIC	orling Centre Personnel ID case) BAHR Y	
A:\Sm\2402R B:\ S \8100R						

Describe Circumstance of the Acciden	nt			
T SALVE THE	STHTIED DATE AND	TIME ±	VEHILLE (A)	WHILE
TURNING MISSUBGIE	AND HIT ONTO	VEHICLE (B	2	
Tollch RAPE	DR1 1/201307	15/2009		
U	(17 30.	5/ 100/		
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Declaration				



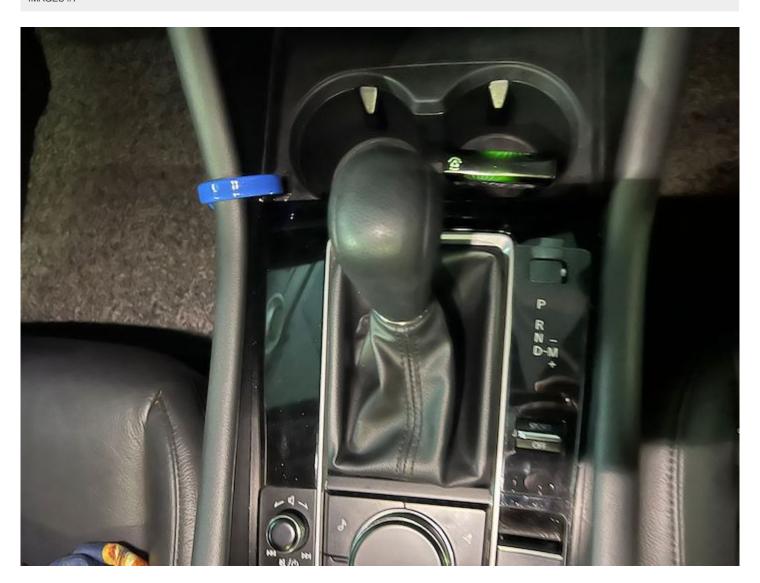


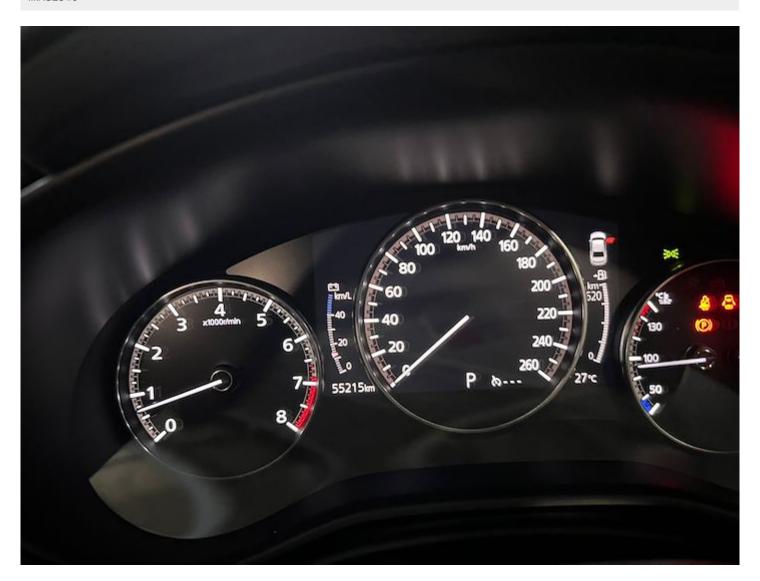


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230715/7009

REPORT O	F A TRAFFIC ACCID	ENT
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Date/Time Report Made: 15/07/2023 14:24		Made:	Vide Report No.:	Station Diary No.:		
Informa	int's Partic	ulars				
Name o ENZO L	f Informant OW		Address: 121A EDGEDALE PLAINS #	03-245 SINGAPORE 821121		
ID Type / ID No.: NRIC NO / \$9434464F Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 28 20/09/1994		64F	Contact No.: Home/Office:	5000		
		EN	Email: ENZOLOWGRAPHICS@GM.	Mobile: 87518858		
		Date of Birth: 20/09/1994	Type of Informant:	AIL.COM		
Race: Chinese			Language: English			
Occupation: Financial/Investment adviser		t adviser	Driving Licence Information: Class:	Date of Expiry:		

	Non-Injury	ent		
Type of Accident:	Others	Drink Drive:	Date/Time of Accident:	Type of Location Petrol Station
Location:		No	02/07/2023 15:35	200300000000000000000000000000000000000
Month				
Cloudy		Road Surface: Dry		
Weather: Cloudy Traffic Flow; Dual Carriage Type of Collisi				affic Volume:

Vehicle No.	Type	Make	144 774			
SMV2402R Car	Wake	Model	Color	Conditio	No of	

Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20230715/7009

CONTINUATION OF REPORT

Name	ENTO LOW				THE PERSON NAMED IN
THOME	ENZO LOW		ID No.		S9434464F
Related Vehicle	SMV2402R (Car)				
	Sinv2402R (Car)		Contac	t No.	87518858
Hospital/Clinic	NIL				
15/30/05/06/05/05/06/05/05/06/05/05/05/05/05/05/05/05/05/05/05/05/05/			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	Dete	1		
No. of Days grant	ed Medical Leave NIL	Date		NIL	
- ayo gran	ed Medical Leave NIL	Degree of	f a	NIL	

Brief Details.

Accident took place in an Malaysia petrol station (Petron) at Johor Bahru.

Car was parked and filling up petrol as I was making a turn in, my vehicle tyre scratched on the parked vehicle slide skirt.

Accident took place in: 79, Jalan Tebrau Lama, Taman Abad, 80250 Johor Bahru, Johor, Malaysia





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230715/7009

CONTINUATION OF REPORT

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: 15/07/2023 14:24
Officer In Charge Of Case: TP / TPIB / MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367	Classification Of Case:
VP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEN	DUM
PARTICULARS OF PERSON MAKING THE AMENDMEN Original Report No: SMOS 237 0003	
Name (as shown in NRIC): FIVED LOW (*Vehicle Driver/Policyholder) (*) Please delete as a	NRIC/FIN/Passport No: SXXXX Y64/
Address:	Singapore (
Contact (Tel):	Mobile No.:
Email Address:	Time of Accident: \5:3
Place of Accident: 79 JMAH JUBBAU	
Place of Accident: 19 MAH MBRAM	lomp
Insurance Company:	
ADDITIONAL INFORMATION /AMENDMENTS:	
THEO POOLY VEHICLE HUMBA	R 70 SU 8100F
	-accel 18/02/202
Policyholder / Actual Driver's Signature Date:	Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:

pr/0922