

## 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 .....	06/08/2024 16:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/08/2024 21:20 (SGT)
Exact Location of Accident .....	10 North Bridge Rd, Singapore 190010
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ4920S
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MOVA AUTOMOTIVE PTE LTD
Company Reg No .....	198904033G
Email Address .....	NITHA@MOVA.COM.SG
Mobile Phone No .....	(Phone) +65-64763333
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	NV350 PANEL VAN 5DR 2.5 5AT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2488
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1240000553

#### DRIVER

Name of Driver .....	MOHAMMED AKMOL ALI S/O AFRIJ ALI
NRIC No .....	S7531642I
Date Of Birth .....	23/10/1975
Occupation .....	Indoor
Driving Pass Date .....	27/08/2013
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-80778296
Alt. Phone Number .....	-
Email Address .....	NITHA@MOVA.COM.SG
Address .....	BLK 10 NORTH BRIDGE ROAD
Address complement .....	16-5111
Postcode .....	190010
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 on collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK8010L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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**

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 Traffic Police Department for investigation.**
6. 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.
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)**

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.

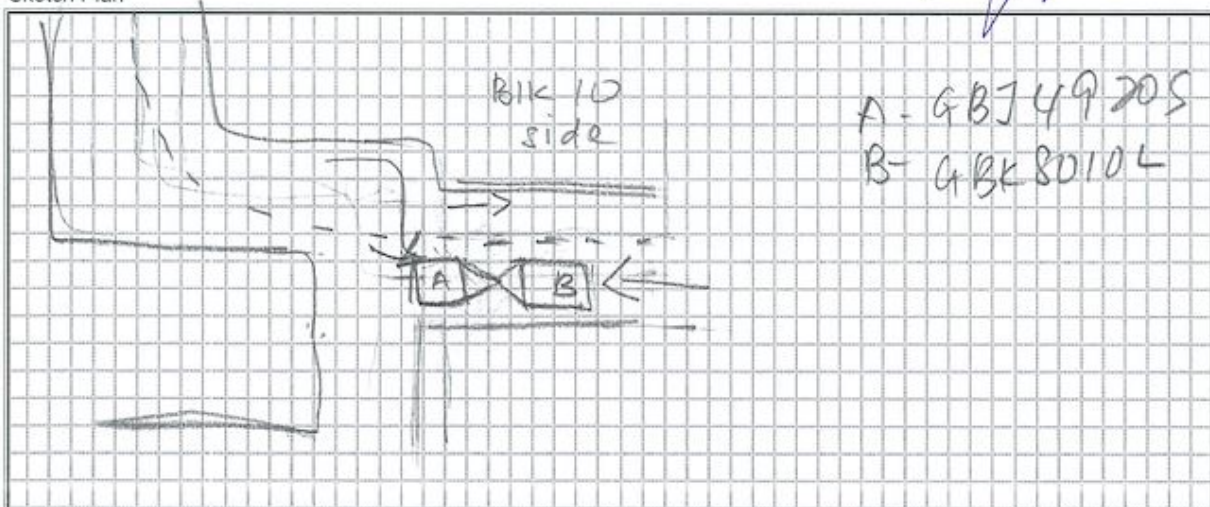


Policyholder's Signature / Date

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan






Describe Circumstance of the Accident	
VEHICLE NO: GBJ 4920 S	ACCIDENT DATE & TIME: 03/08/24 21:20
CONTACT NUMBER: 8077 8296	E-MAIL: mohdazkmo@ali@gmail.com
LOCATION: 10 NORTH BRIDGE ROAD, SINGAPORE 190010	
<p>On 03/08/24 at about 21:20, I was driving a van bearing plate no GBJ 4920 S entering car park blk 10 North Bridge Rd. There was a part in the carpark that have a sharp left turn after about 10m of turning right. On that particular day when I made a left turn at the sharp left turn, suddenly there was a white/black pick up bearing plate no GBR 8010 L about to go moving opposite of my way and stop there when the driver saw me turning at the sharp left turn. As the turning was very sharp, my vehicle might not able to be in <sup>fully</sup> the lane. As my van completed the turn, at least quarter of the van <del>already</del> will be out of lane. Unfortunately, the above said pick up was there and I am not able to brake on time which cause both of <del>our</del> our vehicle bang in the front part. After it happened both of us changed particular, took photo of the damaged happened and declared that both party did not <del>receive</del> suffer any injury.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input checked="" type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

**Declaration**

I/We declare the foregoing particulars are true in every respect.


  
 Policyholder's Signature / Date & Time


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


  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

































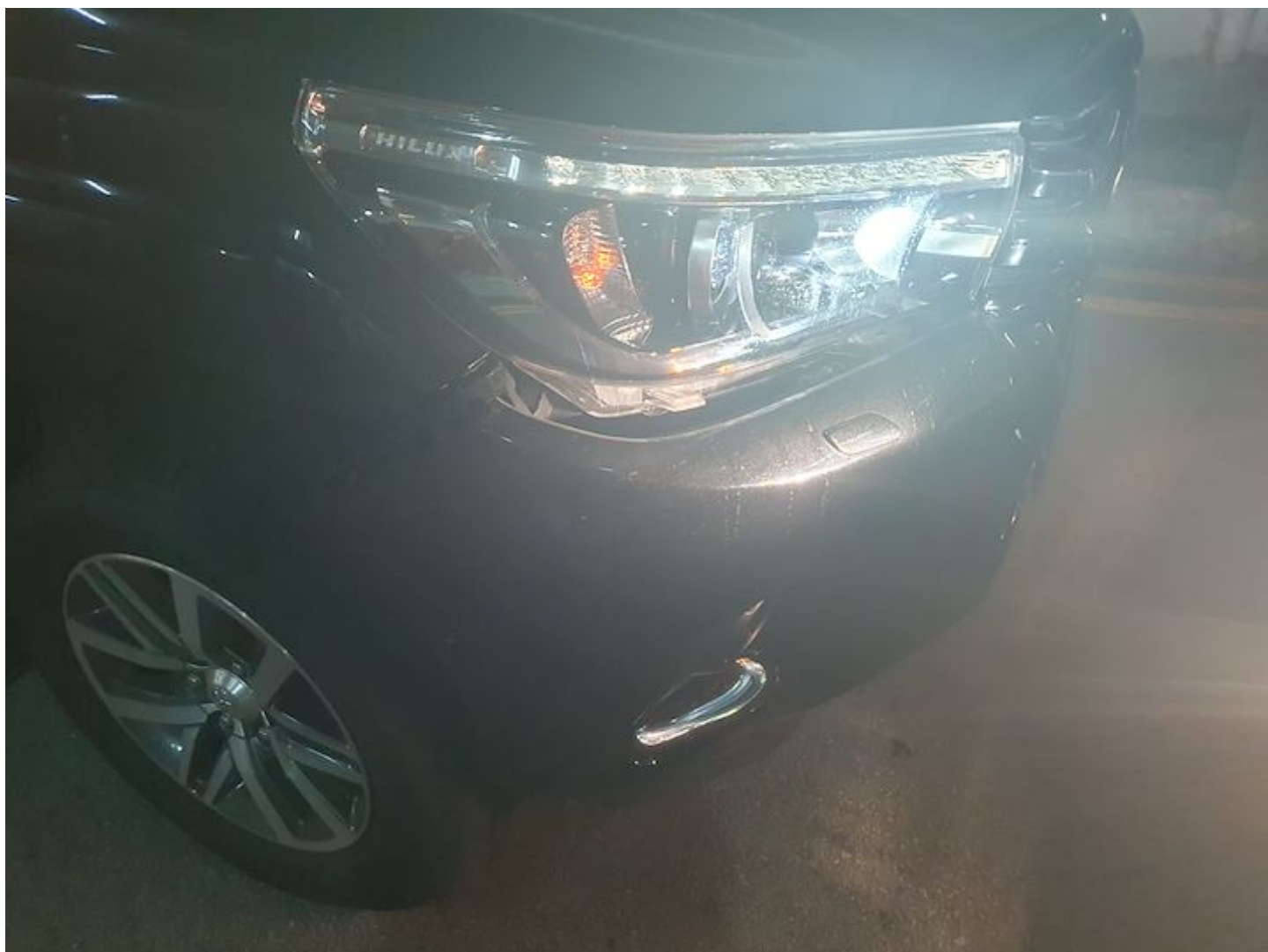














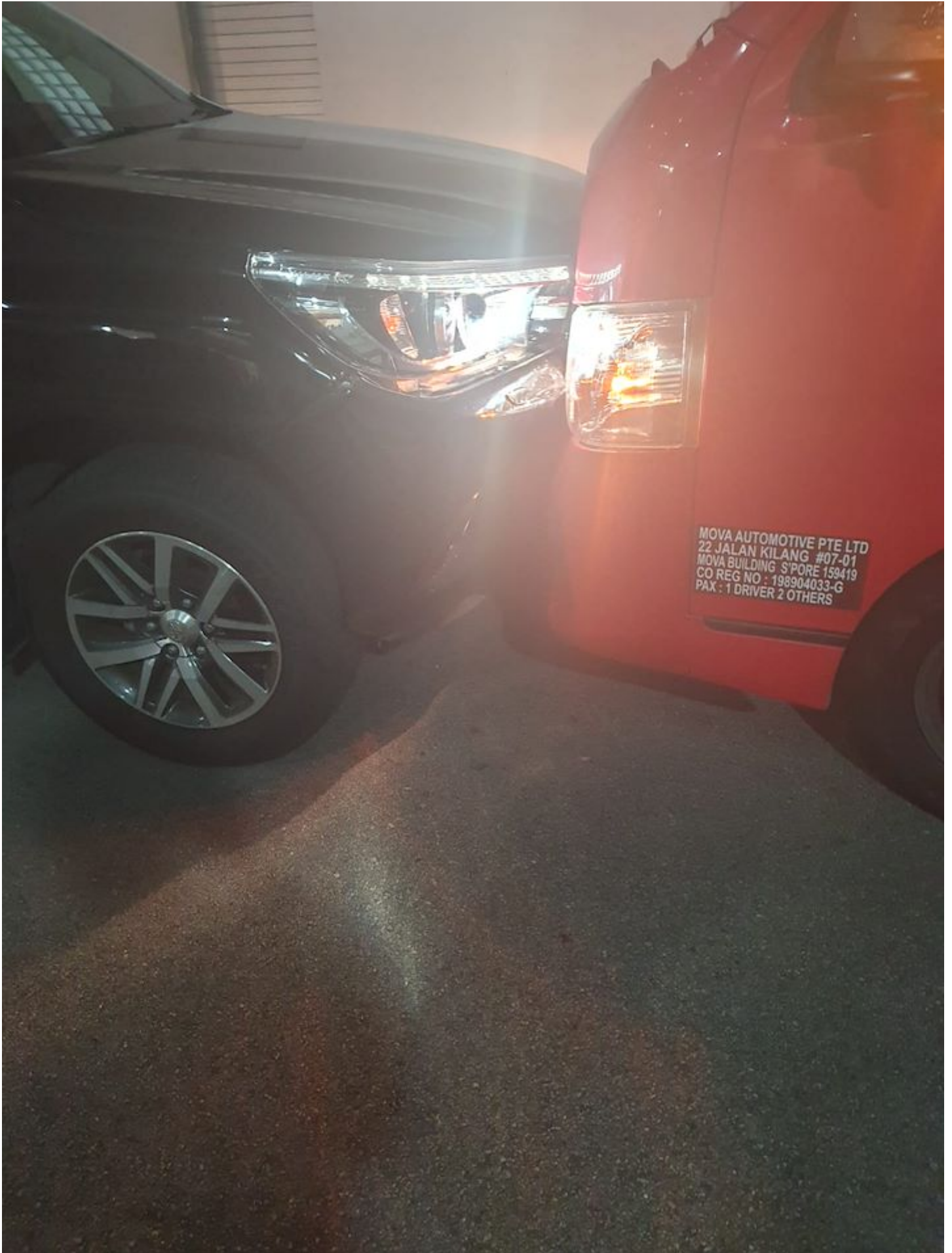




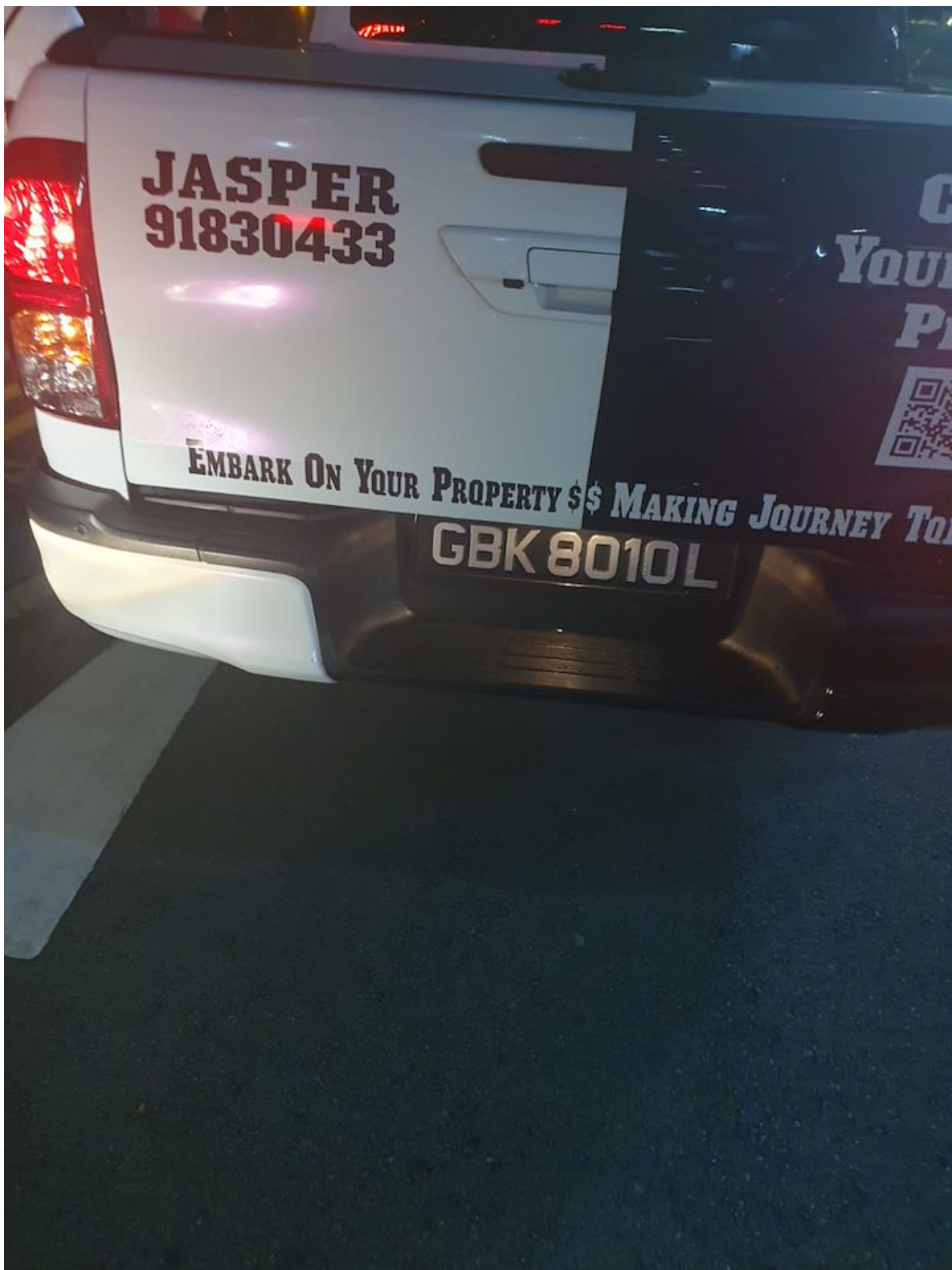




















**SINGAPORE  
POLICE FORCE**



T/20240815/2106

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20240815/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2024 22:13	Video Report No.:	Station Diary No.: 88
--	-------------------	--------------------------

**Informant's Particulars**

Name of Informant: MOHAMMED AKMOL ALI S/O AFRIJ ALI	Address: APT BLK 10 NORTH BRIDGE ROAD #16-5111 SINGAPORE 190010
ID Type / ID No.: NRIC NO / S7531642I	Contact No.: Home/Office: Mobile: 80778296
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 48 Date of Birth: 23/10/1975	Type of Informant: Driver
Race: Pakistani	Language:
Occupation: Van driver	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 03/08/2024 21:25	Type of Location: Car Park
Location: NORTH BRIDGE ROAD	Weather: Clear	Road Surface: Dry	Traffic Volume: Light
Traffic Flow: Two Way	Traffic Control: Not Controlled	Type of Collision: Between Moving Vehicles - Head On	Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBJ4920S	Motor van				Slightly Damaged	0
GBK8010L	Lorry				No Damage	2

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	





**SINGAPORE  
POLICE FORCE**



T/20240815/2106

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3  
Report No: T/20240815/2106

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMMED AKMOL ALI S/O AFRIJ ALI	ID No.	S75316421
Related Vehicle	GBJ4920S (Motor van)	Contact No.	80778296
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	JASPER KOH (XU JIE)	ID No.	S8851477G
Related Vehicle	GBK8010L (Lorry)	Contact No.	91830433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On the above-mentioned date, time and location, I was the driver of vehicle no. GBJ4920S, I was travelling at about a speed of 10km/h and when I made a right turn, I realised about 10 metres of the right turn I needed to make a left turn and it was a narrow road. When I was turning left, I saw a lorry (GBK8010L) at the opposite direction and I did not managed to stop on time hence had a head on collision with the lorry. We immediately head out of the vehicle to make a check on the damages however only the front part of my vehicle had a deep dent and the lorry had no damaged. I then exchange particulars with the other driver and we both took pictures of the scene. I did not have any injuries and the other driver said that he and his 2 passengers do not have any injuries as well. No government properties were damaged. Traffic police and ambulance was not activated. Me and the other driver then agreed to settle with our own insurance company and we left the scene afterwards.

On the 12/08/2024, my insurance company called me and informed me to lodge a police report because the other driver insurance company is claiming my insurance company for his medical bills despite he had confessed that he and his passengers had no injuries when the accident happened. I am lodging this police report as my insurance company told me to lodge a report.



**SINGAPORE  
POLICE FORCE**

T/20240815/2106

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20240815/2106

## CONTINUATION OF REPORT

Signature of Officer Recording The  
A/  
SGT 1 LUTHFI YASIR BIN AB  
RAZAK

W

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

NP168

Signature Of Informant:

C/K

Date/Time:  
15/08/2024 22:13

Classification Of Case:



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SM1324860008-01 Vehicle Registration No: GBJ4920S  
 Name (as shown in NRIC): MOVAAUTOMOTIVEPTLTD NRIC/FIN/Passport No: 1XXXXX033G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 64763333  
 Email Address: \_\_\_\_\_  
 Date of Accident: 03/08/2024 Time of Accident: 21:20  
 Place of Accident: 10NorthBridgeRd,Singapore190010  
 Insurance Company: AIG Asia Pacific Insurance Pte.Ltd.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

\*Attached Police report

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: