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 First Submission 08/10/2024 09:32 (SGT) Reported by **Actual Driver** Date of Accident 07/10/2024 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO AVE 5 TOWARDS CTE/SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBK2119Y**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD Company Reg No 1XXXXX033G Email Address ENNY@MOVA.COM.SG Mobile Phone No (Phone) +65-62723892 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant **HIACE DX 2.8 AUTO** Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 2754 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5138026806-01-000041

DRIVER

Effective Date/Time of Ownership

Name of Driver	YEE KIAN ANN
NRIC No	SXXXX738F
Date Of Birth Occupation	lu de eu
Driving Pass Date	Indoor 23/04/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	N-
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
venice registration ratios of other venice owned by briver	-
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?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No 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?	Na
Was notice of intended Prosecution given?	No No
If yes, against whom?	NO -
ii yos, against wiloin:	-
CIRCUMSTANCES OF ACCIDENT	
SINGUING WINDER OF PROBLEM	
REFER TO THE SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiela Dagiatratian Nurshar	CURFOOAT
Vehicle Registration Number Vehicle Manufacturer	SHB5201Z
· CC.C Indianacaioi	

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	YEE KIAN ANN
Phone No	_
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK2119Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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.
- 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:

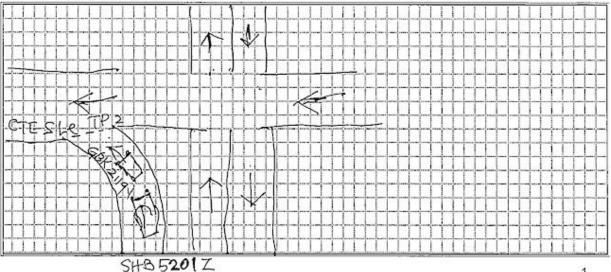
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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
- (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 ROMO

Policyholder & Signatura / Date & Time

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

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

Sketch Plan



Ang Wokio Ave 5

1

CONTACT NUMBER: E-MAIL: LOCATION: AND YIO E'O HIVE 5 TOWAYES CTE/SLE I WAS WOITTING AT THE SLIP TOOD WIVEN THE TAXI SHB52012 SUDDENLY IN THE TEXT OF MY VAIN, I WENT TO A CHINIC AND TECEIVED 2 DAYS MC. AFTER WE GOT DOWN THE VENICLES TO EXCHANGE DETAILS, WIVEN WE PLOCED TO MOVE OFF, THE TAXI NIT THE YEAR OF MY VAIN AGAIN. NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	VEHICLE NO: GBK 2119Y	42 101/F0 - PMIT & STAD TRIBLIDOS
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OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION		

Declaration

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



Oriver's Signature (if driver is not the policyholder) / Date



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

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