SM1J24C70009 / MOVA AUTOMOTIVE PTE LTD [159722]
ENTRY DATE & TIME: 07/12/2024 12:23 (SGT)
SUBMITTED BY: Suann
VERSION: 1 (07/12/2024 12:23 (SGT))

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.
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	07/12/2024 12:23 (SGT)
Reported by	Actual Driver
Date of Accident	06/12/2024 03:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WD7358D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MDI ENGINEERING PTE. LTD.
Company Reg No	201835841G
Email Address	manickam.mdi@gmail.com
Mobile Phone No	(Phone) +65-93865491
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	CAMC
Model	HN5311X40D9M6
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	11813
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141434992-01

DRIVER

Name of Driver	DHAVUDU SHEIK MOHAMED
Work Permit No	G8383494W
Date Of Birth	25/07/1989
Occupation	Outdoor
Driving Pass Date	04/08/2014
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93865491
Alt. Phone Number	-
Email Address	manickam.mdi@gmail.com
Address	MDI ENGINEERING PTE. LTD.
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO MOTOR VIDEO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC564D

Vehicle Manufacturer	-
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)	2

SKETCH PLAN

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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.

MOT ENGINEERING PTE. LTD. * REG. NO: 201835841G

Policyholder's Signature / Date & Time

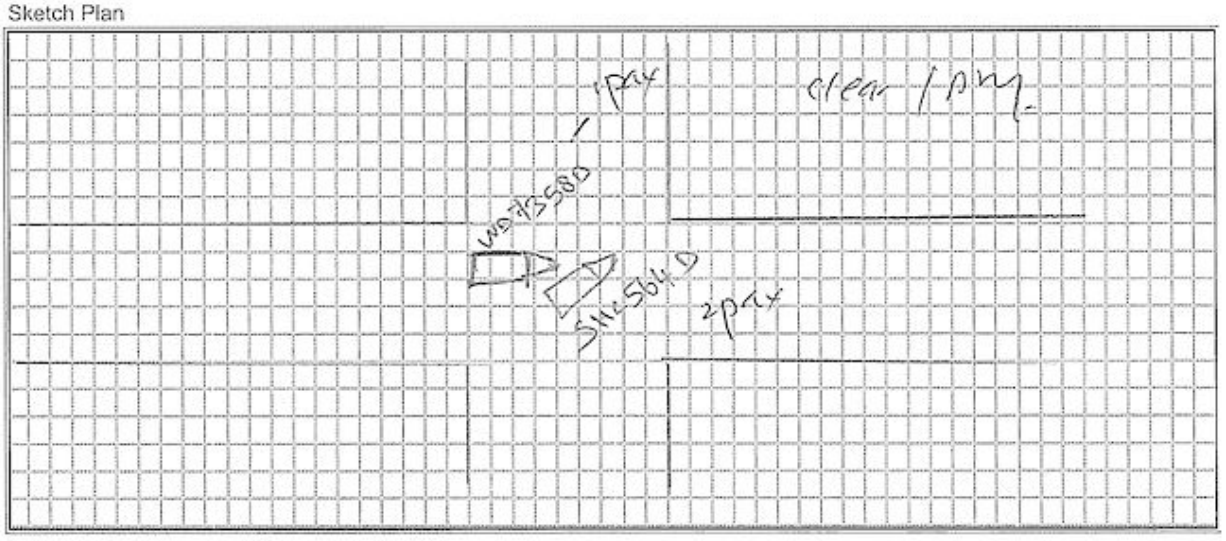
07/12/2024

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

MOVA AUTOMOTIVE PTE. LTD.

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

Sketch Plan



1

Describe Circumstance of the Accident

VEHICLE NO: WD7358D ACCIDENT DATE & TIME: 06/12/2024 03:10

CONTACT NUMBER: 9386 5491 E-MAIL:

LOCATION: Upper Bukit Timah Road

I was driving WD7358D along upper bukit Timah Rd

Just after the traffic Junction of upper bukit Timah Rd and

Old Jurong Rd, as I was going Straight, 3rd Party SHC5644D

Came from my right and tried to cut into my lane to get

infront of my Vehicle.

Resulting 3rd Party left rear Portion hit onto my Vehicle

Right front Corner. After the accident we Exchanged

Our Particulars no injuries in this accident

I want to claim 3rd Party for my damages

3rd Party driver is AZIZ BIN OSMAN (I/c No. S1236623Z)

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.

PLEASE STATE: ( ) CLAIM OWN POLICY (X) CLAIM THIRD PARTY ( ) CLAIM OD/TP AT OTHER WORKSHOP ( ) REPORTING ONLY

Declaration

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

MDI ENGINEERING PTE. LTD. * REG. NO: 201535941G

Policyholder's Signature / Date & Time

07/12/2024

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

MOVA AUTOMOTIVE PTE LTD

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

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IMAGES

IMAGES #2

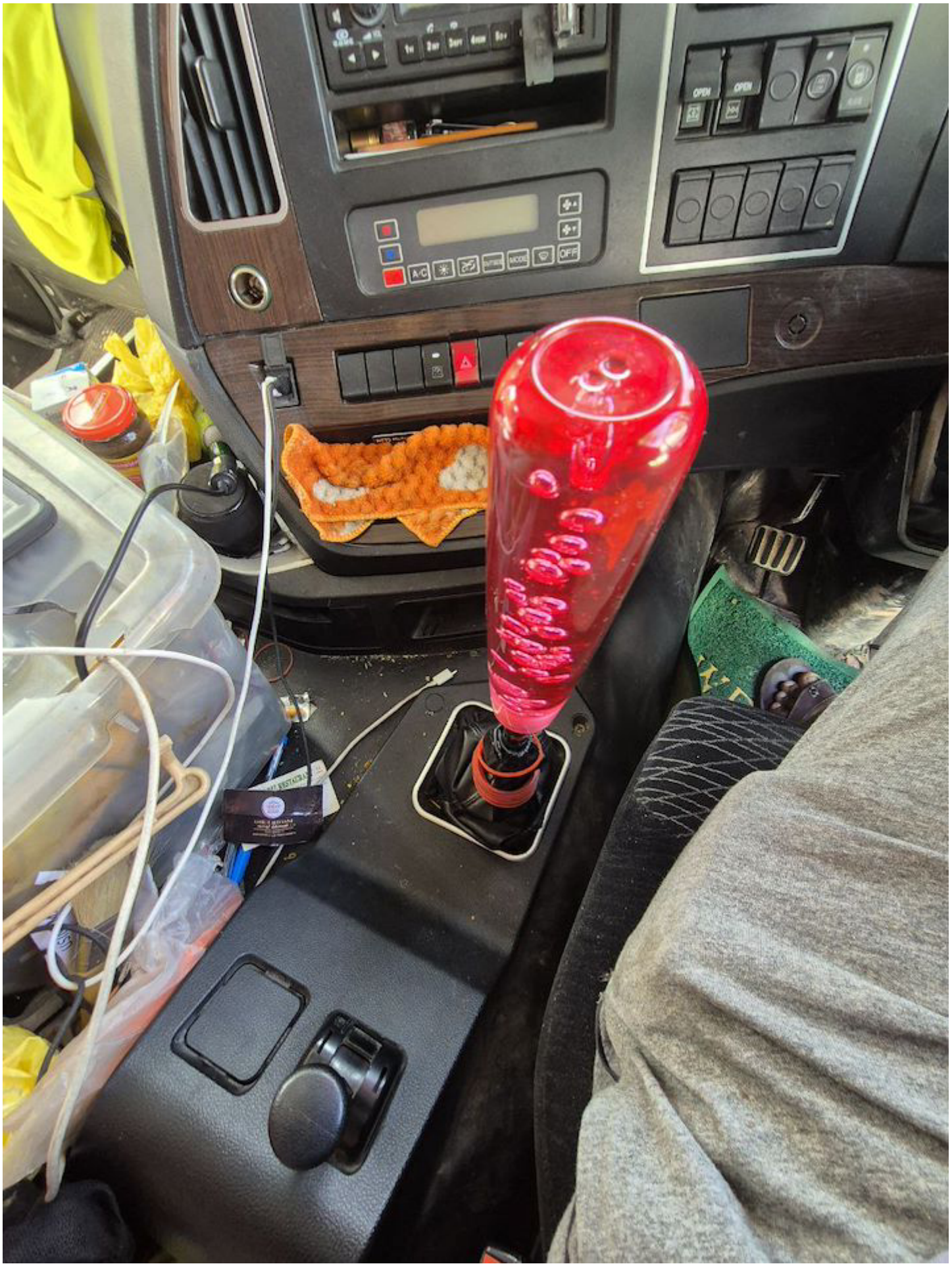
IMAGES #3

IMAGES #4

IMAGES #5


ng Automobile CO., Ltd.
Made in China
HN5311X40D9M6
Engine-No.
123J03163
Engine Volume
11813
ml
Pay Load
kg
Curb Weight
14500
kg
Prod. Date
2023 10

IMAGES #6



IMAGES #7

IMAGES #8

IMAGES #9