MMOV19063239 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 15/05/2019 15:09
SUBMITTED BY: Monitha Gunasekaran

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/05/2019 15:42

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 Authorised 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 Report	15/05/2019 15:09
Date Of Accident	21/02/2019 16:00
Exact Location Of Accident	IRRAWADDY RD TOWARDS THOMSON RD JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EH3200T
Insured/Policyholder	
Name Of Registered Owner	CAROL NOELLE LIM SEOK
NRIC No	S1406714J
Email Address	SEOKLIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82230955
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SAAB
Model	9-3 LINEAR 2.0LPT AT ABS D/AB 2WD HID
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	ABDUL AZIZ BIN AWANG
NRIC No	S0108155A
Date Of Birth	11/04/1953
Occupation	INDOOR
Date Of Driving Pass	27/02/1975
Driving Experience	43 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98614256
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 625 SENJA ROAD #15-154
Postcode	670625
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 DUKE ROAD , **POSTCODE:** 268914 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4629999 - **FAX NO**: 64628933
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC385T
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

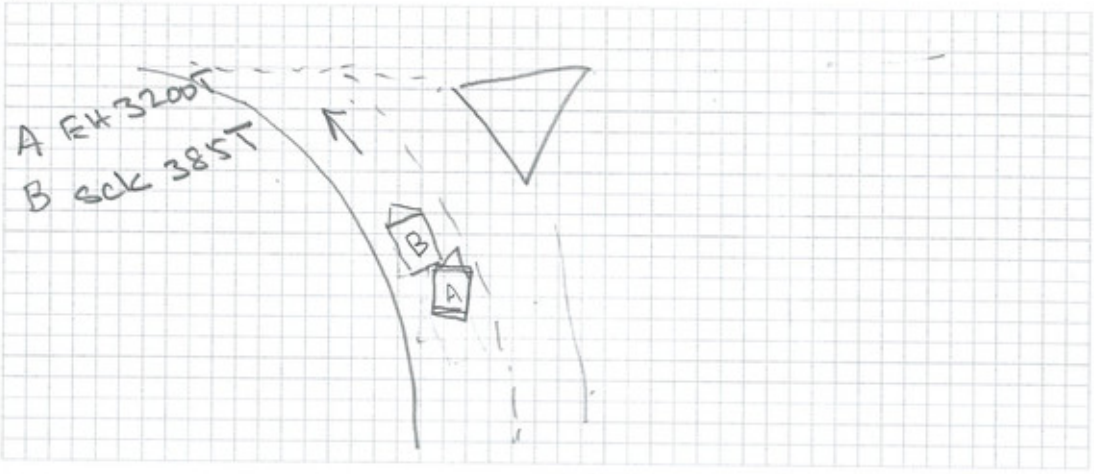
   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: FH 3200T	ACCIDENT DATE & TIME: 21-02-19
CONTACT NUMBER: 98614256	E-MAIL ADDRESS:
LOCATION: Irrawaddy Road	
Refer to the Attachedment	
Both ~~vehicals~~ cars had stopped as it is a give way junction ahead. Car B moved ahead and car A moved slowly ahead too. Car B jammed his breaks suddenly. I moved the car to the right to avoid him.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 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 ( ) Claim Third Party ( ) Claim OD/TP at other workshop (/) Reporting Only	

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:

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

On 21/02/19 at around 4.00 p.m. I was driving in a black SAAB car license plate EH 3200T along Irrawaddy Road in the direction of the Thomson Road junction. As I was passing Courtyard Shopping Centre, a light beige Toyota VIOS license plate SKC 385T which was driving in front of me suddenly jammed on his brakes and came to a stop. I immediately stepped on my brakes but could not stop in time. As such, the front of my car hit the back of his car. There were no cars or pedestrians in front of him so I asked him why he had jammed his brakes for no apparent reason. He admitted to me that he was using his phone just before the collision. He said he was a Grab driver and had thought that he saw his passenger which is why he stopped. I told him that he should have stopped or parked his car somewhere and waited for his passenger. He seemed confused.

Annex D

NOTICE OF REPORTING

This is to confirm that _ Abdul Aziz Bin Awang _, NRIC/FIN

_S0108155A_, has reported to the Police a non-injury traffic accident which occurred at _Irrawaddy Road towards Thomson road_ on _21/02/2019_ at _1600hrs_ involving the following vehicles:

1) ~~EH2300T~~ EH3200T
2) SKC385T

Bukit Timah NPP
Blk 1 Toh Yi Drive
#01-139
S (591501)
Tel: 64689999
Fax: 64623782

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: _Sgt Lee Jian Wei_

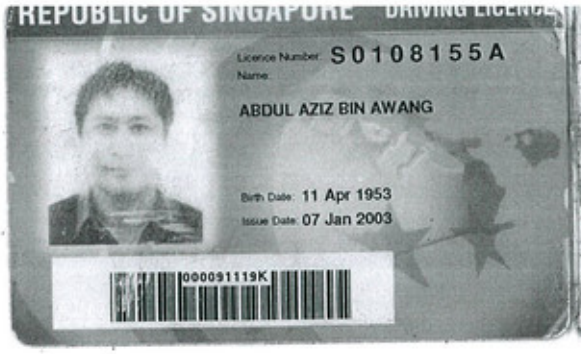
Date: _22/02/2019_ Time: _1630hrs_

S/D Ref: _19_

Police Post/Unit : _Bukit Timah NPP_

Bukit Timah NPP
Blk 1 Toh Yi Drive
#01-139
S (591501)
Tel: 64689999
Fax: 64623782

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0108155A

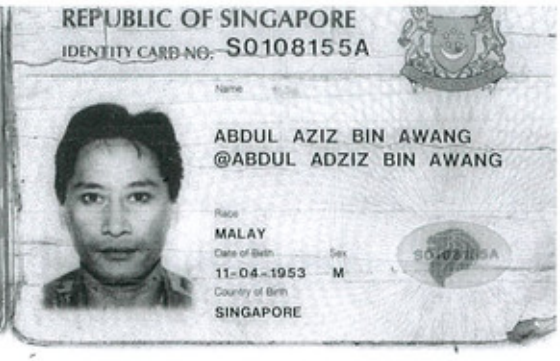
Name:

ABDUL AZIZ BIN AWANG

Birth Date: 11 Apr 1953

Issue Date: 07 Jan 2003

000091119K


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0108155A

Name

ABDUL AZIZ BIN AWANG
@ABDUL ADZIZ BIN AWANG

Race
MALAY

Date of Birth
11-04-1953

Sex
M

Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1406714J

Name

CAROL NOELLE LIM SEOK LIN

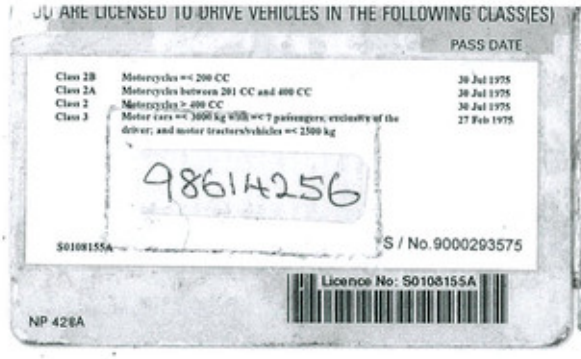
Race
CHINESE

Date of birth
25-12-1960

Sex
F

Country of birth
SINGAPORE

S1406714J


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles =< 200 CC	30 Jul 1975
Class 2A	Motorcycles between 201 CC and 400 CC	30 Jul 1975
Class 2	Motorcycles > 400 CC	30 Jul 1975
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	27 Feb 1975

98614256

S0108155A

S / No.9000293575

Licence No: S0108155A

NP 428A


0356804

NRIC No. S0108155A

9861 4256

Blood Group
A+

Date of issue
25-05-1992

Address
APT BLK 625 SENJA ROAD #15-154
SINGAPORE 670625

NRIC No. S0108155A

Date: 13-09-2003

No: 177352


425496

NRIC No. S1406714J

Date of issue
28-07-2008

Address
11 NAMLY HILL
SINGAPORE 267275

Accident Photo

Accident Photo

Accident Photo

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