MMOV19071947 / Mova Automotive Pte Ltd - Bukit Merah ENTRY DATE & TIME: 03/06/2019 12:32 SUBMITTED BY: Enny

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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	03/06/2019 12:32
Date Of Accident	02/06/2019 18:30
Exact Location Of Accident	KIM KEAT LINK BLK 241 C/P
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7659T
Insured/Policyholder	
Name Of Registered Owner	V3 FOOD INDUSTRIES
Co Reg No	53192312J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97380876
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG18004775
Cover Note Number	
Driver	
Name of Driver	NG NGO KIAT

Name of Driver

NG NGO KIAT

NRIC No

S1631671G

Date Of Birth

Occupation

Date Of Driving Pass

16/11/2015

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97380876

Fax Number
Contact Number

EMail Address NOEMAIL

Address NA

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - MAJOR/MINOR RD**

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

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

SKQ456Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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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- 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)

Lunderstand, 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:
 - 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)

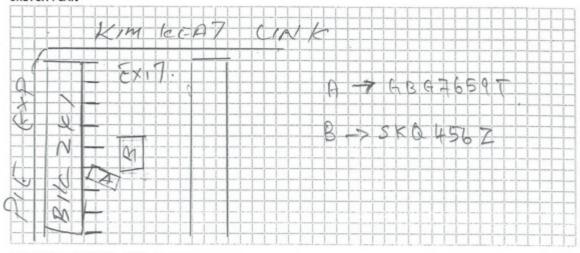
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: GBG	76597	ACCIDENT DATE & TIME: 02 30	ME 2019 6,300
CONTACT NUMBER: 97	380876	ACCIDENT DATE & TIME: 02 30	rob_ic@yahoo.co
LOCATION: BLIC 24	I KIM KEAT 2	HNIC CAR PARK	
00 02 Tuna 2	11000 to 210	nd 6,30pm, who	. T wee
knocked aga	what the left	GBG76597, my + hand bade doo	r of the car
Vamper 2KG	2456Z		
NOTE: PLEASE NOTE	THAT YOUR INSURER MA	Y HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN
OWN DAMAGE CLAIM UN	IDER YOUR OWN POLICY	. PLEASE CHECK YOUR POLICY FO	OR MORE INFORMATION
Please state:		1411	
() Claim Own Policy	() Claim Third Party	() Claim OD/TP at other workshop	Reporting Only

going particulars are true in every respect.

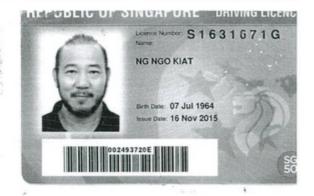
Policyholder's sign: Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 16 Nov 2015 of the driver; and other motor vehicles =< 2500kg

Licence No:\$1631671G



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of V3 FOOD INDUSTRIES (53192312J)

Date: 25/05/2019

The Following Are The Brief Particulars of :			AL .		
Name of Business :	V3 FOOD INDUSTRIES				
Former Name(s) if any					
Date of Change of Name :					
Registration No.	53192312J				
Registration Date :	25/05/2011				
Commencement Date :	25/05/2011				
Status of Business :	Live				
Status Date :	03/06/2016				
Renewal Date :	24/05/2019				
Expiry Date :	25/05/2020				
Renewal via GIRO :	NO				
Constitution of Business :	Sole-Proprietor				
Principal Place of Business :	678 CHOA CHU KANG CRESCENT #03-632 SINGAPORE (680678)				
Date of Change of Address					
Principal Activities					
Activities (I)	RETAIL SALE OF FRUITS AND VEGETABLES (47211)				
Description :					
Activities (II)	RETAIL SALE OF FOOD N.E.C. (47219)				
Description					
Particulars of Authorised Representative(s)					
Name ID	Nationality Address	Address Source	Date of Appointment		

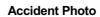
Authentication No.: B19350853X

Accident Photo



Accident Photo









Accident Photo



Accident Photo

