

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 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 Report	27/06/2019 09:53
Date Of Accident	26/06/2019 14:10
Exact Location Of Accident	ROBINSON ROAD TOWARDS FINLAYSON GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8099M
Insured/Policyholder	
Name Of Registered Owner	MOVA AUTOMOTIVE PTE LTD
Co Reg No	198904033G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64763333

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018 V0096246 VPF
Cover Note Number	

Driver

Name of Driver	MOHAMED SARHAN BIN MOHAMED SALLEH
NRIC No	S9045384Z
Date Of Birth	29/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897438
Fax Number	
Contact Number	
Email Address	SARHANSALLEH@GMAIL.COM

Address	BLK 321 YISHUN CENTRAL #10-321
Postcode	760321
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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?	NO
If Yes, Please state which Police Station	
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3623S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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:

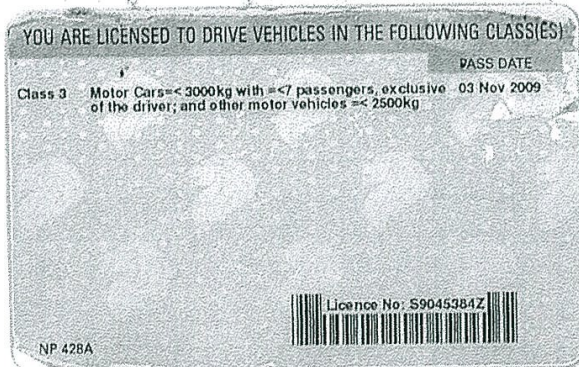
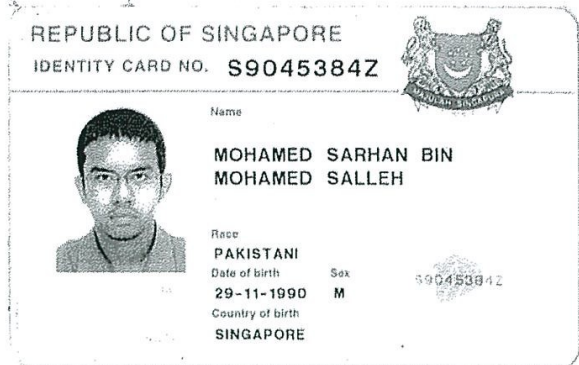
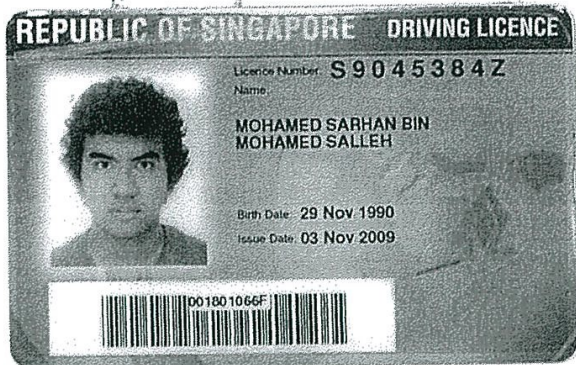
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A- SKR 8099m
B- SHD 36235

LICENSE PLATE: SKR 8099M	ACCIDENT DATE & TIME: 26.06.19 1412 HRS
CONTACT NUMBER: 93897438	E-MAIL ADDRESS: sarhansalleh@gmail.com
LOCATION: ROBINSON ROAD TOWARDS FINLAYSON GREEN	
<p>On the 26th of June, 2019 at about 1400 HRS, I was along Robinson Road turning towards Finlayson Green when a Comfort taxi, STD 3623 S collided into my vehicle's rear right side. I was following the for turn in turning lines but the taxi was changing lane into mine. We both stopped our vehicles and I then got out of the car to speak to the driver to exchange details but he refused to share them, instead chasing me away and implying that it was my fault. I then leave off decided to go back into my car and drive off to avoid conflict.</p>	
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:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

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

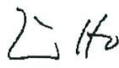
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL	
<p>Road Transport Act 1987 (Federation of Malaysia) The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia) The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore) The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)</p>	
FORM MX400U	
<p>Policy No. : 2018-V0096246-VPF-R003 Policy Type : Private Car Fleet</p>	<p>Risk# : 0101 Cover : Comprehensive</p>
<p>DESCRIPTION OF VEHICLES: Vehicle Registration : SKR8099M Vehicle Make & Model : VOLKSWAGEN JETTA GP 1.4 TSI 90 A/T TL</p>	
<p>Name of Insured : MOVA AUTOMOTIVE PTE, LTD (0-12-2018-14)</p>	
<p>Period of Insurance : 01-07-2018 (0000HRS) to 30-06-2020</p>	
<p>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *</p>	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p>	
<p>* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>	
<p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
<p>LIMITATIONS AS TO USE</p>	
<p>Use only for social domestic and pleasure purposes and in connection with the business or the profession of any person to whom the vehicle is hired.</p>	
<p>The Policy does not cover</p>	
<p>(a) Use for racing, pace-making, reliability trial or speed-testing. (b) Use for the carriage of goods (other than samples) in connection with any trade or business. (c) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (d) Use for any purpose in connection with the Motor Trade.</p>	
<p>Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>	
<p>WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)</p>	
<p>Signed for and on behalf of the Company</p>	
<p></p>	
<p>_____ Authorised Signature</p>	

GPCSGAW

11-12-2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

