

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	13/03/2020 17:34
Date Of Accident	13/03/2020 15:00
Exact Location Of Accident	ROCHOR ROAD BEFORE BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5262A
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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	SKODA
Model	OCTAVIA 1.4 AMBITION TSI (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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994139
Cover Note Number	

Driver

Name of Driver	ABIMBOLA OLATUNBOSUN ODEBUNMI
Passport No/FIN	G6201651K
Date Of Birth	20/10/1974
Occupation	INDOOR
Date Of Driving Pass	28/05/2014
Driving Experience	5 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97294272
Fax Number	
Contact Number	
E-Mail Address	ODEBU7@GMAIL.COM
Address	N/A
Postcode	
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM981H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	SEAH KAH WAH
NRIC/Passport Number	S6846926J

Contact Number	82282198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ4273H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO BOON SIANG
NRIC/Passport Number	S7432897J
Contact Number	98782313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSANGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM981H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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6. The 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 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.:

LICENSE PLATE:	SMN5262A	ACCIDENT DATE & TIME:	13/03/20, 3PM
CONTACT NUMBER:	97294272	E-MAIL ADDRESS:	odchu7@gmail.com
LOCATION:	Rochor Rd, before Beach Road. (Upward slope)		
Refer to Insurance Police Report.			
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 (<input checked="" type="checkbox"/>) Claim Third Party () Claim OD/TP at other workshop () Reporting Only			

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

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



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.2.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$800.00	(1)
	WINDSCREEN EXCESS	S\$100.00	
CERTIFICATE NO. 999994139/100877540-00039	(for policies with effect from 1st November 2002)		
	SUM INSURED	S\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SMN5262A		
2) NAME OF INSURED	Mova Automotive Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	15 Aug 2019		
4) DATE OF EXPIRY OF INSURANCE	9 Mar 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			

Any person who is driving on the Insured's order or with their permission.

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.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover: 1) Use for racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired. **SOLE AGENT'S WORKSHOP:** For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop. **AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)**
1. Lai Huat Meng Kee Mtr - 21, Sin Ming Ind [Tel: 64538110] 2. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]
3. Delgro Engrg P L - 205 Braddell Rd [Tel: 63837118] 4. Kan Fook Sing Mtr - 1069 Eunos Ave 5 [Tel: 67478560]
5. Ban Choon Mtr - 5 Pioneer Rd [Tel: 62641191] 6. Shu Fatt Auto Works - Bl Merah Lane [Tel: 62730119]
7. Star Auto Ctr - 5 Portsdown Rd [6562000/97189999] 9. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]
10. Ready Autocare - 10 AMK AutoPoint [Tel: 96606551/64810304]

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

* 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.

I / 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).

Issued in Singapore 19 Aug 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

500257-009

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #09-16 SINGAPORE 079120 ANSP-NONLIFE


Authorised Representative

ORIGINAL

SSCAN4



**SINGAPORE
POLICE FORCE**



T/20200313/2178

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 4

Report No. T/20200313/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 22:27	Vide Report No.: A/20200313/0075	Station Diary No.: 166
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Informant's Particulars

Name of Informant: ABIMBOLA OLATUNBOSUN ODEBUNMI	Address: APT BLK 82 JELLCOE ROAD #01-10 CITYLIGHTS SINGAPORE 208741		
ID Type / ID No.: FIN NO / G6201651K	Contact No.: Home/Office: Mobile: 97294272		
Nationality: NIGERIAN	Email:		
Sex: Male	Age: 45	Date of Birth: 20/10/1974	Type of Informant: Driver
Race: African	Language:		Institution / School Name:
Occupation: UNEMPLOYED	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2020 15:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ROCHOR ROAD BEACH ROAD Rochor Flyover towards Beach Road at the traffic light.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ4273H	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR HID	White	Slightly Damaged	0
SLM981H	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	1



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T/20200313/2178

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Report No. T/20200313/2178

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN5262A	Car	SKODA	OCTAVIA 1.4 AMBITION TSI (A)	White	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	YEO BOON SIANG			ID No.	S7432897J
Related Vehicle	SKQ4273H (Car)			Contact No.	98782313
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL			Date Discharge	NIL
No. of Days granted Medical Leave	NIL			Degree of Injury	NIL
Driver					
Name	SEAH KAH WAH			ID No.	S6846926J
Related Vehicle	SLM981H (Car)			Contact No.	82282198
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL			Date Discharge	NIL
No. of Days granted Medical Leave	NIL			Degree of Injury	NIL
Driver					
Name	ABIMBOLA OLATUNBOSUN ODEBUNMI			ID No.	G6201651K
Related Vehicle	SMN5262A (Car)			Contact No.	97294272
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL			Date Discharge	NIL
No. of Days granted Medical Leave	NIL			Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**

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Tel No: 1800-2949999



T/20200313/2178

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Report No. T/20200313/2178

CONTINUATION OF REPORT

Brief Details.

On 13/03/2020 at around 1500hrs, I was driving along Rochor Road towards Beach Road and came to a traffic light as such, I came to a stop. While at the traffic light, a Black Mazda 3(SLM981H) came behind me and did not stop in time and collided into my vehicle, which also caused my vehicle to collide into to a white Mazda 6 infront of me(SKQ4273H). My vehicle suffered damages on my back bumper which caused the bumper to be dislodged and the boot being unable to open, and also minor cracks on the front bumper and grill of the vehicle. The vehicle infront of me suffered damages on the back of his vehicle and the vehicle that collided into me on the back suffered damages on the front of his vehicle. Traffic Police and Ambulance had attended to us and the vehicle that had collided into me had a passenger and she was conveyed to hospital by paramedics due to injuries not known to me. The paramedics also made a check on me and informed me that I got whiplash during the accident. I would also wish to inform that I would be going to a clinic to make a check on myself on 14/03/2020. All of us exchanged our particulars and I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20200313/2178

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Report No. T/20200313/2178

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /
Sgt 2 IAN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Signature Of Informant:

Date/Time:
13/03/2020 22:27

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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