

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 Submission 31/12/2020 18:34 (SGT)
Date of Accident 26/12/2020 21:00 (SGT)
Exact Location of Accident Jurong East, Singapore
Additional Location Information ALONG JURONG EAST AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM8780G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MOVA AUTOMOVITE PTE LTD
Company Reg No 198904033G
Email Address NABILAH@MOVA.COM.SG
Mobile Phone No (Phone) +65-64763333
Alternative Phone No +65-64763333

VEHICLE PARTICULARS

Manufacturer Hyundai
Model AD AVANTE 1.6 GLS (A)
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 999993856
Cover Note Number -

DRIVER

Name of Driver MUSTAFFA BIN HARON
NRIC No S1449586Z
Date Of Birth 22/11/1960
Occupation Outdoor

Date Of Driving Pass	04/08/2000
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91255524
Alt. Phone Number	-
Email Address	NABILAH@MOVA.COM.SG
Address	BLK 659 CHOA CHU KANG CRESCENT
Address complement	#01-77
Postcode	680659
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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 material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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	SHD138X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	FOO TWEE FON
NRIC No	S1699415D
Contact Number	(Phone) +65-81009123
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.:



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.Z. 400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. 999993856/100877121-00000	<table style="width: 100%;"> <tr> <td style="width: 60%;">OWN DAMAGE EXCESS</td> <td style="width: 40%; text-align: right;">S\$800.00 (1)</td> </tr> <tr> <td>WINDSCREEN EXCESS</td> <td style="text-align: right;">S\$100.00</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>(for policies with effect from 1st November 2002)</small></td> </tr> <tr> <td>SUM INSURED</td> <td style="text-align: right;">S\$1.00</td> </tr> <tr> <td>INSURING WITH COE/PARF</td> <td style="text-align: right;">YES</td> </tr> </table>	OWN DAMAGE EXCESS	S\$800.00 (1)	WINDSCREEN EXCESS	S\$100.00	<small>(for policies with effect from 1st November 2002)</small>		SUM INSURED	S\$1.00	INSURING WITH COE/PARF	YES
OWN DAMAGE EXCESS	S\$800.00 (1)										
WINDSCREEN EXCESS	S\$100.00										
<small>(for policies with effect from 1st November 2002)</small>											
SUM INSURED	S\$1.00										
INSURING WITH COE/PARF	YES										
1) VEHICLE REGISTRATION NO. 2) NAME OF INSURED 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 4) DATE OF EXPIRY OF INSURANCE 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	SMM8780G MOVA AUTOMOTIVE PTE LTD 10 Mar 2020 9 Mar 2021 Any person who is driving on the Insured's order or with their permission.										
<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>6) LIMITATION AS TO USE *</p> <p>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 - 1089 Eunos Ave 5 [Tel: 67479560] 5. Ban Choon Mtr - 5 Pioneer Rd [Tel: 62641191] 6. Shu Fatt Auto Works - Bt 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)</p> <p>LOSS OF USE NOT INCLUDED</p> <p>* NAMED DRIVER N/A</p> <p>HIRE PURCHASE COMPANY DBS BANK LTD</p> <p><small>* 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.</small></p>											

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 At Singapore 24 Mar 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

500257-000
 NG EE PIN KENNETH
 AIG BUILDING
 78 SHENTON WAY #07-16
 SINGAPORE 079120
 ANSP-NONLIFE



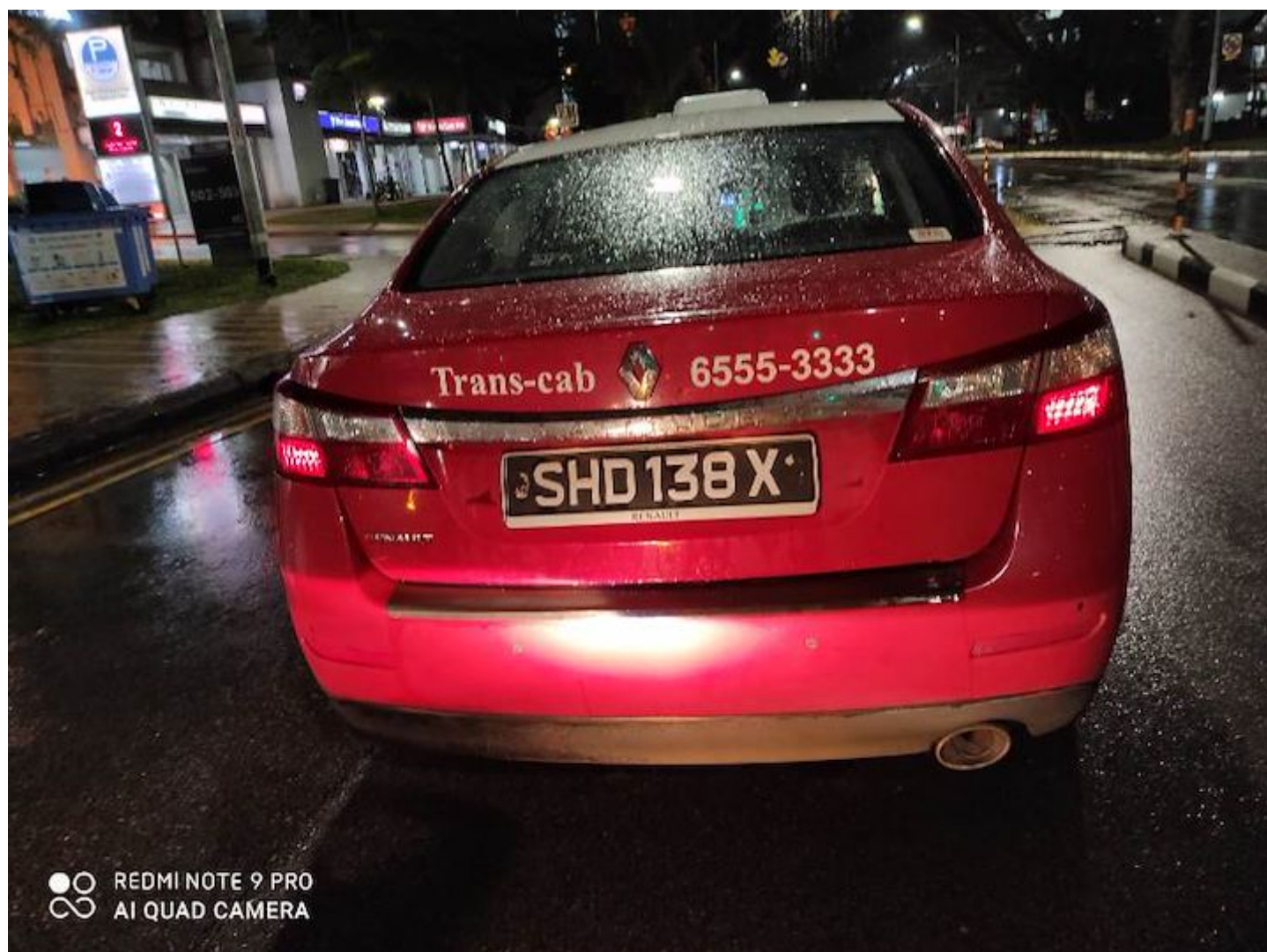
 Authorised Representative

ORIGINAL

SSCOSK













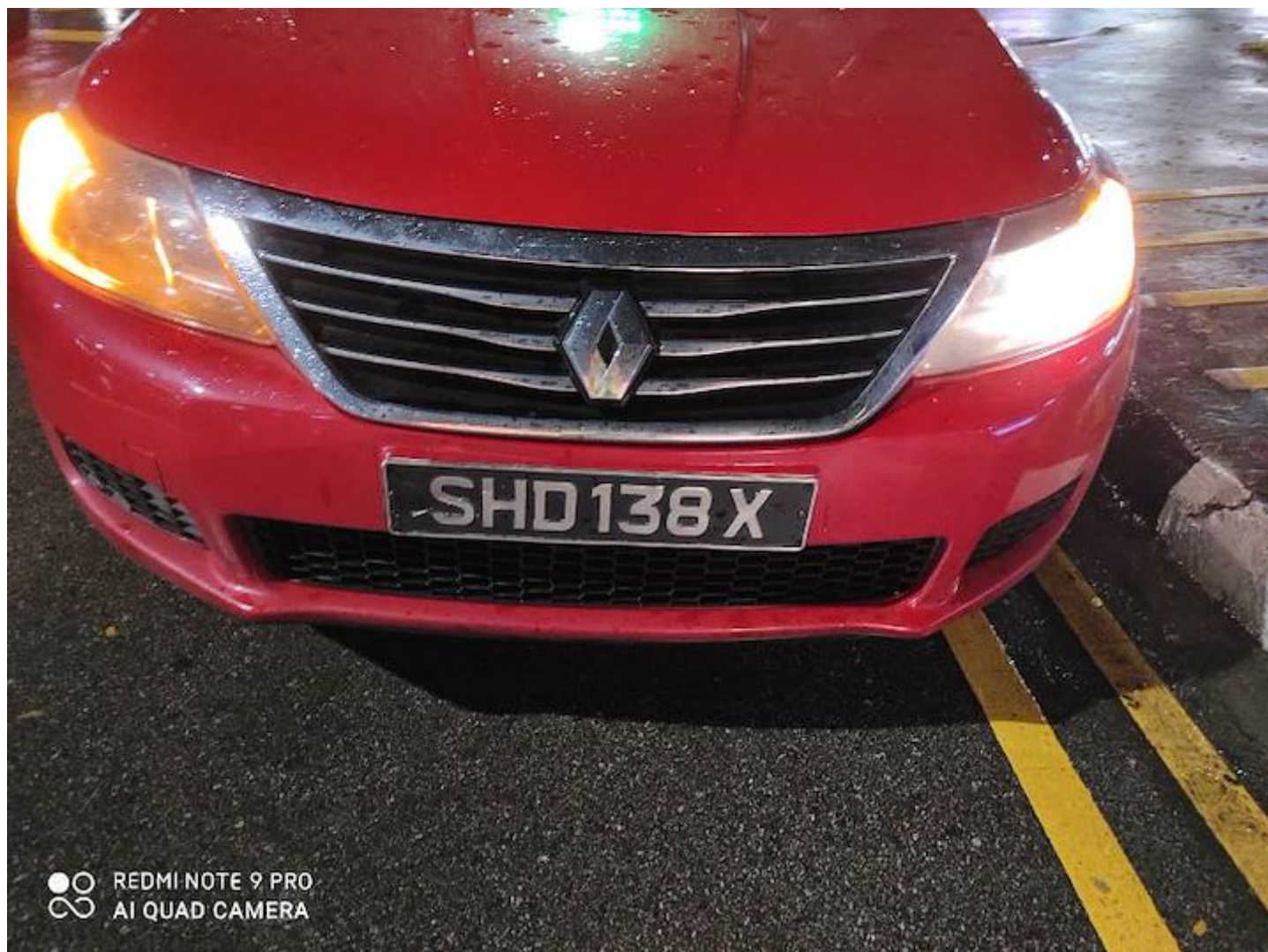














**SINGAPORE
POLICE FORCE**



T/20201227/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20201227/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2020 09:52		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: MUSTAFA BIN HARON			Address: APT BLK 659 CHOA CHU KANG CRESCENT #01-77 SINGAPORE 680659		
ID Type / ID No.: NRIC,NO / S1449586Z			Contact No.: Home/Office: Mobile: 91255524		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 22/11/1960	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Certis Cisco			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/12/2020 21:00	Type of Location: Straight Road
Location: JURONG WEST AVENUE 1				
Lamp Post Number: 18				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD138X	Car				Slightly Damaged	0
SMM8780G	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201227/2018

CONTINUATION OF REPORT

Driver:			
Name	Foo Twee Fon		ID No. S1699415D
Related Vehicle	SHD138X (Car)		Contact No. 81009123
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	MUSTAFA BIN HARON		ID No. S1449586Z
Related Vehicle	SMM8780G (Car)		Contact No. 91255524
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/12/2020 at about 2100hrs, while I was driving my Certis Cisco's vehicle, plate number SMM8780G, along Jurong West Avenue 1, I saw a vehicle in front of me in a halt, as he was dropping off a passenger. I then signalled to the right to overtake, then there was another vehicle, plate number SHD138X, which is a taxi on the lane that I intended to go to, which was going quite fast.

While I was slowly inching to the right to overtake, the vehicle on the right lane just drove past me and his side of the vehicle hit the side of my vehicle. My front right wheel car body was dented while the taxi's left side of the vehicle has a straight scratch with some dents on the car body.

I wish to state that I and the Taxi driver, namely Foo Twee Fon, NRIC S1699415D, of SHD138X had exchanged details/particulars and would settle with insurance. The purpose of this report is for my Insurance Company as they informed me to lodge a police report.



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T/20201227/2018

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3 of 3

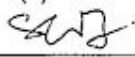
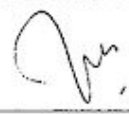

Report No. T/20201227/2018

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: J/ SCSGT(1) SYAZANI BIN KAMSANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 09:52
Officer In Charge Of Case: TP / GIA / SGT SIEWONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	