SM0M21360001-01 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 06/03/2021 12:44 (SGT) SUBMITTED BY: Nitha VERSION: 2 (06/03/2021 13:05 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 06/03/2021 12:44 (SGT) Date of Accident 11/02/2021 19:00 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information **AVENUE 10 OPEN CARPARK** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBA9550R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD Company Reg No 198904033G **Email Address** nabilah@mova.com.sq Mobile Phone No (Phone) +65-64763333 Alternative Phone No +65-64763333

VEHICLE PARTICULARS

Manufacturer Model URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD Variant Exact purpose for which vehicle was being used at time of

accident Employment

Are you claiming under your own insurance policy for repair to your vehicle?

No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 999993855 Cover Note Number

DRIVER

Name of Driver MOHAMAD AQIL SYAHREKI AHMAD MAHAMOD NRIC No S9975542C Date Of Birth 02/09/1999 Occupation Outdoor

Date Of Driving Pass 07/01/2019 Driving experience 2 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81344132 Alt. Phone Number Email Address nabilah@mova.com.sg Address **BLK 104B CANBERRA STREET** Address complement #05-495 Postcode 752104 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No 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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer	SMT8152H
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -



#### SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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

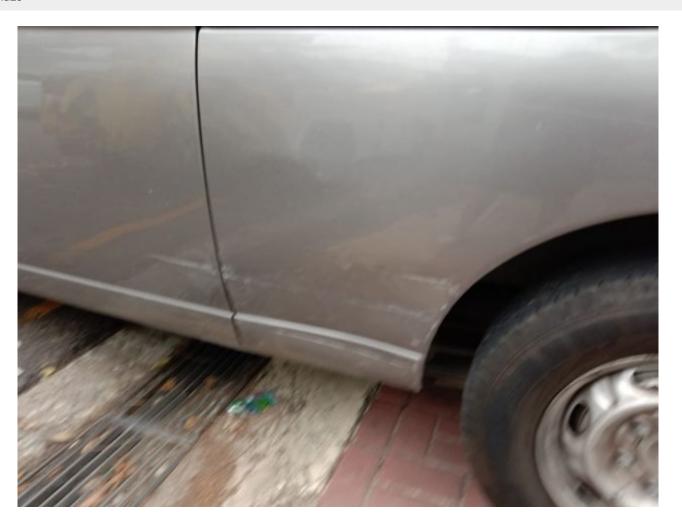
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Pe Name:

NRIC/FIN No.:

19

SKETCH PLAN	25
	801
	$(X_i)$
	1777
	(N) (n) nax)
	D (Ol pax). A=GRAGSSOF.
	A=GBAOSSOL.
	B SMT9152H.
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT
LICENSE PLATE: ANA A	SSPD. ACCIDENT DATE & TIME: 11 02 2001 (2) APPLIN
CONTACT NUMBER: 8134	1/22 E-MAIL ADDRESS:
101	100 A ID (0) II CON (1)
LOCATION:	o GO Ave U Open CONJANK.
V	
I MAR GIÁINE	a out than the bankula lot Materialist
of vicos at	dents to strate I have I ambron the
The verw 1/2	The work of the work of the form
ING CIRCLE	AND NOLTON AL VAN 12- MONOGINI MAIT
hoperted will	1 INJUNIES. INAMS ON .
1	)
- AND	
	AT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UND	ER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
Please state:	1
( ) Claim Own Policy	( ) Claim Third Party ( ) Claim OD/TP at other workshop (/) Reporting Only
DECLARATION	
I/We declare the foregoing particul	lars are true in every respect.
(部) (新)	6 × (1) // /
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personnel' Signature (If driver is not the policyholder) Name:
Pare of fillier	Date & Time: NRIC/FIN No.:

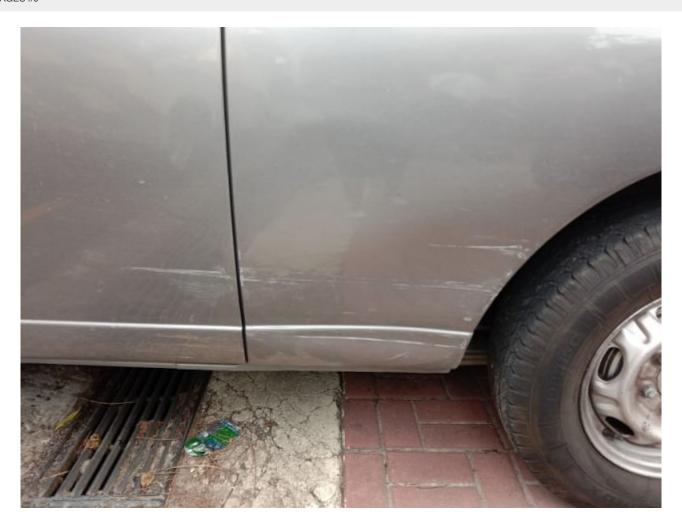
















# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

		ADDEND	UM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
	Original Report No	: SM0M21360001	Vehicle Registration No:GBA9550R	
	Name(as shownin NRIC)	: MOVA AUTOMOTIVE PTE LTD	NRIC/FIN/Passport No :198904033G	
		ehicle Owner) (*) Please delete as a		
	Address	-	Singapore(	
	Contact (Tel)	: 64763333	Mobile No.:	
	Email Address	:		
	Date of Accident	:11/02/2021	Time of Accident :1900	
	Place of Accident	: ANG MO KIO AVE 10 OPEN CA	RPARK	
	Insurance Company	: AIG		
(B)	ADDITIONALINFOR	MATION / AMENDMENTS:		
	*Amend vehicle nu			
		404		
		7. Va 11		
	-			
	8 <del></del>	*****	E T	
	3+	W		
	N2			
				V - V
	0.5			
			1,1	
	Policyholder / Driver	's Signature	Reporting Centre Personnel's Signature	
	Date:	âu	Name: NRIC/FINNo.:	

Date:

GIARMC addendumform\_V3