

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 05/05/2021 19:09 (SGT)
Date of Accident 05/05/2021 14:53 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN3702K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD
Company Reg No 198904033G
Email Address nitha@nova.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
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 100877350
Cover Note Number -

DRIVER

Name of Driver TAN YONG PIN
NRIC No S8785628C

Date Of Birth	25/12/1987
Occupation	Outdoor
Date Of Driving Pass	24/04/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85183462
Alt. Phone Number	-
Email Address	MARCUS.TAN@CARTRACKS.COM
Address	BLK 670C EDGEFIELD PLAINS
Address complement	#14-644
Postcode	823670
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 - Head to Rear
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)	1
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ9148S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR DARRELL
Contact Number	(Phone) +65-83997776
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**

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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.

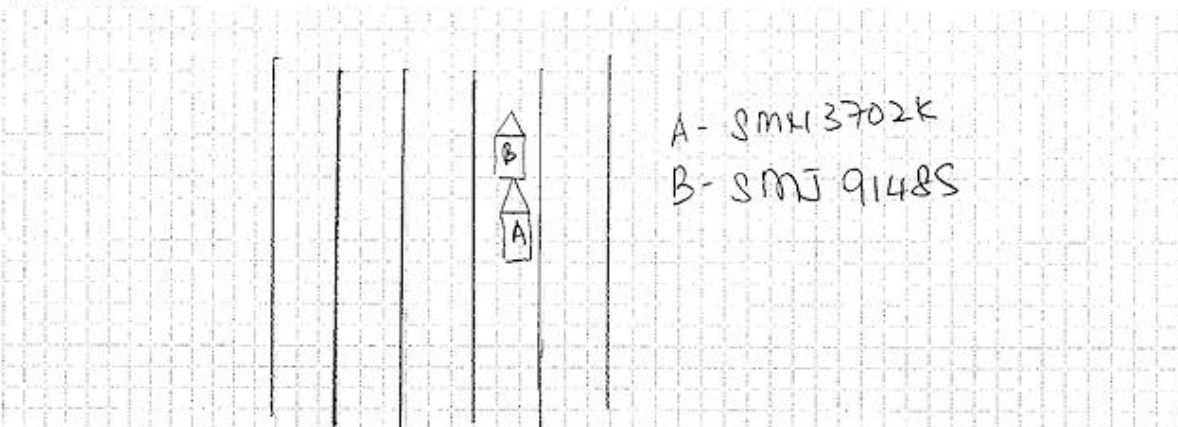


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

05/05/21

Witnessed by Reporting Centre Personnel

Sketch Plan



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, 1969
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.2. 420

COMPREHENSIVE COMMERCIAL MOTOR		OWN DAMAGE EXCESS	S\$800.00	(1)
CERTIFICATE NO. 999993856/100877350-00000		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.		SMN3702K		
2) NAME OF INSURED		MOVA AUTOMOTIVE PTE LTD		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		10 Mar 2020		
4) DATE OF EXPIRY OF INSURANCE		9 Mar 2021		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *				
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>				
6) LIMITATION AS TO USE *				
<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)</p> <p>1. Lai Hui 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: 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 [6662000/97169999] 9. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336] 10. Ready Autocare - 10 AMK AutoPoint (Tel: 96606551/64810304)</p>				
LOSS OF USE NOT INCLUDED				
* NAMED DRIVER N/A				
HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD				
<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>				

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

SSCDSK























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: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SM0M21550007 Vehicle Registration No: SMN3702K
Name (as shown in NRIC) : MOVA AUTOMOTIVE PTE LTD NRIC/FIN/Passport No : 198904033G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 64763333 Mobile No. : _____
Email Address : _____
Date of Accident : 05/05/2021 Time of Accident : 14:53
Place of Accident : PIE EXPRESSWAY
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

**Amend report from reporting to claims own policy

Policyholder / Driver's Signature
Date:

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