SM0M216G0007 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 16/06/2021 17:32 (SGT) SUBMITTED BY: Suann VERSION: 1 (16/06/2021 17:32 (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.

  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	16/06/2021 17:32 (SGT)
Date of Accident	23/04/2021 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER RD
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Isuzu

Vehicle Registration Number	 GZ1342L

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIAGROUP LEASING PTE LTD
Company Reg No	198900734N
Email Address	OPS.LOG@ASIAGROUP.COM.SG
Mobile Phone No	(Phone) +65-65652288
Alternative Phone No.	+65-65652288

#### VEHICLE PARTICULARS

Manufacturer

Model	Nhr69eu3es
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
Transmission	Manual
CC	3059

### **INSURANCE COMPANY**

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z/20/VC00/107563
Cover Note Number	_

#### DRIVER

Name of Driver	YAP PENG CHUNN
NRIC No	S7486094Z

Date Of Birth 02/01/1974 Occupation Outdoor Date Of Driving Pass 30/07/2009 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96718282 Alt. Phone Number Email Address OPS.LOG@ASIAGROUP.COM.SG Address BLK 341 JURONG EAST AVE 1 Address complement #10-1510 Postcode 600341 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 No Collision 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? 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? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number UNKNOWN Vehicle Manufacturer Vehicle Model

NA / Unknown

Vehicle Variant
Vehicle Colour
Vehicle Category

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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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/lawfirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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:

(If driver a not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

Klo Collision.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ACCIDENT DATE & TIME: 33/4/21, 1950 hrs 62 B42L LICENSE PLATE CONTACT NUMBER: 967/8282 / 65-65>288 E-MAIL ADDRESS: OPS. LOG @ ASLAGROUP. CON. SG LOCATION: to police regart 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 OD/TP at other workshop ( ) Claim Own Policy ( ) Claim Third Party DECLARATION I/We des grows oregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder (If driver is not the policyholder) Name: Date & Time:

Date & Time:

NRIC/FIN No:

















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Report No. T/20210515/2027

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT	OF A	TRAFFIC	ACCIDENT
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	ne Report N 021 10:45	/lade:	Vide Report No.:	Station Diary No.:	
Ministr				ANTARAN SANTAN MARAKAN MEN	
Name of	f Informant:		Address:	COMMISSION DE CHARLES CONT. NE CONTRACTOR PORTE A CANADA DE CARACIÓN DE LA TITUTA DE CARACIÓN DE CONTRACTOR DE	
YAP PE	NG CHUNN	١	APT BLK 341 JURONG EAS SINGAPORE 600341	ST AVENUE 1 #10-1510	
ID Type	/ ID No.:		Contact No.:		
NRIC NO	O / S74860	94Z	Home/Office:	Mobile: 96718282	
National MALAYS			Email:		
Sex: Male	Age:	Date of Birth: 02/01/1974	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupat SITE SU	ion: JPERVISOF	₹ -	Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

Saneral Infor		ent of April 12 along		and the second second second
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2021 19:5	Type of Location: Straight Road
Location: PIONEER RO	240			
PIONEEK KO	JAU			
Weather:	900_00_0000000000000000000000000000000	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Worl	king	Traffic Volume: Moderate
Type of Collis no collision	sion:			Anyone conveyed by ambulance:

Details of V	ehicle Involv	ed	OWNERS OF	esta di na		Marie Street, Marie
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1342L	PICK UP	ISUZU	NHR69E	White	No Damage	0

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



T/20210515/2027

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Report No. T/20210515/2027

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

Divini Mark	NAME OF THE PARTY.	MANAGEMENT			25.7.30	
Name	YAP PENG CHUNN			ID No.		S7486094Z
Related Vehicle	GZ1342L (PICK UP)			Contact No.		96718282
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of	Degree of Injury NIL		

## Brief Details.

My company namely Asiagroup Leasing PTE LTD received a letter from TP (TP/IP/21329/2021) saying that a vehicle bearing a registration plate GZ1342L was involved in an accident on 23/04/2021 at about 1950hrs. My boss told me to lodge a police report as I was the driver of the vehicle on the day itself. I wish to say that I recalled on the said date time, and location, there was no accident that happened. I did not recall colliding into any vehicles. There are no in car camera inside my vehicle. Nobody is injured and my vehicle is not damaged.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 3 Report No. T/20210515/2027

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 J / Sgt 2 YEO YULIN	The Report:	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 15/05/2021 10:45		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476229	SINGAPORE POLICE PORCE	Classification-Of-Case:		
Authentication Stamp NP158	2	CHATURE		