SM0M21760009 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 06/07/2021 15:59 (SGT) SUBMITTED BY: Enny VERSION: 1 (06/07/2021 15:59 (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 06/07/2021 15:59 (SGT) Date of Accident 04/07/2021 14:56 (SGT) Exact Location of Accident Singapore Additional Location Information TAI KENG GARDENS Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMN1346T

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD Company Reg No 198904033G **Email Address** ENNY@MOVA.COM.SG Mobile Phone No (Phone) +65-62723892 Alternative Phone No +65-62723892

#### VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only 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 No Policy Number Cover Note Number

#### DRIVER

Name of Driver TAN TIAK JIN NRIC No. S1747465J

Date Of Birth 28/09/1966 Occupation Indoor Date Of Driving Pass 13/09/1993 Driving experience 27 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-88580318 Alt. Phone Number Email Address VTJ@GMAIL.COM Address BLK 499A TAMPINES AVENUE 9 Address complement #10-214 Postcode 521499 Is the driver the policyholder? Nο 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **EDWIN YEO** Gender Male PASSENGER 2 Name RICHARD GOH SEOW KENG Gender Male PASSENGER 3 Name LOW TECK KWANG Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No 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? No Was there any video captured by Car Camera? No Was there any audio recorded?

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKE900X
Vehicle Manufacturer	-
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

- Please report <u>correctly</u> 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 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.
- 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 explaining and that replace of this property (GIA) for explaining and that replace of this property (GIA).
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident	
LICENSE PLATE: SMN 1346 T	ACCIDENT DATE & TIME: 04/07/2021 1456 50
CONTACT NUMBER: 88580318	E-MAIL ADDRESS:
LOCATION: TAI KENG GARDENS	
- Refer to the attachment -	
The second secon	ER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN PO	OLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.
Please state:	
( ) Claim Own Policy ( ) Claim Third Party	y ( ) Claim OD/TP at other workshop ( ) Reporting Only

#### Declaration

IWe declare the foregoing particulars are true in every respect,

Policyholder's Signature / Date & Time

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

Withessed by Reporting Centre Personnel

# CERTIS

## INCIDENT REPORT FORM

~ ~ · · · · · · · · · · ·			100		
Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition	
Tai Keng Gurdens	FWM Roving Patrol	04 of July 2021	1456 hrs.	SUNNY	
Person(s) Involved	Particulars of Witness(es)				
,	PO 60000 508 Edwin Yeo PO 60000 535 Richard Goh Seow Keng PO 60000 541 Low Teck Kwang SGT 86273 TAN TIAK JIN				
(Who,What,W	Details of Incident hen,Where,How and Other Ess	ential Dotails			
On the 4 of July 2021					
vehicle patrol duty and d the vehicle that I drove to	riving Certis marked and a minion collisio	vehicle:	SMN 13	546T,	
which was parked opposite The incident happened at	the dead end of	the slope	road o	f Tai	
Keng Gardens C besides Treversing the Certis mail	lai Keny Gardens Pla	yground	J. Whi	le I was	
touched the bumper of		V 7578	1, 12 37	griy	
As I was navigating a		zel , 1 0	lroves/	owly	
and with caution. How	ν .	(A)	1	3/	
did not sound . Upon s			1		
while reversing, I went	down to inspect	and fou	ind no	visible	
damaged to my vehicl	e.				
In addition, I checked +	he other vehicle C	SKE90	OX ) an	nd:	
found no dents or cro			ine of	4.,	
Cpre-existing? > pe	unt marking on :	SKE 90	0 X. Co	nsidering	
Reported by: TAN TIAK JIN (Name/Rank/Svc No) SGT 86273	Signature:		Date:	Time: 1800 hcs.	
38580318	70-7		04/07/21	10001165,	

that there was no damaged / cracked or dent on our vehicle,
I could not a scertain if this was caused prior to or after
the nicident.

As I was still an aduly and the driver of the vehicle was not at
scene, I can only leave behind my contact information on the
driver's vehicle should he wishes to contact me for further
clarifications.

Also, I have taken photos of both vehicles and PO 60000508
Edwin Yeo, PO 60000535 Richard Goh Sedw Keng, and
PO 60000541 Low Teck Kwang who are with me on duty
are my witnesses.

That is all.

















