

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 12/07/2021 16:50 (SGT)
Date of Accident 12/07/2021 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK5218T

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) +65-96529709
Alternative Phone No +65-96529709

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Jetta
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 1390

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 WONG CHEW GUEK
NRIC No S2680286E

| | |
|--|------------------------|
| Date Of Birth | 15/10/1963 |
| Occupation | Indoor |
| Date Of Driving Pass | 23/08/1990 |
| Driving experience | 30 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96529709 |
| Alt. Phone Number | - |
| Email Address | ENNY@MOVA.COM.SG |
| Address | BLK 47 MARINE CRESCENT |
| Address complement | #04-68 |
| Postcode | 440047 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

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 vehicle 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? | Yes |
| Police Station Name | Marine Parade Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004428999 |
| Alt. Police Station Phone No | (Fax) +65-62447678 |
| Police Station Address | 300 Marine Parade Road Singapore 449296 |
| Was notice of intended Prosecution given? | No |
| 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 | SLB4026Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|----------------------|
| Name of Driver | QUEK HWI JONG |
| Contact Number | (Phone) +65-92337497 |
| 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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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 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.
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.



Out

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Location: CTE towards PIE

(Towards Upper Selegie Road)

(Towards Changi)

Vehicle A: SUB4026Y

Vehicle B: SKK5218T

Diagram showing two vehicles, A and B, moving towards the right. Vehicle B is behind Vehicle A.

Describe Circumstances of the Accident

LICENSE PLATE: : SKK5218T ACCIDENT DATE & TIME: 12/07/21, 3:30pm.

CONTACT NUMBER: 9662 9709 E-MAIL ADDRESS: -

LOCATION: CTE towards PIE

Traffic was slow. Ven A in front of me start picking up speed and moved so I follow behind. Suddenly ven A jammed brake I wanted to apply my brake too but was too late.

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 Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Declaration

We 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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210721/2073

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20210721/2073

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made: 21/07/2021 17:55 | | Vide Report No.: | | Station Diary No.: 19 |
| Informant's Particulars | | | | |
| Name of Informant: WONG CHEW GUEK | | Address: APT BLK 47 MARINE CRESCENT #04-68 SINGAPORE 440047 | | |
| ID Type / ID No.: NRIC NO / S2680286E | | Contact No.: Home/Office: Mobile: 96529709 | | |
| Nationality: MALAYSIAN | | Email: | | |
| Sex: Female | Age: 57 | Date of Birth: 15/10/1963 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: SENIOR MANAGER | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/07/2021 15:30 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SKK5218T | Car | | | | Slightly Damaged | 0 |
| SLB4026Y | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210721/2073

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20210721/2073

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|------------------|---|
| Driver | | | |
| Name | WONG CHEW GUEK | | ID No. S2680286E |
| Related Vehicle | SKK5218T (Car) | | Contact No. 96529709 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Name | | | |
| Quek Hwi Jong | | ID No. | NIL |
| Related Vehicle | SLB4026Y (Car) | | Contact No. 92337497 |
| 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 |

Brief Details.

On 12/07/2021 at about 1530hrs, I was driving my car (SKK5218T) alone. I was driving on the first lane from CTE toward PIE.

I would like to state that the traffic was heavy at the point of time and the vehicle Infront of me (SLB4026Y) was driving slowly. He then starts to pick up his speed and I continue driving, suddenly he applies a break and I was unable to stop in time and I collided with this rear centre of his car. Both of us stepped out from the vehicle and exchange particular and drove off. My car number plate was scratched only and there were no other damages. While the other car centre bonnet was dented in. There are no injuries to both parties, thus no ambulance police and ambulance at scene. I would like to state that I have an in-car camera, however the memory card is full.

On 21/07/2021, my company that I work for received a letter from traffic police stating that to lodge a police report about the accident



**SINGAPORE
POLICE FORCE**



T/20210721/2073

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20210721/2073

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: G / Sr Staff Sgt SALINA BINTE ISMAIL | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 21/07/2021 17:55 |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404 | Classification Of Case: |
| Authentication Stamp NP168 | SIGNATURE |



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: S665500206 / 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 : SM0M217C000F-01 Vehicle Registration No: 8KK 5218T
Name (as shown in NRIC) : MOVIA AUTOMOTIVE PTE LTD NRIC/FIN/Passport No : 1XXXXX033G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NO 22 JALAN KILANG, MOVIA BUILDING Singapore (159419)
Contact (Tel) : 6272 3892 Mobile No. : -
Email Address : enny@movia.com.sg
Date of Accident : 12/07/21 Time of Accident : 15:30
Place of Accident : CTE
Insurance Company : Aig Asia Pacific Insurance Pte Ltd

(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:

Attach police report T126210721 / 2073


Policyholder / Driver's Signature
Date:


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