

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.

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 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? 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 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 Was anybody injured in the Accident? 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 **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI B4026Y Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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' 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.

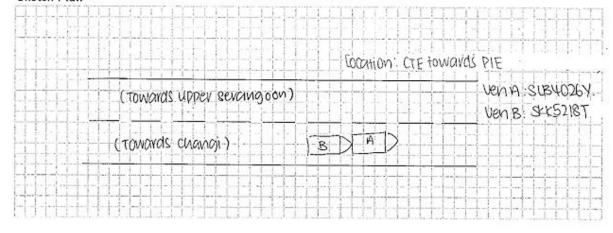


Policyholder's Signature / Date & Time Ony

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



Sketch Plan



ICENSE PLATE: : SKK-5218T	ACCIDENT DATE & TIME: 12/07/12/, 3.30 PM .			
ONTACT NUMBER: 9662 9709	E-MAIL ADDRESS: -			
OCATION: CTE TOWAYOS PIE				
Traffic was slow, view A influent of w	ne etart picking up speed and moved so 1 follow			
henind Suddenly ven A Jamed Syaker	wainted to apply my brake too but was too late.			
	1, 0			

1002				
4. 4/				
	200 CO			
	1000 - 2000			
300				
NOTE: PLEASE NOTE THAT YOUR INSURE	ER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN			
The state of the s	DLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION,			

Declaration

IWe declare the foregoing particulars are true in every respect.

() Claim Third Party

Policyholder's Signature / Date & Time

(Claim Own Policy

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

() Claim OD/TP at other workshop

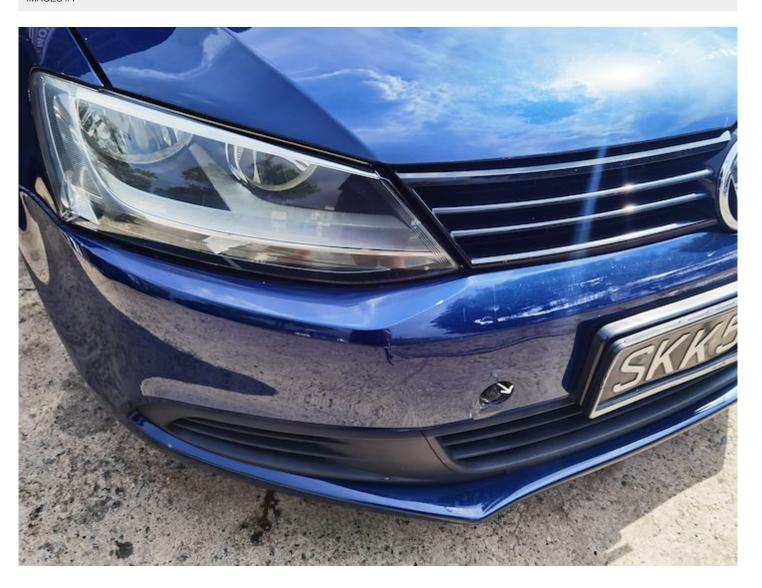
Witnessed by Reporting Centre Personnel

() Reporting Only





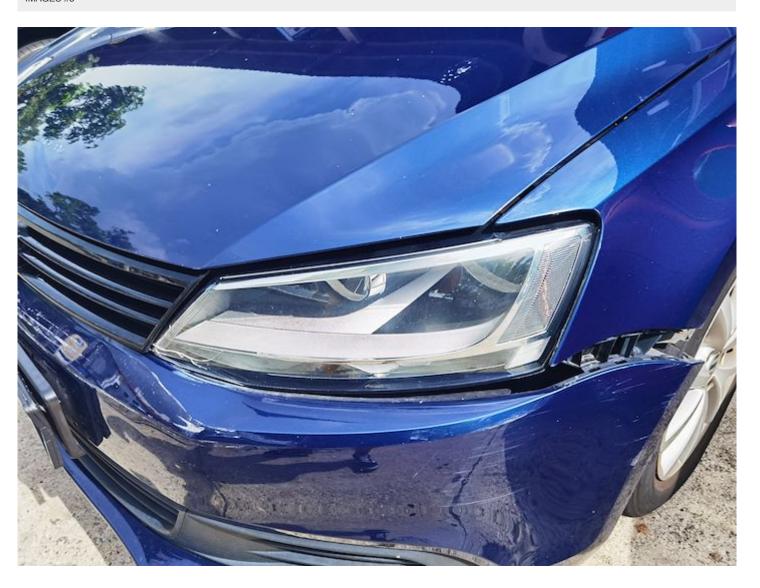
















Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20210721/2073

Tel No: 1800-4428999

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 21/07/2021 17:55		fade:	Vide Report No.:	Station Diary No.:		
Informan	t's Partici	ulars		THE CAPTE DELICATED AND ADDRESS.		
	Informant: HEW GUE		Address: APT BLK 47 MARINE CRESO 440047	CENT #04-68 SINGAPORE		
ID Type / ID No.: NRIC NO / S2680286E		36E	Contact No.: Home/Office:	Mobile: 96529709		
Nationalit MALAYS	•		Email:			
Sex: Female	Age: 57	Date of Birth: 15/10/1963	Type of Informant:			
Race: Chinese			Language;	Institution / School Name:		
Occupation: SENIOR MANAGER		₹	Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Acci	dent	AND IS BUT I		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 15:30	Type of Location: Straight Road	
Location: CENTRAL EX Weather: Clear	(PRESSWAY	Road Surface:	F	Road Speed Limit:	
- I Diy		Traffic Control:	183	raffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				nyone conveyed by mbulance:	

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

Details of Person Involved	ASSESSMENT OF THE PROPERTY OF
Any Pedestrian Involved: No	The state of the control of the state of the
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

T/20210721/2073

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 2 of 3 Report No. T/20210721/2073

Tel No: 1800-4428999

CONTINUATION OF REPORT

Name	WONG CHEW GUEK		ID No		S2680286E	
Related Vehicle	SKK5218T (Car)		Conta	ct No.	96529709	
Hospital/Clinic	NIL			Class Driving Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
					OW.	(A) 是 (100) 200 (A) (A) (A)
Name	Quek Hwi Jong		ID No		NIL	
Related Vehicle	SLB4026Y (Car)			Conta	ct No.	92337497
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days granted Medical Leave NIL			Degree of		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





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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 BINAFORE SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP188	GNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel [55] 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SWOW1217COOOF-01 Vehicle Registration No: SKK 5218T Name(as shownin NRIC): WOVA AUTOMOTIVE PTE LID NRIC/FIN/Passport No: LXXXXX 0336 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate . NO 22 Jalan Klang, Movia Building Address Singapore(159419) : 6272 3892 Contact (Tel) __Mobile No.:____ : enny@mova-com-sg Email Address Date of Accident : 12/07/2/ _Time of Accident : _ 15:30 Place of Accident : CTE Insurance Company: Aig Asia Pacific Insurance Pie Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Atlack police report T12021072112073 Centre Personnel's Signature Name: NRIC/FINNo.:

Date:

GIARMC addendumform_V3