

# 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 ..... 17/08/2021 16:46 (SGT)  
Date of Accident ..... 17/08/2021 09:18 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR ROAD TOWARDS JUNCTION OF EUNOS AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN1389U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MOVA AUTOMOTIVE PTE LTD  
Company Reg No ..... 198904033G  
Email Address ..... enny@nova.com.sg  
Mobile Phone No ..... (Phone) +65-62723892  
Alternative Phone No ..... +65-64763333

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... AD AVANTE 1.6 GLS (A)  
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 ..... 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 ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ARSALLAH KHAN BIN MOHD DIN  
NRIC No ..... S1217680E

Date Of Birth .....	15/07/1956
Occupation .....	Indoor
Date Of Driving Pass .....	06/01/1984
Driving experience .....	37 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82883145
Alt. Phone Number .....	-
Email Address .....	KHAN676@YAHOO.COM.SG
Address .....	BLK 469A ADMIRALTY DRIVE
Address complement .....	#15-107
Postcode .....	751469
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 - Change/cross lane
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHANDRA
Gender .....	Male

#### 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

#### REFER TO THE 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 .....	SMN172J
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) .....	-

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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.



Policyholder's Signature / Date & Time

Sketch Plan

*SERLAKS BKS  
CORPORATION*

*PATA LORR ROAD*

*SMN1727*


*PATA LORR ROAD*

*SMN1389U*

*ENDOS  
PMS*

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

Witnessed by Reporting Centre Personnel



**Describe Circumstances of the Accident**

LICENSE PLATE: SMN 13894 ACCIDENT DATE & TIME: 17-08-2021 @ 09:18 hrs  
 CONTACT NUMBER: 82883145 E-MAIL ADDRESS: Khan676@yahoo.com.sg  
 LOCATION: Along PAYA LEBAR ROAD toward junction of Eunos Ave 5.

I was driving Car's vehicle SMN13894 with officer Chandra along PAYA LEBAR ROAD. I was on lane 2 after exited from Jalan ARI. I intended to keep to lane 1 as I plan to make a 'U' turn. It was a heavy traffic with slow movement. There was a way for me to move further to my right. As I noticed a m/car SMN1727 which on my right slowed down, I tried to switch lane slowly. Unfortunately the said m/car driver accelerated. The left front of SMN1727 grazed against right rear side of SMN13894. Damage to SMN13894 was slight scratches mark and dent on the right rear side of the car.

Damage to SMN1727 was dented on left front side of the car. No one was injured.

Both vehicles moved to Geylang BAS7 Central to exchange particulars.

The driver of SMN1727, Mr John Tay Kian Seng HP 92738008 demanded me to apologise to him to make him feel good. I felt sorry for him for the incident as he kept saying the trouble he would be going through. That's all.

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



























