

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 13/09/2021 10:40 (SGT)
Date of Accident 11/09/2021 12:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information HOUGANG AVENUE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH9495L

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 Honda
Model City
Variant CITY 1.5 V CVT
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 1497

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 KHOO ZHI-MING, CHRISTOPHER
NRIC No S8740201J

Date Of Birth	08/12/1987
Occupation	Indoor
Date Of Driving Pass	26/07/2011
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96175139
Alt. Phone Number	-
Email Address	MEANDYOU241209@GMAIL.COM
Address	BLK 443D BUKIT BATOK WEST AVENUE 8
Address complement	#11-783
Postcode	654443
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	Collided into Motorcyclist
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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	FBH3583Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

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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

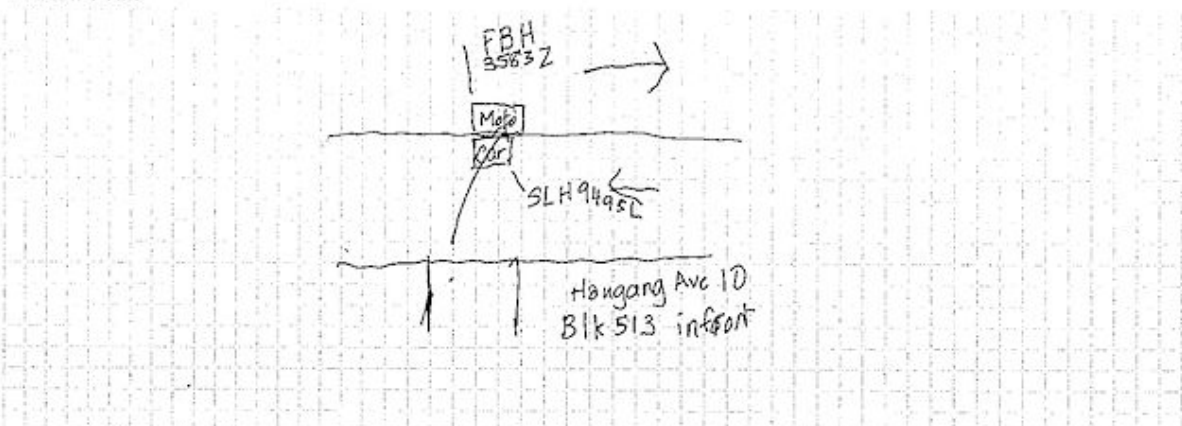
Chen

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: SLH9495L ACCIDENT DATE & TIME: 11/9/2021 / 12.05 pm
CONTACT NUMBER: 96175139 E-MAIL ADDRESS: meandyou241209@gmail.com
LOCATION: In front of Blk 513 Hougang Ave 10

I was turning out from carpark Blk 513 Hougang Ave 10 to make a right turn. Car was already out to middle with all clear road and suddenly a motorcycle number plate 5TH FBH3583Z suddenly appear in front of the car and I got no time to ~~break~~ brake even at slow speed.

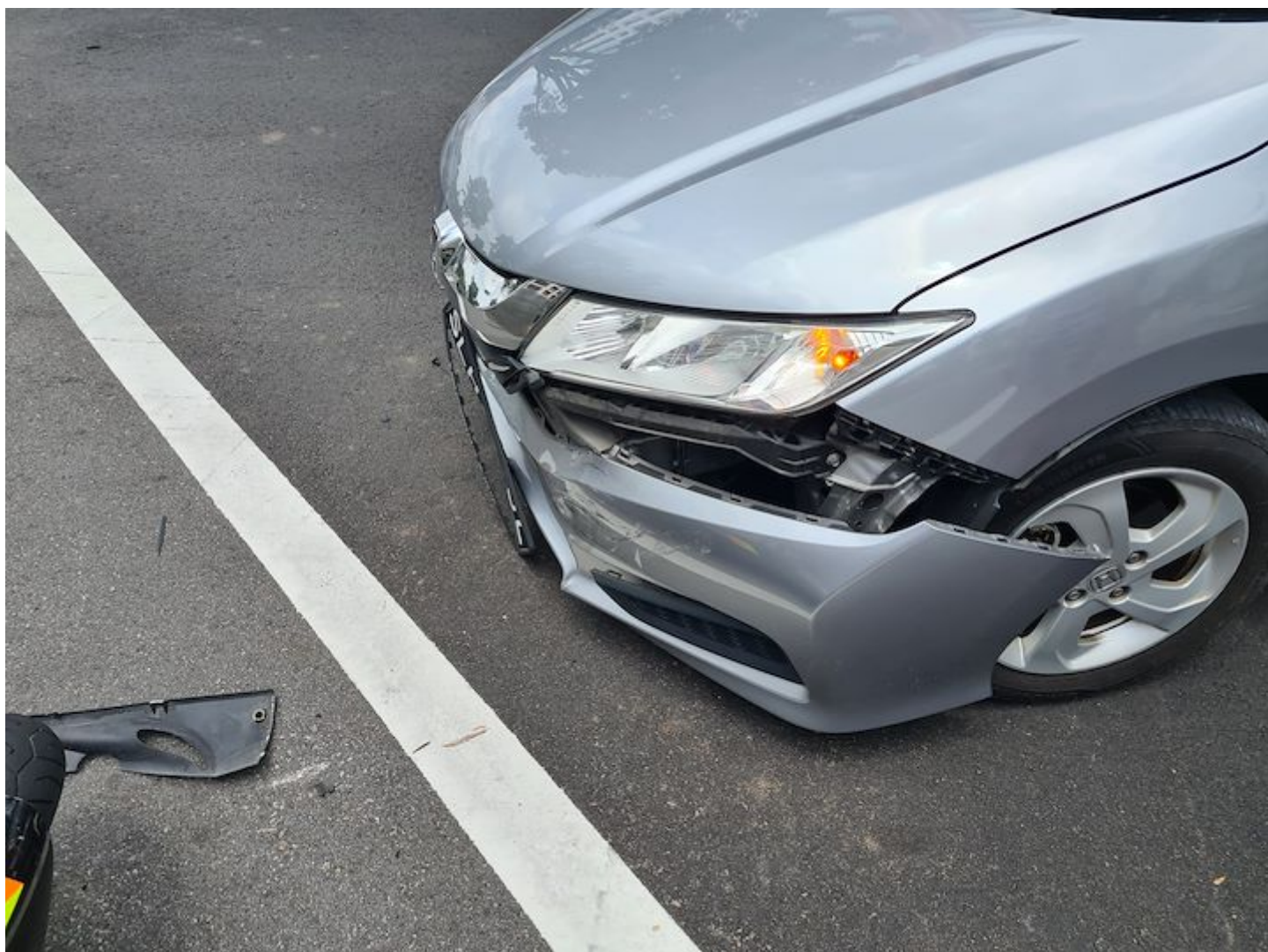
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state: ☒ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

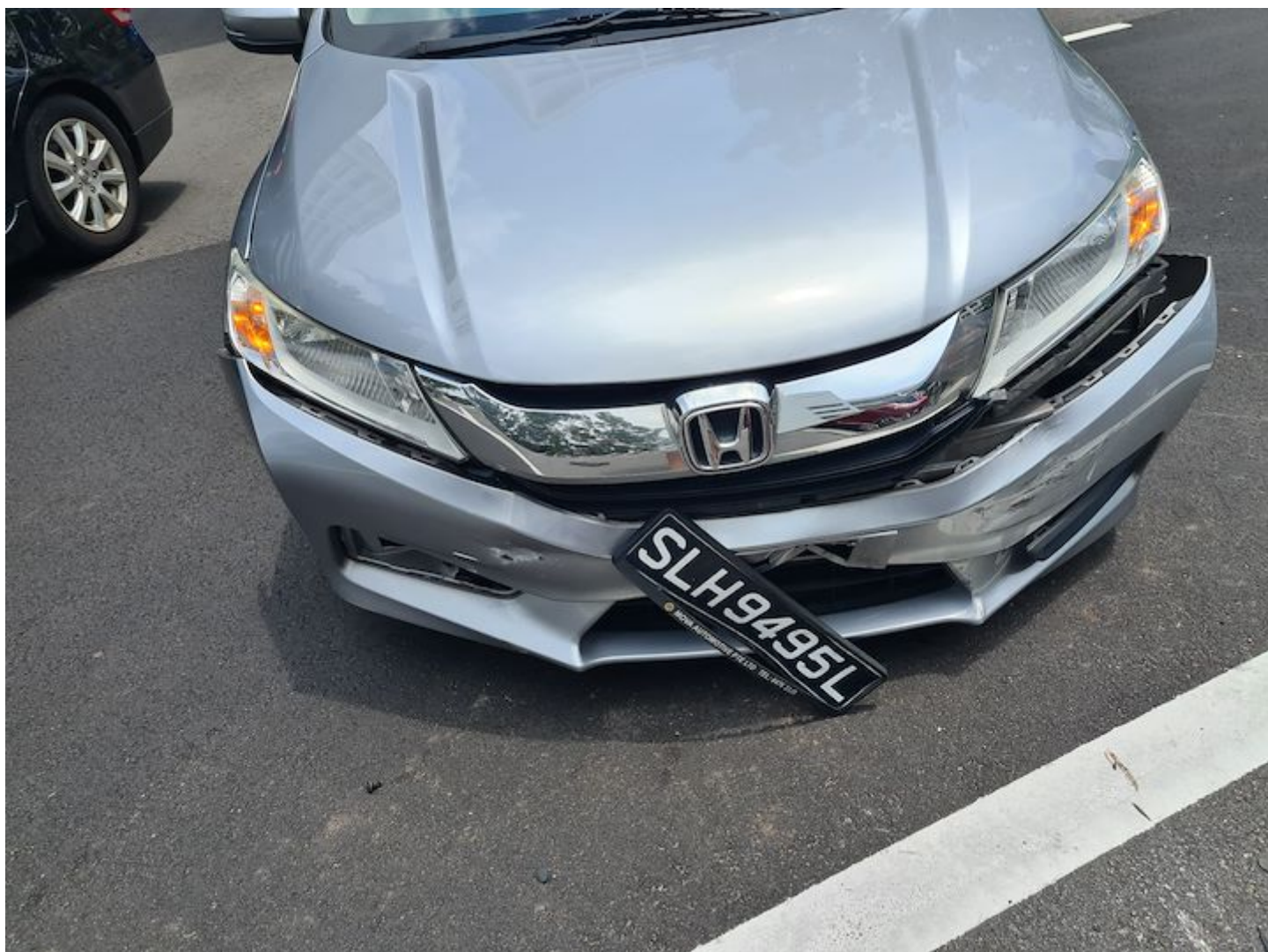
Declaration

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel









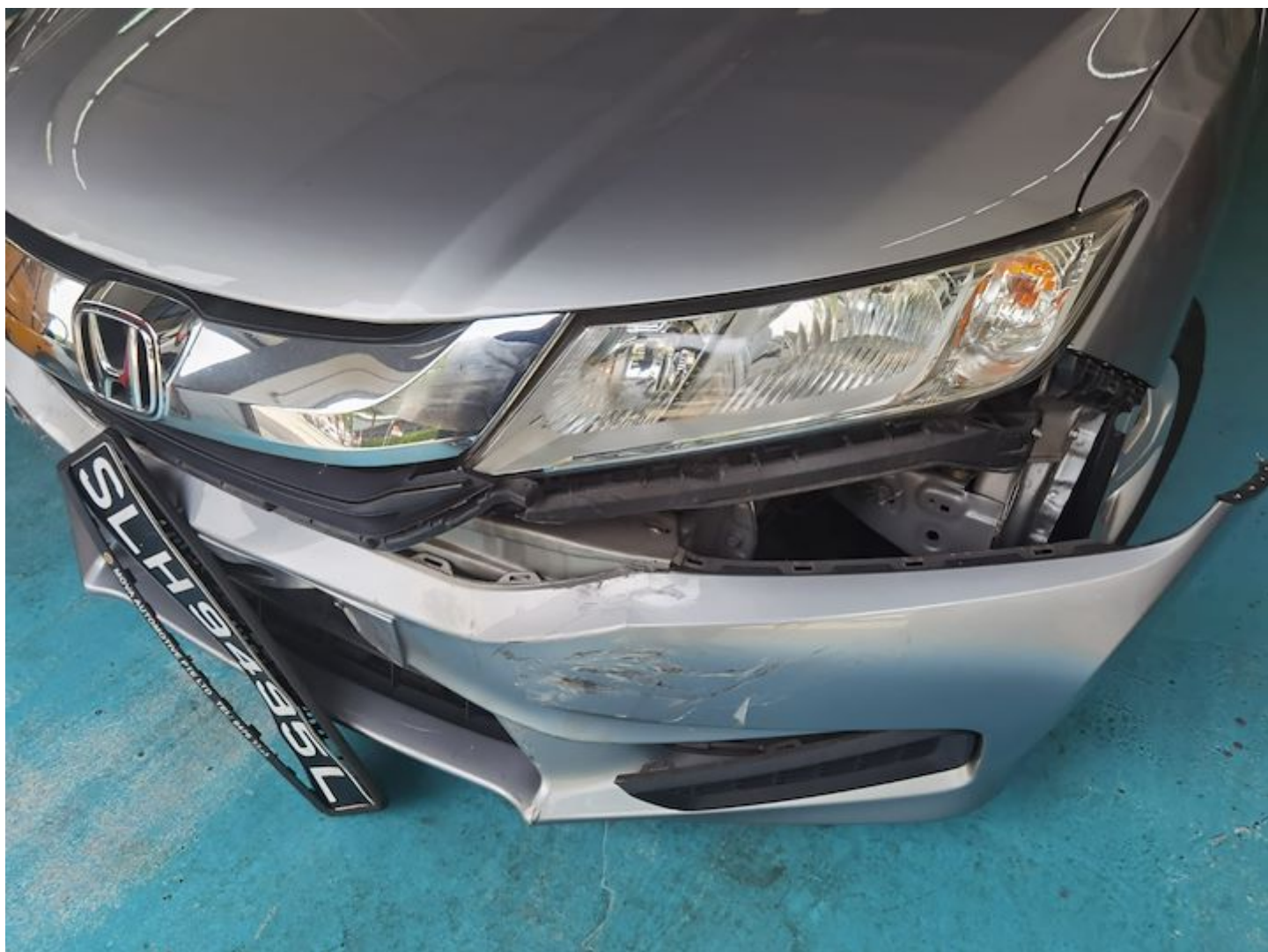


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210915/2044

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Report No. T/20210915/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2021 13:07		Vide Report No.:	Station Diary No.: 30
Informant's Particulars			
Name of Informant: KHOO ZHI-MING, CHRISTOPHER		Address: APT BLK 443D BUKIT BATOK WEST AVENUE 8 #11-783 SINGAPORE 654443	
ID Type / ID No.: NRIC NO / S8740201J	Contact No.:		Mobile: 96175139
Nationality: SINGAPORE CITIZEN	Email: meandyou241209@gmail.com		
Sex: Male	Age: 33	Date of Birth: 08/12/1987	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Sales and marketing manager	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2021 12:05	Type of Location: Carpark going out to main road
Location: HOUGANG AVENUE 10			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBH3583Z	Motorcycle	SYM	GTS200	Black	Slightly Damaged	0
SLH9495L	Car	HONDA	CITY 1.5 V CVT	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLH9495L	AIG ASIA PACIFIC INSURANCE PTE. LTD.			



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Tel No: 1800-5872999



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Report No. T/20210915/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED SADIQ MOHAMED NAFELL	ID No.	G3936864T
Related Vehicle	FBH3583Z (Motorcycle)	Contact No.	82452526
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
Driver			
Name	KHOO ZHI-MING, CHRISTOPHER	ID No.	S8740201J
Related Vehicle	SLH9495L (Car)	Contact No.	96175139
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

Brief Details.

On the 11/09/2021 at about 1205hrs, I(SLH9495L) was turning out from carpark Blk 513 Hougang Ave 10 to make a right turn. My vehicle was already out to the middle with all clear road and suddenly a motorcycle(FBH3583Z) appeared in front of my vehicle and I got no time to brake even at slow speed. I collided to the side of the motorcycle. I came down to make a check and found out that my vehicle whole front bumper was damage. I then took pictures and exchange contacts with the other party. There is a in-car camera at the front of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210915/2044

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20210915/2044

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 /
Sgt 2 NEO GENG QUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/09/2021 13:07

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0M219B0003 Vehicle Registration No: SLH9495L
 Name (as shown in NRIC): KN00 ZHI-MING, CHRISTOPHER NRIC/FIN/Passport No: SXXXX 201J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 443D Bukit Batok West Avenue 8 #11-783 Singapore (654443)
 Contact (Tel): - Mobile No.: 9617 5139
 Email Address: meandyou241209@gmail.com
 Date of Accident: 11/09/21 Time of Accident: 10:40
 Place of Accident: Hougang Avenue 10
 Insurance Company: AIG

(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.

 Policyholder / Driver's Signature
 Date:

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