SM0M21A90006 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 09/10/2021 15:23 (SGT) SUBMITTED BY Enny VERSION: 1 (09/10/2021 15:23 (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 withouting of material facts may allow insurance companies to repudiate 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 Form by insurance companies is not all admission or policy habiting of the part of the Police for investigation.

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 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

09/10/2021 15 23 (SGT) 08/10/2021 15/22 (SGT) Singapore YOTEL HOTEL & INTERNATIONAL BUILDING LOADING BAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SM0M21A90006

FBB817B

No

MOHAMAD KHAMSIDIN BIN RASHID

S9100152G

KHAMSIDIN GMAIL.COM (Phone) +65-98212344

+65-98212344

Yamaha T150 T150

Employment

No - Claiming third party

Private car Manual 150

NTUC Income Insurance Co-operative Ltd

ThirdPartyFireTheft

5120595301

MOHAMAD KHAMSIDIN BIN RASHID

S9100152G

Page 1 of 15

Date Of Birth 03/01/1991 Occupation Outdoor Date Of Driving Pass 26/02/2015 Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98212344 Alt. Phone Number +65-98212344 Email Address KHAMSIDIN@GMAIL.COM Address BLK 467B BUKIT BATOK WEST AVENUE 9 Address complement #04-525 Postcode 652467 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 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 GBG9830B Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category Name of Driver Contact Number

Address

Address complement

Accident report SM0M21A90006

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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Sketch Plan

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