SM0M21AI000H / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 18/10/2021 15:09 (SGT)

SUBMITTED BY: Suann

VERSION: 1 (18/10/2021 15:09 (SGT))



IMPORTANT NOTICE

- Please report <u>correctly</u> 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

- 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 18/10/2021 15:09 (SGT) Date of Accident 15/10/2021 13:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information CTE TOWARDS ANG MO KIO Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ4370U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEE GENERAL WORKS PTE. LTD Company Reg No 201828191Z **Email Address** INFO@LEEGENERALWORKS.COM Mobile Phone No (Phone) +65-943398102 Alternative Phone No +65-943398102

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso Variant Exact purpose for which vehicle was being used at time of

Employment accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Transmission Auto CC 2999

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number 5123976022 Cover Note Number

DRIVER

Name of Driver MD SOLEMAN Work Permit No G6816100U

Date Of Birth20/07/1986OccupationOutdoorDate Of Driving Pass12/07/2017

Driving experience 4 YEARS AND 3 MONTHS

Gender Male

Mobile Number (Phone) +65-943398102

Alt. Phone Number

Email Address INFO@LEEGENERALWORKS.COM
Address LEE GENERAL WORKS PTE. LTD

Address complement Postcode -

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Employee
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?

No

PASSENGER 1

Name COLLEAGUE

Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1128D
Vehicle Manufacturer Vehicle Model

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi



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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- 4. The asive and acceptance of this Formby 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 The report will be forwarded by the insurers of the GIA Reports 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 loggement 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 eforesaid
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a) My insurer inty 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 natified vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be objectively referred to as the Insurers'), the Insurers' law yers daw tions the Monetary Authority of Segapore and any relevant government agency/authoray (such as the police) for the purpose(s) of

- (i) processing, handlag and/or cealing with my claims including the softlement of the claims and any necessary investigations relating to the clams.
- (a) investigating the accident audior my claims
- (id carrying out and/or dealing with my instructions or responding to any enquiries by mo.
- (iv) administering my clavic (including the making 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 privokeas/med packages) and/or
- (v) complying with applicable law in administrating, processing, handling and/or dealing with my claims

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FRIENDES Vantou Po

- (collectively the 'Purposes')
- (b) all neuter(s) who have insured vehicle(s) involved in this accident and the habiters' lawyers flaw firms. Insulate bermited 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 flaw, firms), which may be sited dutiside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Oate & Time

Driver's Signature (# driver is not the policyholder) (Oate

Wanessed by Reporting Centre

Personnel

Sketch Plan

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Driver's Signature (if driver is not the policyholder) / Cate

Winessed by Reporting Centre Personnel









