SM0M21B0000C / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 24/11/2021 18:54 (SGT) SUBMITTED BY: Avril

VERSION: 1 (25/11/2021 15:18 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process

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.

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any felse reporting may be referred to the Police for Investigation.
 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 the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the Insurance Association of Singapore (GIA) for archiving the Insurance Centre of t This report will be forwarded by the insurers of the GIA records management cannot established by the content insurance association of singular (GIA) to content and that copies of this report will, for a fee, be made available upon application by interested parties.
 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

24/11/2021 18:54 (SGT) Date of Submission 22/11/2021 18:40 (SGT) Date of Accident PIE, Singapore **Exact Location of Accident** PIE BEFORE BALESTIER EXIT TOWARDS TUAS Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKK9404X Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? **IDRIVE AUTOMOBILE** Name Of Registered Owner 53364146B Company Reg No VIANONG@YMAIL.COM **Email Address** (Phone) +65-87425474 Mobile Phone No +65-87425474 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Estima Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Private hire Vehicle Category Auto Transmission 2362 CC

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 21-ML000472-R01 Policy Number Cover Note Number

DRIVER

MOHAMED ELIAS BIN ABDUL RAJAK Name of Driver S7806205C NRIC No



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27/02/1978 Date Of Birth Indoor Occupation 26/08/2013 Date Of Driving Pass 8 YEARS AND 3 MONTHS Driving experience Gender (Phone) +65-87425474 Mobile Number Alt. Phone Number VIONONG@YMAIL.COM **Email Address** APT BLK 312 SEMBAWANG DRIVE Address #15-488 Address complement 750312 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 GRAB PASSENGER Name Male Gender PASSENGER 2 Name GRAB PASSENGER Gender Female 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 PLEASE REFER TO THE SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC948E Vehicle Manufacturer



| Vehicle Model | - |
|---|-----|
| Vehicle Variant | - |
| Vehicle Colour | _ |
| Vehicle Category | Tax |
| Name of Driver | - |
| Contact Number | |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | 2 |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

NT NOTICE

state report correctly the details of the accident to speed up the claims process.

- ... This Formmust 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 asses and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companes
- 5. Any late reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Repords Management Centre established by the General Insurance Association of Singtpore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the indgement 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)

| 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) w he have insured vahicle(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) propersing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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, involces, 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
- (v) compying with applicable law in administrang, processing, handling and/or dozling 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, discuse and/or process my Porsonal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers end/or GIA to their third party service providers or agents (including their law yers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.



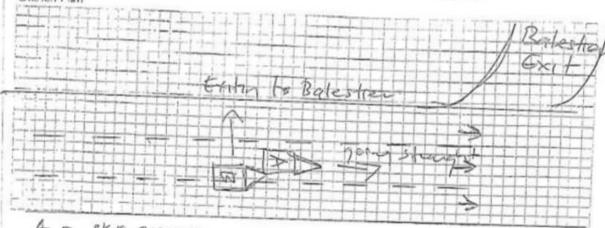
Potcynolder's Sc

2 4/11/2001

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

Witnessed by Reporting Centre

Sketch Plan



4 - SKK QYOYX B - SHL 948 G

| On 22 November 2021 while I was driving my send vehicle bearing no skile groy x away. PIE before Balestide exit, suddenly there was a taxi (yellow top) but my sand vehicle on the vear virth as the taxi was trying to vertale my Vehicle from the rear as the driver was goj driving fast and misjudge. I was driving grab with a couple inside my gray as the passenger. There were both very and gray Roth of us stop at the less top get the balester exit, exit. The taxi driver came out to me and apologised on he admitted his mistake of knocking into my con as he was trying to exit while he was having an one passenger variting for him. He told me that he will pay he the driver he decided not to pay me as he was scared on worked not to pay me as he was scared on working them. So be we cake he a conclusion that he are him. So be we cake he a conclusion that he are him to day me to day for him. |
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| e declare the foregoing particulars are true in every respect. |
| RIVE |
| (V 1 2 E) |
| Stor ne/11/2021 |
| 1 DUE 72 |
| cyholder's September Date & Driver's Signature (1 driver is not the policyholder) / Date Witnessed by Reporting Centre |



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

| ADD | ENDUM |
|---|--|
| PARTICULARS OF PERSON MAKING THE AMEND | MENTS: |
| Original Report No: | Vehicle Registration No: <u> </u> |
| Name (as shown in MRIC): IDVIVE Automobile | NRIC/FIN/Passport No: SXXXIII68 |
| (*Vehicle Driver/Vehicle Owner) (*) Please delete | e as appropriate |
| Address: | Singapore (|
| Contact (Tel): | Mobile No.: 57415474 |
| Email Address: Vianong Oymail. (a. | |
| Date of Accident: 2011 1104 | Time of Accident: 18241 |
| Place of Accident: TE | |
| Insurance Company: Tokio Marine | |
| | |
| | |
| | |
| Policyholder / Driver's Signature Date: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

Date: