

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 11/01/2022 18:04 (SGT)
Date of Accident 06/01/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information SAF COMPOUND LOADING BAY, PASIR LABA AMMUNITION
DEPOT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8874R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MOVA AUTOMOTIVE PTE LTD
Company Reg No 1XXXXX033G
Email Address YVONNE.SEW@MOVA.COM.SG
Mobile Phone No (Phone) +65-64763333
Alternative Phone No (Office) +65-64763333

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2997

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 2021-V0113009-VCF-R001
Cover Note Number -

DRIVER

Name of Driver ZALANI BIN MOHAMED ALIAS

NRIC No	SXXXX365J
Date Of Birth	28/10/1967
Occupation	Outdoor
Date Of Driving Pass	19/06/1990
Driving experience	31 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98426292
Alt. Phone Number	-
Email Address	JAMESKW_LAI@CERTISTISGROUP.COM
Address	876 WOODLANDS AVE 9
Address complement	#02-262
Postcode	730876
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	Hit and run / Vandalism / Damaged whilst parked
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	MID52157
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

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 PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



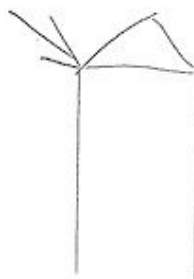
Policyholder's Signature / Date & Time

Sketch Plan

Zaloni Bin Mohamed Alios *Zaloni* 11/01/22
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

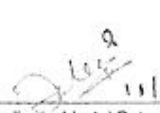


Describe Circumstances of the Accident

LICENSE PLATE: GBJ8874R	ACCIDENT DATE & TIME: 06/01/2022, Approx. 12:30pm
CONTACT NUMBER: 98426292	E-MAIL ADDRESS:
LOCATION: Loading Bay, Pasir Laba Ammunition depot (R2) Building (near Ammunition)	
On Thursday 06/01/22, I, Zalani Bin Mohamed Alias (IC: 3653) with my colleague, Bernard Lim Kang Jong (IC: 978F), had parked my truck (GBJ8874R) at the loading bay after completed our daily ammunition collection. Both of us went into the truck and start checking our documents. Suddenly we heard someone shouted loudly from outside. On that same instant, I felt the left side (passenger side) of the truck was hit by something. When I look at the passenger side window, I saw a forklift was very close to it. That was when I realised that the forklift (MID 51257) driven by SAF Regular, ME1 Jason Koh (IC: 608E) had hit my truck. The accident had resulted the lower left side door of the truck to be badly dented. I went out from my truck and exchange particulars with the forklift driver. 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
☐ Claims 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
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**SINGAPORE
POLICE FORCE**



L/20220110/7033

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POLICE REPORT (NP299)

Report No. L/20220110/7033

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 10/01/2022 16:37	Vide Report No.	Station Diary No.
Name Of Informant ZALANI BIN MOHAMED ALIAS	Address 876 WOODLANDS AVENUE 9 #02-262 SINGAPORE 730876	
ID Type / ID No. NRIC NO / S1820365J	Contact No. Home/Office: Mobile: 98426292	
Nationality SINGAPORE CITIZEN	Email Address jameskw_lai@certisgroup.com	
Occupation Auxiliary police officer	Sex Male	Age 54
Institution/School Name	Date of Birth 28/10/1967	Race Boyanese
Date/Time Of Incident 06/01/2022 12:30 - 06/01/2022 13:00	Location Of Incident 876 WOODLANDS AVENUE 9 #02-262 SINGAPORE 730876	

Brief details.

I was inside a SAF compound returning ammunition with my colleague Mr. Bernard Lim Kang Yong (Sxx978F) . I parked my truck (GBJ8874R) near the loading area and we were checking the document in the truck.

Suddenly I feel the left side (passenger side) of the truck was hit by a SAF driven forklift (MID51257). The driver was a SAF regular ME1 Jason Koh (Sxx608E).

The lower left side of the truck was dented.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2022 16:37
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220110/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220110/7033

There no no injuries or other damages to the facilities.

Subjects Involved			
Victim			
Person Name	ZALANI BIN MOHAMED ALIAS		
ID Type	NRIC NO	ID No	S1820365J
Gender	Male	Age	54
Race	Boyanese	Language	English
Occupation	Auxiliary police officer	Address	876 WOODLANDS AVENUE 9 #02-262 SINGAPORE 730876
Mobile No	98426292	Is Informant A Victim?	Yes
Person Name	ZALANI BIN MOHAMED ALIAS (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2022 16:37
Officer In-Charge Of Case:	Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665509206 / GST Reg. No.: M400017795

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: 6BJ 8874 R
 Name (as shown in NRIC) : MNC Automotive P/L NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No.: 8262 3377
 Email Address : _____
 Date of Accident : 6/1/2022 Time of Accident : 1230 hrs
 Place of Accident : Pasir Laba Ammunition Depot
 Insurance Company: Great Eastern Ins

(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:

Forklift number : MID 52157

Policyholder / Driver's Signature
 Date:

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