SM0M225N000E / MOVA AUTOMOTIVE PTE LTD [159722]
ENTRY DATE & TIME: 23/05/2022 18:18 (SGT)
SUBMITTED BY: Nitha
VERSION: 1 (23/05/2022 18:18 (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 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.
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	23/05/2022 18:18 (SGT)
Date of Accident	23/05/2022 12:45 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA5551R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG AH SUAN DORIS
NRIC No	SXXXX332H
Email Address	BENTASL1954@GMAIL.COM
Mobile Phone No	(Phone) +65-89499341
Alternative Phone No	+65-89499341

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY 2.0 AUTO ABS AIRBAG
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5126113554
Cover Note Number	-

DRIVER

Name of Driver	TAN SOO LEONG
NRIC No	SXXXX342J

Date Of Birth	29/12/1954
Occupation	Indoor
Date Of Driving Pass	13/07/1973
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96319039
Alt. Phone Number	-
Email Address	BENTANSL1954@GMAIL.COM
Address	1 LEICESTER ROAD #06-11
Address complement	-
Postcode	358828
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SUBMIT TO INSURANCE DIRECTLY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9671A

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	CALVIN TAY TIAN HO
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

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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.

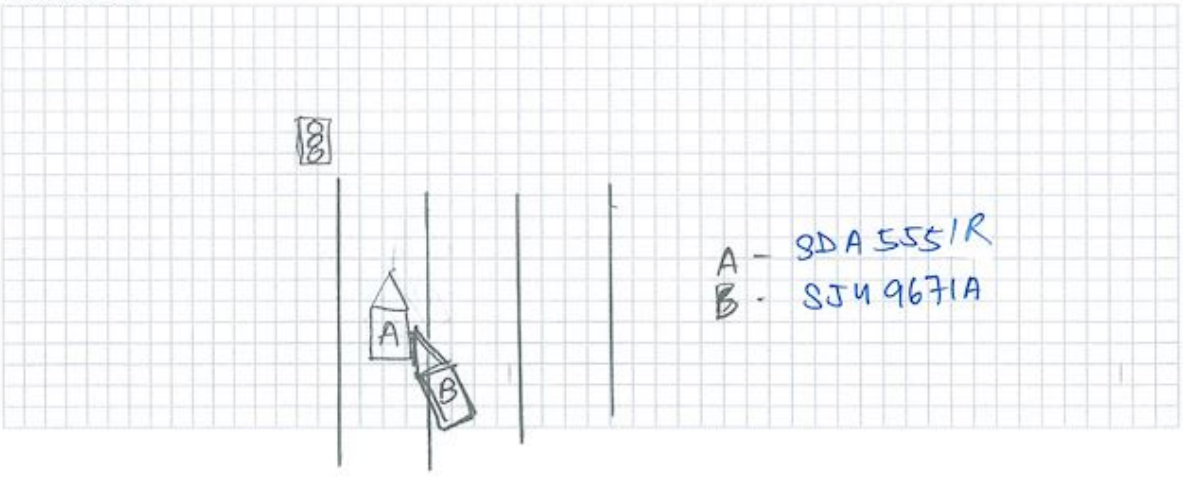
(collectively the "**Purposes**")

(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	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: SDA 55 SR	ACCIDENT DATE & TIME: 23/5/2022 1245pm
CONTACT NUMBER: 963/9049	E-MAIL ADDRESS: bentans1954@gmail.com
LOCATION: Thomson Road toward to Marine	

Refer to police report.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

To Whom It May Concern

ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section
Automotive Engineering & Management Division
Police Logistics Department
1 Mount Pleasant Road
Block 8 Old Police Academy
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Officer-In-Charge of accident matters (Tel No:64784840 , Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

a) Police report
b) Survey report (if any)
c) Repair Bill
d) Original Photographs of damage

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

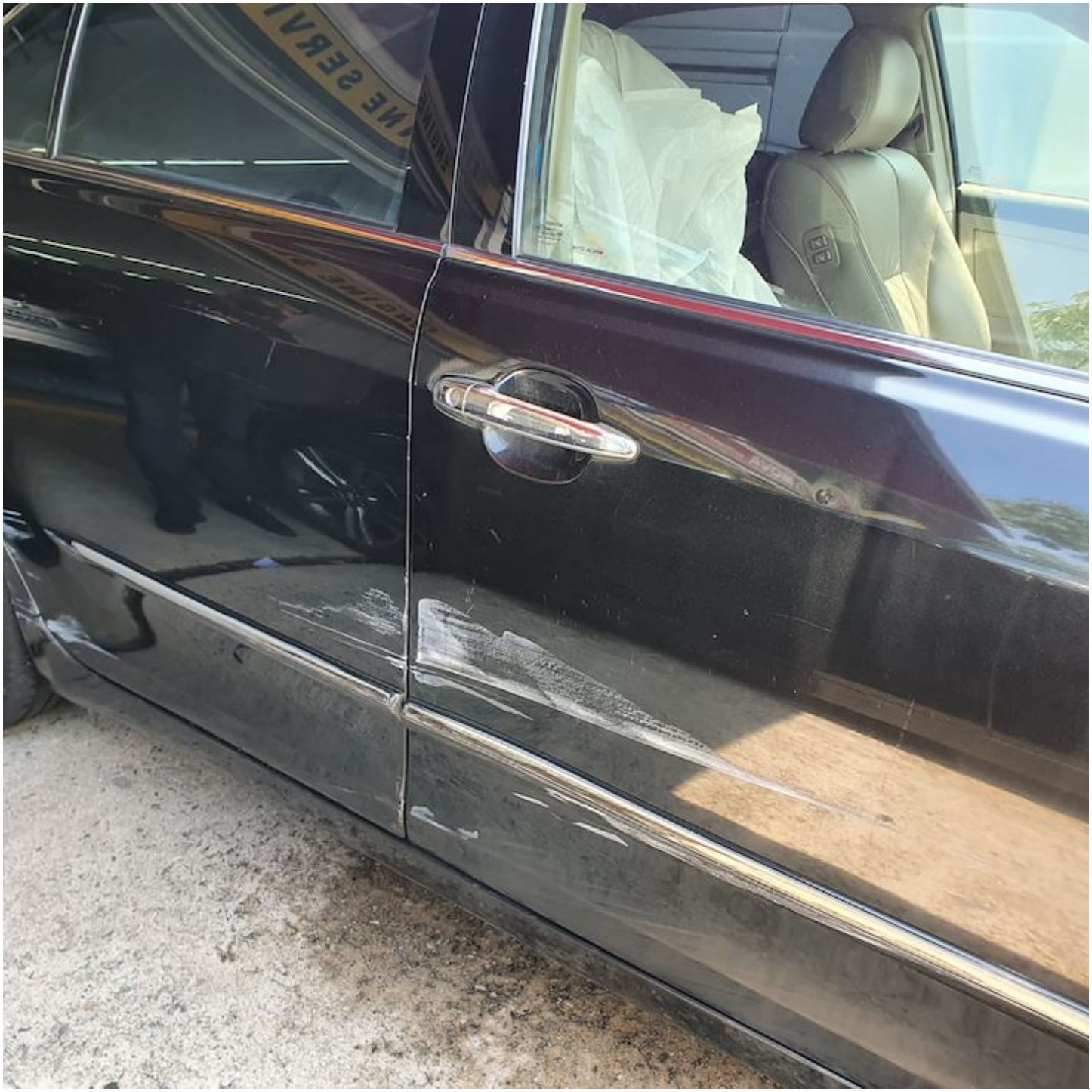
The Attorney General
Attorney General's Chambers
1 Coleman Street, #10-00
Singapore 179803.

NP 122

IMAGES

IMAGES #2

IMAGES #3



IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


TOYOTA MOTOR CORPORATION
MODEL ACV41R-JEPNKT
ENGINE 1AZ-FE 1998 mL
FRAME No. MR053BK4107027477
COLOR 209 TRIM LA40 PLANT Z35 GVM(kg) -
MANUFACTURED U241E-01A MAR 08
MFD.BY: TOYOTA MOTOR THAILAND CO.,LTD. MADE IN THAILAND

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

T/20220523/2065

Report No. T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/05/2022 16:24		31

Informant's Particulars

Name of Informant: TAN SOO LEONG			Address: 1 LEICESTER ROAD #06-11 SINGAPORE 358828	
ID Type / ID No.: NRIC NO / S0240342J			Contact No.: Home/Office:	Mobile: 96319039
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 29/12/1954	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 23/05/2022 12:45	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SDA5551R	Car				Seriously Damaged	1
SJU9671A	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220523/2065

CONTINUATION OF REPORT

Driver			
Name	TAN SOO LEONG	ID No.	S0240342J
Related Vehicle	SDA5551R (Car)	Contact No.	96319039
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	CALVIN TAY TIAN HO	ID No.	S8020040D
Related Vehicle	SJU9671A (Car)	Contact No.	NIL
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

Brief Details.

On 23/05/2022 at about 1245hrs, I was driving my wife's vehicle SDA5551R travelling on the third lane along Thomson Road towards Mount Alvernia Hospital. I noticed that the traffic light at the front junction was in red and there were several vehicles stopped at the junction occupying the first and second lane of the road. I continue to drive towards the junction and out of a sudden, a vehicle SJU9671A came out of the second lane and collided with my vehicle. We stopped our vehicle and exchange our particulars, the person told me that he was driving a private police vehicle and shown me his police warrant card, issued a NP122 form to me and informed me to lodge a police report for the insurance claims.
I wished to state that due to the collision, my vehicle suffered damages(dents and scratches) on the rear bumper, both driver, right passenger's door and right rear wheel area. While his vehicle suffered damages (dent and scratches) on the front left bumper and left wheel area. I also handed over my in car camera SD card over to him. I wished to state that the accident happened too fast, I did not managed to see if the vehicle did signal before he drove out from his lane and both of us did not suffered from any injuries.

SINGAPORE POLICE FORCE

T/20220523/2065

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220523/2065

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: D / Other LIU FENGZHAN, GERRY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2022 16:24
Officer In Charge Of Case: TP / DDGVT / Other MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:

NP168

PRIVATE HIRE