SM0M226O000L / MOVA AUTOMOTIVE PTE LTD [159722]
ENTRY DATE & TIME: 24/06/2022 18:25 (SGT)
SUBMITTED BY: Avril
VERSION: 1 (24/06/2022 18:25 (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	24/06/2022 18:25 (SGT)
Reported by	Both
Date of Accident	24/06/2022 16:05 (SGT)
Exact Location of Accident	1 Queensway, Singapore 149053
Additional Location Information	QUEENSWAY SHOPPING CENTRE LOT120
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3154T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO KAIDI
NRIC No	S8916979H
Email Address	YEOKAIDI.KD89@GMAIL.COM
Mobile Phone No	(Phone) +65-91176895
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5126540319

DRIVER

Name of Driver	YEO KAIDI
NRIC No	S8916979H
Date Of Birth	23/05/1989
Occupation	Indoor

Date Of Driving Pass	08/06/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-91176895
Alt. Phone Number	-
Email Address	YEOKAIDI.KD89@GMAIL.COM
Address	346 BUKIT BATOK STREET 34
Address complement	#11-214
Postcode	650346
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	Collision - Opening Door of Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO THE SKECTH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN1126L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	3

SKETCH PLAN

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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. 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.

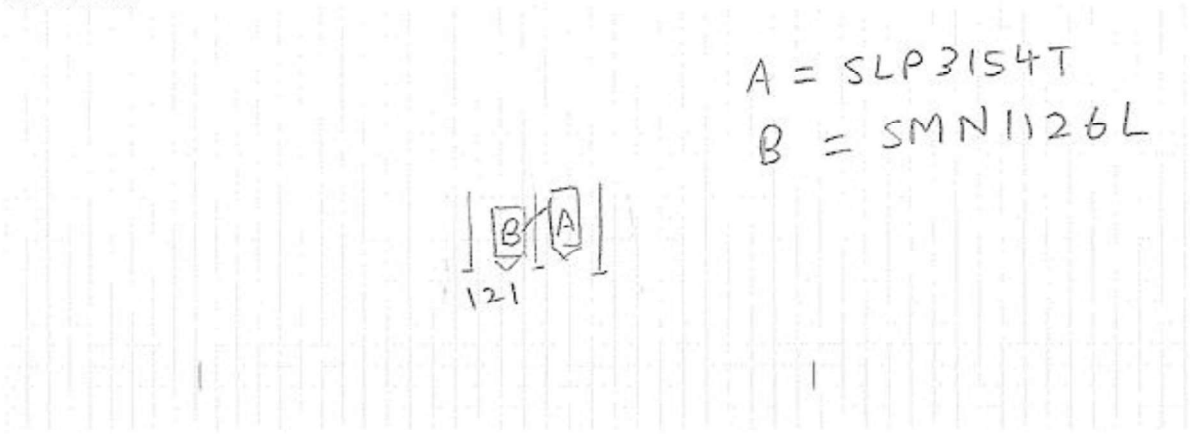
(collectively the "**Purposes**")

(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: SLP3154T	ACCIDENT DATE & TIME: 24/06/2022 1605
CONTACT NUMBER: 91176895	E-MAIL ADDRESS: yeskadi.kd89@gmail.com
LOCATION: Queensway Shopping Centre Lot [120]	

As per Police Report

Vehicle SMN 1126L knocked into my rear door when my vehicle, SLP 3154T is Stationery

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

I/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

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

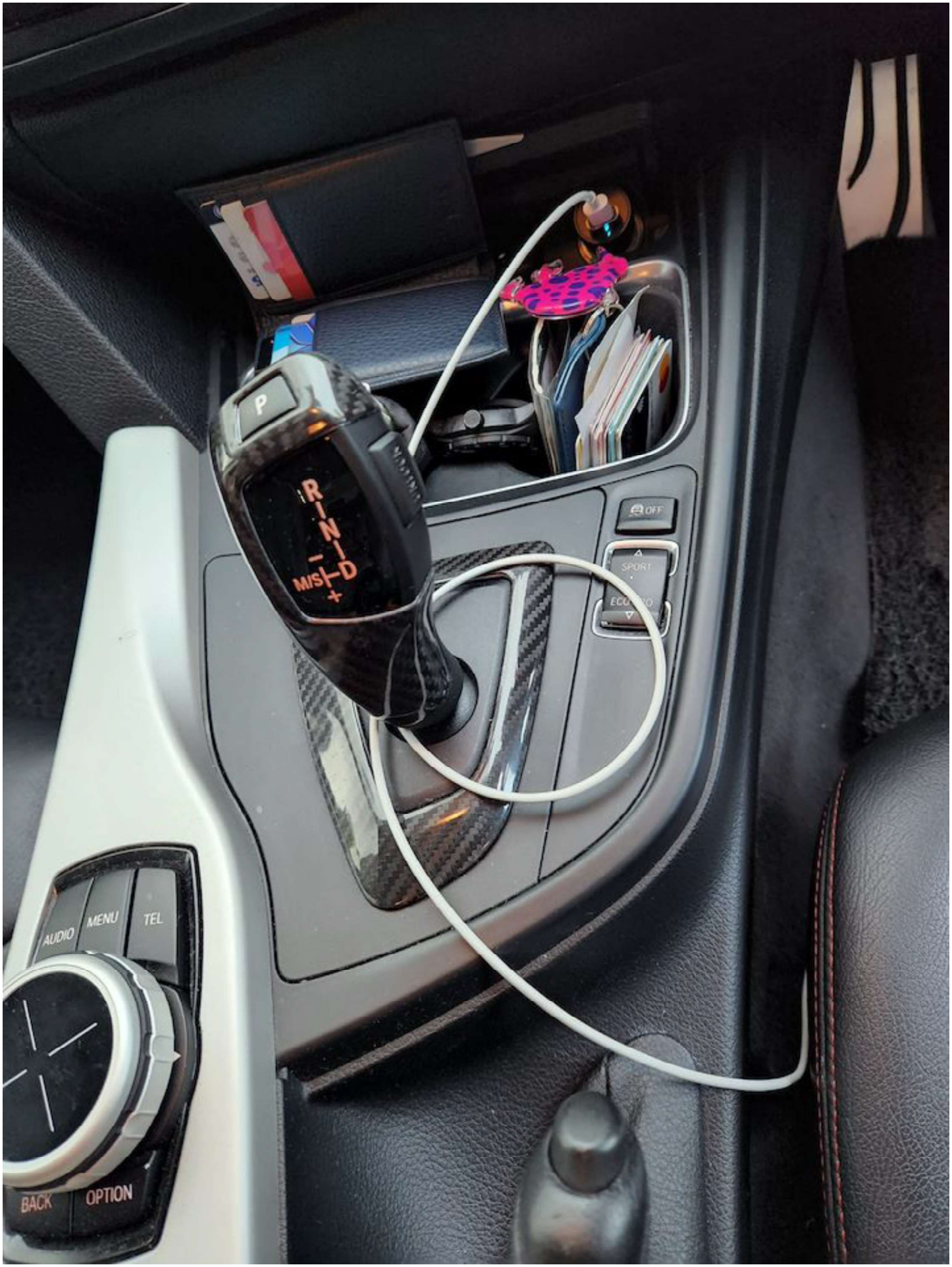
IMAGES #5

IMAGES #6

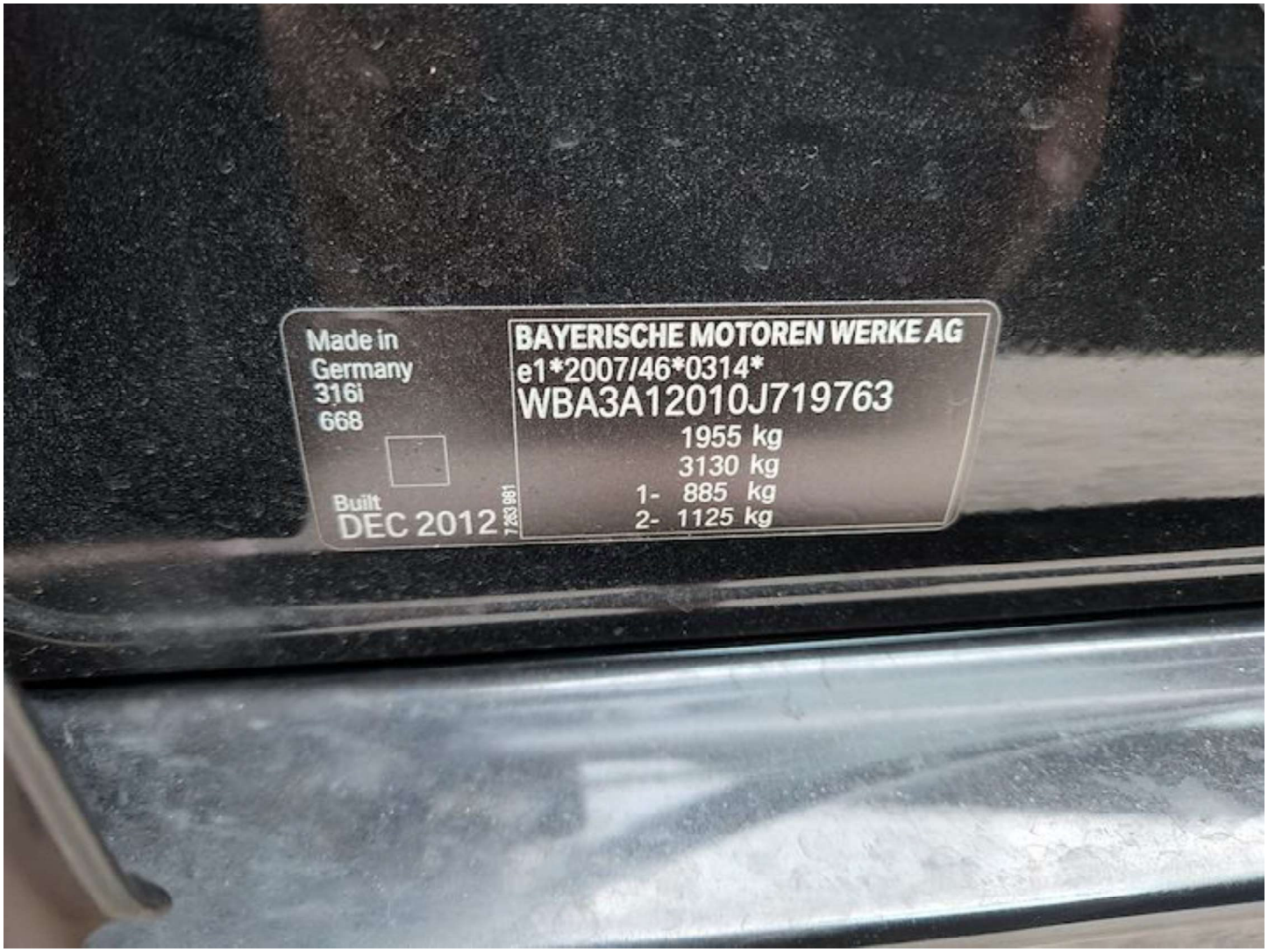
IMAGES #7

IMAGES #8

IMAGES #9



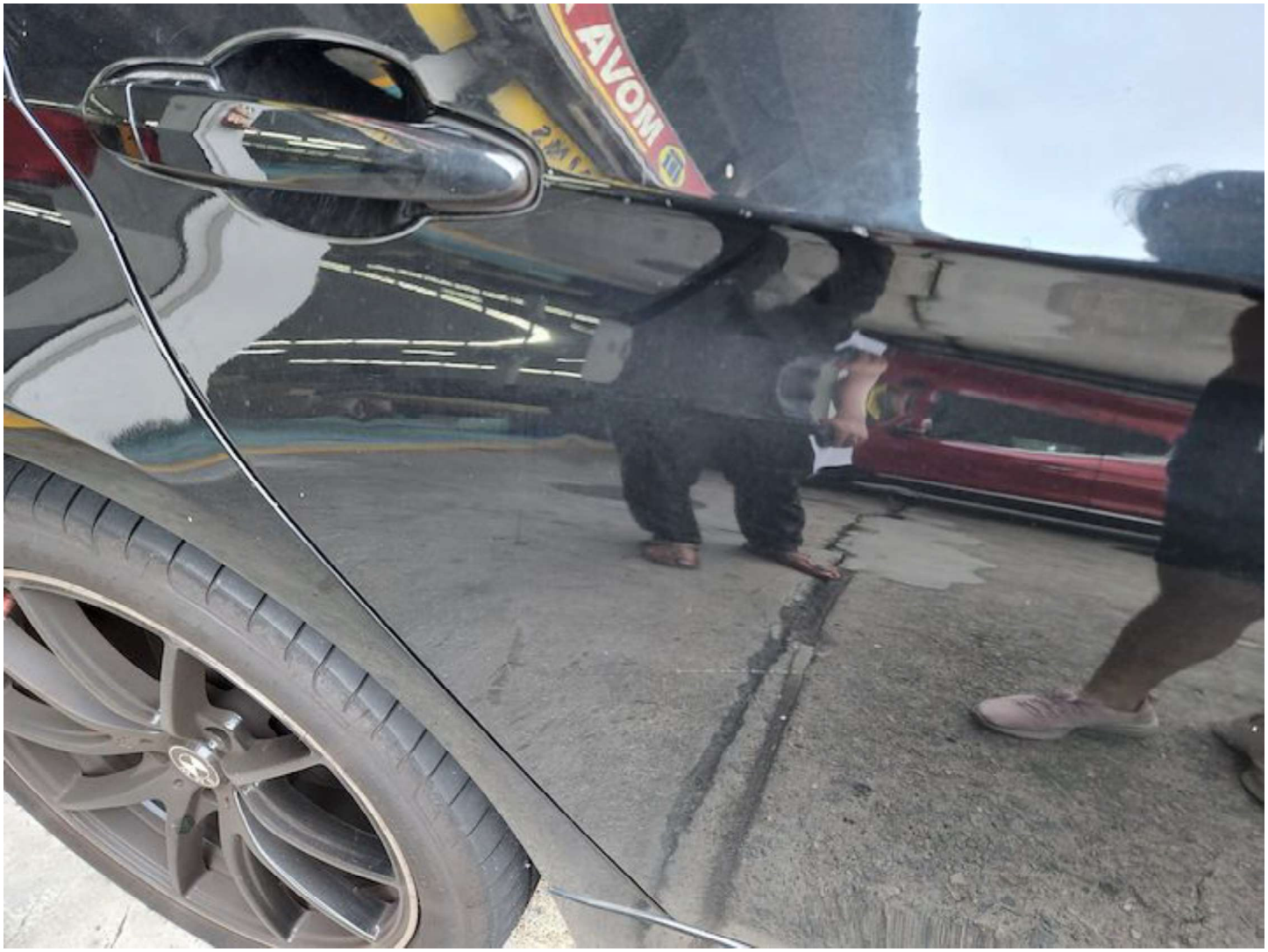
IMAGES #10


Made in
Germany
316i
668
Built
DEC 2012
BAYERISCHE MOTOREN WERKE AG
e1*2007/46*0314*
WBA3A12010J719763
1955 kg
3130 kg
1- 885 kg
2- 1125 kg

IMAGES #11


1/min x 1000
READY
OFF
mpg
SERVICE
12000km 07/2023
125141 4616.8
START
STOP

IMAGES #12



SINGAPORE POLICE FORCE

D/20220624/2032

POLICE REPORT (NP299)

Report No. D/20220624/2032

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

Date/Time Report Made	Vide Report No.	Station Diary No.
24/06/2022 17:38	D/20220624/0074	33

Name Of Informant	Address
YEO KAIDI	APT BLK 346 BUKIT BATOK STREET 34 #11-214 SINGAPORE 650346
ID Type / ID No.	Contact No. Home/Office / Mobile
NRIC NO / S8916979H	91176895
Nationality	Email Address
SINGAPORE CITIZEN	

Occupation	Sex	Age	Date of Birth	Race
Operation Manager	Male	33	23/05/1989	Chinese

Institution/School Name	Language
	English

Date/Time Of Incident	Location Of Incident
24/06/2022 16:05	1 QUEENSWAY QUEENSWAY SHOPPING CTR/Q TWR* SINGAPORE 149053 Carpark lot 120

Brief details.

On the 24/06/2022 at about 1605hrs, I was in my vehicle number bearing 'SLP3154T' which was stationary in lot 120 and subsequently a vehicle number bearing 'SMN1126L' which was parked at lot 121 on my right. Subsequently, a male passenger came in between both vehicles and went into his vehicle from the rear left passenger door which then collided against my rear right passenger door. I then came out as I felt an impact to inspect my vehicle and realised there were scratches. I then informed the driver

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Other TERRY ONG JU QUAN	
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2022 17:38
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / SR STAFF SGT JAZREEL WEE JIA YAN Contact No.: 68727683	Classification Of Case:

SINGAPORE POLICE FORCE

D/20220624/2032

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. D/20220624/2032

about the matter and he came out of his vehicle and a verbal dispute happened. He informed that there is nothing wrong and used his rear left passenger door to hit against my rear right passenger door again. I then asked for his particulars as I wanted to lodge a Police report however he refused and used one of his hand to slam against my rear right passenger door. He then left the carpark. I then called for Police and Traffic Police came and informed that they had informed IO Jazreel Wee and she will be the IO for my case ref: D/20220624/0074. My in car camera is working at that point of time. I wish to state that both of us are not injured and there was no physical dispute.

The male driver is one Malay with long hair (shoulder length) in his 30s, big size and about 1.8m.

My car damages as follows:
Rear right passenger door has scratches

Signature Of Officer Recording The Report: D / Other TERRY ONG JU QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2022 17:38
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / SR STAFF SGT JAZREEL WEE JIA YAN Contact No.: 68727683	Classification Of Case: