

SM13233L000D / MOVA AUTOMOTIVE PTE LTD [159722]  
ENTRY DATE & TIME: 21/03/2023 16:41 (SGT)  
SUBMITTED BY: Menglee  
VERSION: 1 (21/03/2023 16:41 (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 Actual 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	21/03/2023 16:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/03/2023 08:45 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU126G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HUP HYE
NRIC No	S6981043H
Email Address	SAOCHENCHU@GMAIL.COM
Mobile Phone No	(Phone) +65-92722126
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ESTIMA 2.4 A
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	2362

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117783584-02

#### DRIVER

Name of Driver	LEE HUP HYE
NRIC No	S6981043H
Date Of Birth	16/11/1969
Occupation	Indoor

Date Of Driving Pass	16/05/1994
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92722126
Alt. Phone Number	-
Email Address	SAOCHENCHU@GMAIL.COM
Address	BLK 442C FAJAR ROAD
Address complement	#08-14
Postcode	673442
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	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

-

#### 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 INCOME

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EV515G
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)	1

SKETCH PLAN

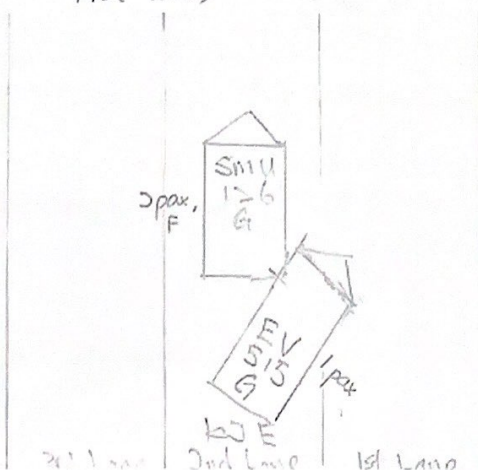
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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' 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  
**Sketch Plan**

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

Witnessed by Reporting Centre Personnel






**Describe Circumstances of the Accident**


LICENSE PLATE: SMU1269	ACCIDENT DATE & TIME: 31/3/23 08:45 hrs
CONTACT NUMBER: 9572 2126	E-MAIL ADDRESS: saochonchu@gmail.com
LOCATION: KJE	
<p>When travelling along KJE, the traffic was heavy and raining.</p> <p>Vehicle behind me, EV5756 wanted to change lane but he unable to change on time and hit onto my vehicle rear side.</p> <p>No injury involved.</p>	
<p>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.</p> <p>Please state:</p> <p><input type="checkbox"/> Claim Own Policy    <input type="checkbox"/> Claim Third Party    <input checked="" type="checkbox"/> Claim OD (TP) at other workshop    <input type="checkbox"/> Reporting Only</p>	

**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