SM1323520010 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 02/05/2023 19:22 (SGT) SUBMITTED BY: Nitha VERSION: 1 (02/05/2023 19:22 (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 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.

- 4. The issue and acceptance of this is form by instrained 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 02/05/2023 19:22 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/04/2023 13:30 (SGT) Exact Location of Accident 8 Aver Rajah Crescent, Singapore 139939 Additional Location Information **CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

1591

Vehicle Registration Number SI 7139F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM TOI LING NELLY NRIC No S1416913Z Fmail Address nellylim@vrnet-inc.com Mobile Phone No (Phone) +65-96712684 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model ELANTRA AD 1.6 GLS AT (AMS) 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 - Reporting only Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005084221

DRIVER

CC

Name of Driver LIM TOI LING NELLY NRIC No S1416913Z Date Of Birth 29/03/1960 Occupation Indoor

Date Of Driving Pass	22/12/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96712684
Alt. Phone Number	-
Email Address	nellylim@vrnet-inc.com
Address	BLK 52 TOH TUCK ROAD
Address complement	01-03
Postcode Is the driver the policyholder?	596743 Year
If No, Relationship of the Driver with the Insured	Yes
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	Callidad into Parked Vahiala
Weather Conditions	Collided into Parked Vehicle Clear
Road Surface	Dry
	Diy
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?	- Van
Number of Passengers (Including Driver)	Yes 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
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CIRCUMSTANCES OF ACCIDENT	
-	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour Vehicle Category	- Private ear
Name of Driver	Private car
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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

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Accident report SM132352001O

EMICLE NO. S. L. 2 139 E ACCIDENT DATE & TIME. 27/4/23 Thur about ONTACT NUMBER: 967-12684 E-MAIL: Nelly Ving evrna-inc. com DOCATION: 8 AYER RAJAH (RESCETT (CAPPACK COMPOUND) ON 27/4/23 Thur about 1.30 pm. I had reversed My Car into the parling bot (my company) Compound - Lantrousian) Defing reversing & borwarding I bump into the compound of the parling bot (my company) Consing a very small deat on the aniver's thou Novel's down While wells it is printed to the first is not visible could so it is printed to the findi white to lown about my colleague conting beside his car The drive was chatting with my colleague conting beside his car to his workshop. I suggested to lead his car to his workshop to check. Drive cays he needs to after a meeting x let me know later. I suppose that one his workshop to check. Drive cays he needs to after a meeting x let me know later much will lat me know his workshop to be those which workshop as I parted to be those for the pays how much will lat me know be those which workshop as I parted to be those which workshop as I parted to be those which workshop as I parted to be there would be some that your insurer may have a 14 Days time frame for you to submit an note: please note that your insurer may have a 14 Days time frame for you to submit an	escribe Circumstance of the Accident	1. / -
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OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION:	NOTE: PLEASE NOTE THAT YOUR INSURER M.	ATTIAVE A 14 DATO TIME I SAME FOR TOO TO SOOMIT AN

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 Con. (Name as in NRIC/ID card)

Describe Circumstance of the Accident	1 /00 10
VEHICLE NO: S LZ 139E ACCIDENT	T DATE & TIME: 27/4/33 /www /137PM
CONTACT NUMBER: 967/-2684 E-MAIL: /	nelly (in e Vr net - inc. com
Describe Circumstance of the Accident VEHICLE NO: S CZ 139E ACCIDENT CONTACT NUMBER: 9671-2684 E-MAIL: 1 LOCATION: B AYER RATAH CRESCA	ETT (Canto Oijon Car Paule Longo
About 5.30 pm, Diver Suys	workshop boss come
to have a look and will le	t him know the cost
and dived will let me kno	
On 28/4/23 Fri about 10.3 it is about \$1,516. Briver & tides hell have to call his in insurance heler will come lat	3 an dive Jays
it is phone \$1,518. Diver &	says bic increase
notes hell have to call his in	wrance Fider & says
insurance vider will ware lat	er to take photo
is very high for a small	cay that \$1,5k
is very high for a small	dest and I don't agree
because it is unreasonable	
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OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CH PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY	() CLAIM OD/TP AT OTHER WORKSHOP LEREPORTING 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 Card (Name as in NRIC/ID card)

2













