

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 Report	22/02/2019 17:47
Date Of Accident	01/02/2019 13:30
Exact Location Of Accident	ROAD 1 TO ROAD 2 COMPASSVALE BOW SENKANG EAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5411P
Insured/Policyholder	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	Office-67436266

Vehicle Particulars

Manufacturer	MAXUS
Model	V80 WINDOW VAN SWB
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994292/10085317-00000
Cover Note Number	

Driver

Name of Driver	HOE YANRUI BRYANT
NRIC No	S9328178J
Date Of Birth	27/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2016
Driving Experience	2 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96939231
Fax Number	
Contact Number	
E-Mail Address	BRYANTHOE@GMAIL.COM
Address	BLK 512 PASIR RIS STREET 52 #04-119
Postcode	510512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT # T/20190222/2104

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	8741M
Vehicle Make/Model/Colour	(UNKNOWN)
Details Of Properties	

Vehicle Category
Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION	
Date of Report:	
Date of Accident:	9/02/2019
Exact Location of Accident:	ROAD 1 TO ROAD 2 COMPARS VAVE BOW SENGKANG EAST ROAD
Time:	13:30
DETAILS OF OWN VEHICLE	
Vehicle Registration Number:	6BE 2111 P
Name of Registered Owner:	FULCO LEASING PTE LTD
NRIC/Passport No./FIN:	
Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS	
Manufacturer:	MAXUS
Model:	V80
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party
Vehicle Category	<input type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial Vehicle
INSURANCE DETAILS	
Name of Insurance:	AIG
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party
Policy Number:	999994292/10057317 - 00020
Driver when the Accident Happen	
Name of Driver:	HOE, YAN RUI, BRYANT
NRIC/Passport/Fin No:	S9326178J
Date of Birth:	27/07/1993
Occupation:	DRIVER
Date of Driving Pass:	29/02/2016
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96939251
Home No.:	
Address:	BLK 512 PASIR MUK ST. 52 # 04 119
Postal Code	570512
Email Address :	
Was the Driver an Employee of the Insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured LEASE
Vehicle Registration Number of driver's Own Vehicle:	
Insurance Company :	
OTHER INFORMATION OF THE ACCIDENT	
Type of Accident :	HEAR REAR
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Passengers(Including Driver) :	1
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was there any video captured by your Camera? :	NO
Was the Accident reported to police:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there any audio recording? :	NO
Which Police Station:	
Was notice of Intended Prosecution given :	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)	
Vehicle Registration Number:	8741M (CAR)
Name of Registered Owner :	
NRIC/Passport No./FIN:	
Company Reg. No.(for Company Veh):	
Name of Driver :	ABDUL HALHEM BIN ABD NASHIM
NRIC/Passport/Fin No :	S7B30304R
Mobile No.:	91597221
Home No.:	
Address:	
Postal Code	
Email Address :	
Insurance Company :	
Details of Passenger if any	
Passenger Name:	
Contact Number:	
Gender	
Details of Injured Person	
Name :	
Age :	
Address	
Injured Sustained :	
Injured Person in which vehicle:	
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No

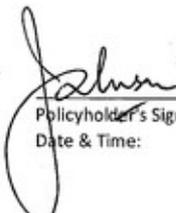
SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



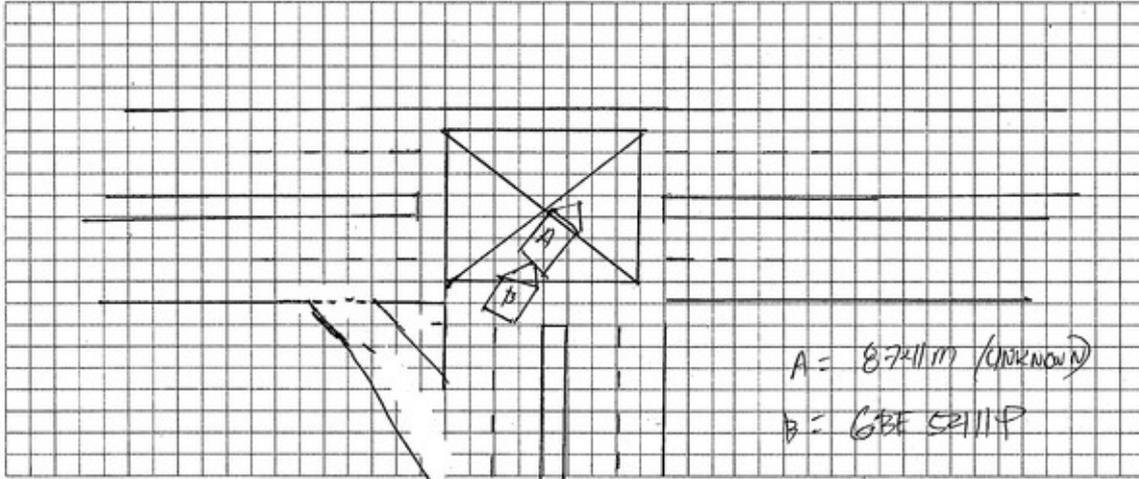


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORTED TO POLICE PERSON #
+12990222 / 2/64

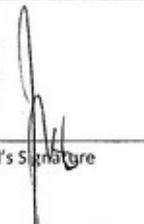
DECLARATION

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:


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



**SINGAPORE
POLICE FORCE**



T/20190222/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190222/2104

CONTINUATION OF REPORT

Driver			
Name	ABDUL HALEEM BIN ABD RAHIM		ID No. S7830304B
Related Vehicle	8741M (Car)		Contact No. 91597721
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
Driver			
Name	HOE YANRUI, BRYANT		ID No. S9328178J
Related Vehicle	GBE5411P (Van)		Contact No. 96939231
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 the 01/02/2019, at around 1325hrs, while I (GBE5411P) was travelling along compassvale bow turning right into sengkang east road, I collided with the vehicle (8714M) in front of me. I believed that he did not see a pedestrian crossing the road at the traffic light hence he jam brake when he suddenly saw the pedestrian. As I was following behind, I could not see and also did not manage to stop in time when he jam brake. As a result, my vehicle collided into the rear part of his vehicle.

There was no damages to both our vehicle. Both of us did not suffered any injuries. Particulars were exchange and we left the place.

I am lodging this report at I received a traffic police letter instructing me to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190222/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190222/2104

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: F / Sgt 2 PHUA WEN XUE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2019 15:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

