

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	10/06/2019 11:05
Date Of Accident	08/06/2019 20:10
Exact Location Of Accident	HIGHLAND CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2856D
Insured/Policyholder	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	JOHNSON.POON@CCFULCOM.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	Office-67436266

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994289/100863136-00000
Cover Note Number	

Driver

Name of Driver	THIN POH HUA GERARD
NRIC No	S1690717J
Date Of Birth	15/02/1965
Occupation	INDOOR
Date Of Driving Pass	15/10/1990
Driving Experience	28 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96621811
Fax Number	
Contact Number	
EEmail Address	GERARDTHIN@HOTMAIL.COM
Address	6 RIVERVALE LINK # 05-08
Postcode	545042
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	Name: : THEY POH KHENG Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

I ENGAGED MY REVERSE GEAR , WHEN SUDDENLY I HEARD A LOUD BANG AND SAW THAT VEHICLE B (SBY60X) HAS COLLIDED ON MY BACK.

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	SBY60X
Vehicle Make/Model/Colour	VOLKSWAGEN WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	MARY
NRIC/Passport Number	
Contact Number	91710486
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

CYCLE & CARRIAGE - FUOCO		MOTOR ACCIDENT REPORT FORM	
BASIC INFORMATION			
Date of Report:	10.06.2019	Time:	1000 hrs
Date of Accident:	08.06.2019	Time:	2010 hrs
Exact Location of Accident:	Highland Centre Carpark		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	NTZ 2856D	Name of Registered Owner:	Fuko Leasing Pte Ltd
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	2010213086
VEHICLE PARTICULARS			
Manufacturer:	Kia	Model:	Sorento
Exact Purpose for which vehicle was being used 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 type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category:	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:			
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:			
Driver: when the Accident Happen			
Name of Driver:	Thin Poh Hua Gerard	NRIC/Passport/Fin No:	V1690717
Date of Birth:	15.02.1965	Occupation:	Manager
Date of Driving Pass:	18.10.1990	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96621811	Home No.:	
Address:	6 Rivervale Link #05-08	Postal Code:	545042
Email Address:	gerardthin@hotmail.com		
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		
Vehicle Registration Number of driver's Own Vehicle:	NLX 2323L		
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:			
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		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	VB7 60X	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Mary	NRIC/Passport/Fin No:	
Mobile No.:	91710466	Home No.:	
Address:			
Postal Code:			
Email Address:			
Insurance Company:			
Details of Passenger if any			
Passenger Name:	They Poh Kheng		
Contact Number:	96693263		
Gender:	Female		
Details of Injured Person			
Name:			
Age:			
Address:			
Injured Sustained:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Injured Person in which vehicle:			
Were Seatbelts worn:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

05/04/2012

Sketch Plan #2

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:

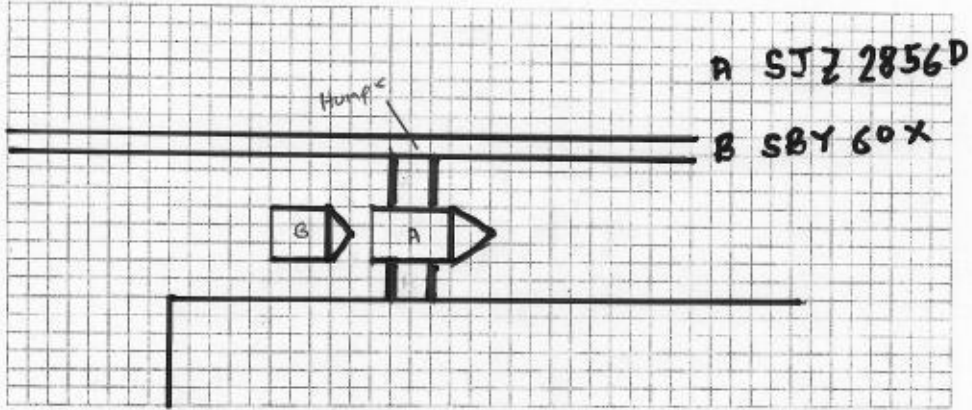
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



GIA/SMC SketchPlanForm V2

SKETCH PLAN



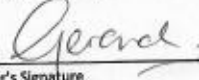
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I engaged my reverse gear. When suddenly I heard a loud bang and saw that vehicle B (SBY 60X) has collided on my back.

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.:



Accident Photo



Accident Photo



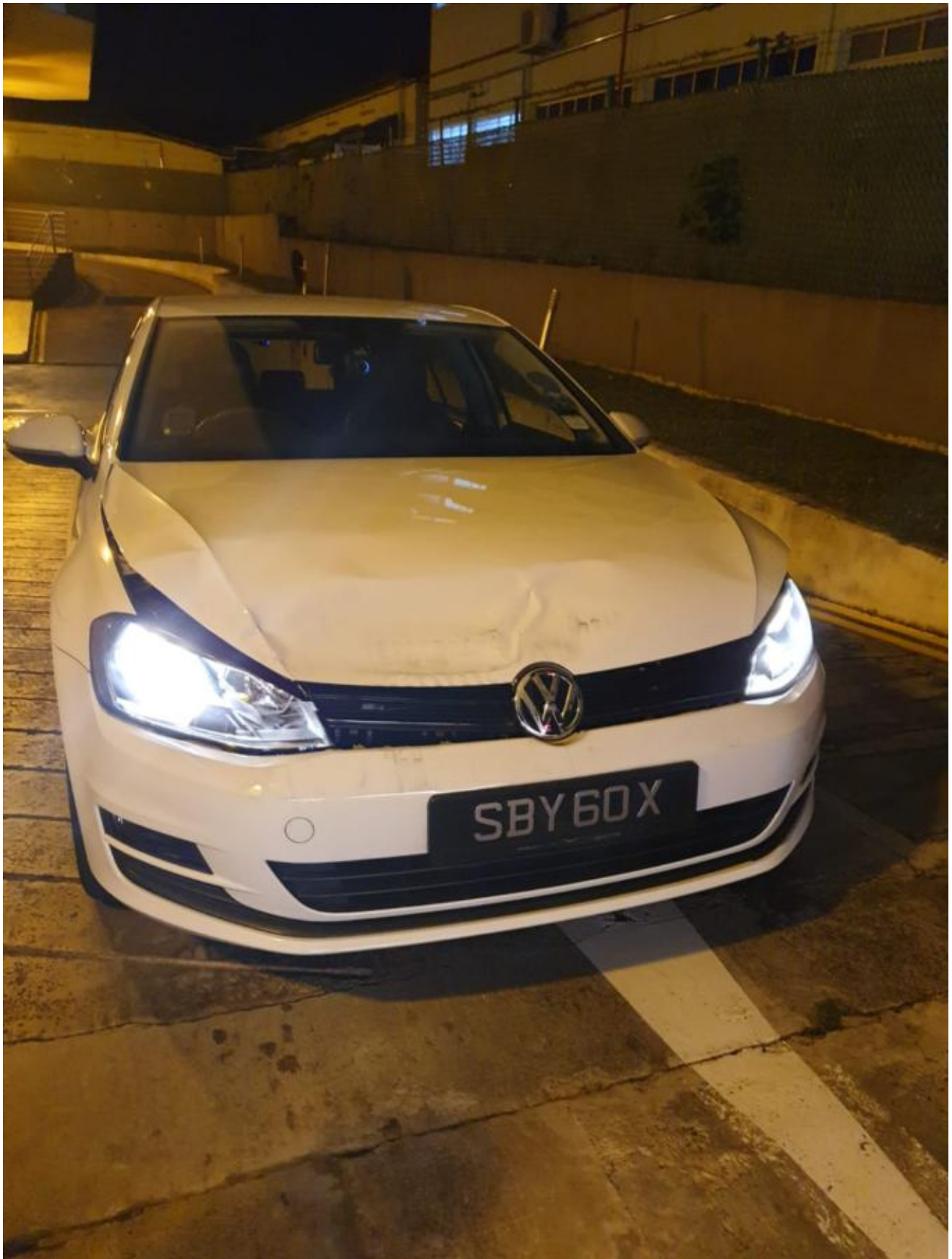
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

