

## 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	07/06/2019 14:56
Date Of Accident	06/06/2019 17:10
Exact Location Of Accident	56 LOYANG WAY MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6374X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	CCFULCO@CCFULCO.COM.SG
Mobile Phone No	(LOCAL) +65-83824123
Alternative Phone No	Office-67436266

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	999994292/10085729-00000
Cover Note Number	

### Driver

Name of Driver	WAN NORFADLY BIN WAN AHMAD
NRIC No	S9418253J
Date Of Birth	18/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2015
Driving Experience	3 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97323366
Fax Number	
Contact Number	
E-Mail Address	ALTOTHEFI18@GMAIL.COM
Address	BLK 332 YISHUN RING ROAD #05-1386 SINGAPORE
Postcode	760332
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	RAINING
Road Surface	WET

#### 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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

WHEN I WAS GOING OUT OF THE MSCP 56 LOYANG WAY THE LORRY (TOW TRUCK) IN FRONT OF ME WAS ABOUT TO GO IN BUT COULDN'T FIT SO I GAVE WAY AND REVERSE MY CAR WITHOUT NOTICING THAT THE VEHICLE B (SGU1937Y) WAS BEHIND ME, CAUSING THE DAMAGE OF MY VEHICLE REAR PORTION AND HIS VEHICLE FRONT PORTION.

#### 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	SGU1937Y
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHUA CHEE HOW (CAI ZHIHAO)
NRIC/Passport Number	S7613368I

Contact Number

91822250

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

CYCLE & CARRIAGE - FULLCO		MOTOR ACCIDENT REPORT FORM	
BASIC INFORMATION			
Date of Report:		Time:	
Date of Accident:	06/06/19	Time:	17:10
Exact Location of Accident:	56 LOYANG WAY		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	6B66371X	Name of Registered Owner:	FULLO LEATIN G PTE LTD
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer:	NISSAN	Model:	NV200
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 checked="" type="checkbox"/> YES	<input 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:	MIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party	
Policy Number:	999994992/18085789-00000		
Driver when the Accident Happen			
Name of Driver:	WAN NONFABLY BIN WAN AHMAD	NRIC/Passport/Fin No:	594102533
Date of Birth:	18/05/1994	Occupation:	DRIVER
Date of Driving Pass:	10/06/2015	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	97323366	Home No.:	
Address:	BLK 332 HISHAN KING ROAD #05-1586		Postal Code 760332
Email Address:	al10thef118@gmail.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 LEASE
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	AFFID TO REAR		
Weather Condition:	<input type="checkbox"/> Clear	<input checked="" 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 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 checked="" 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:	56U19377	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	CHUA CHEE HON (CA12H1A98)	NRIC/Passport/Fin No:	576/53681
Mobile No.:	91822250	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	

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Sketch Plan #2

**SKETCH PLAN**

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**B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

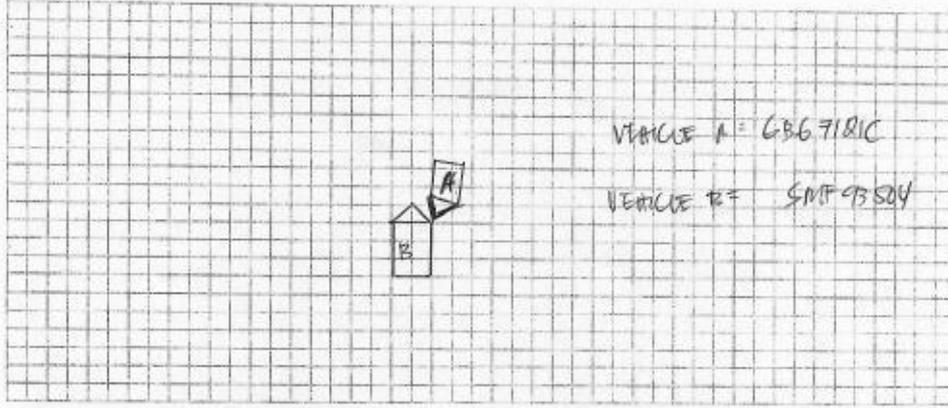
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 7/6/19  
2.45pm.

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

When I was travelling along block 492E Tampines ST 45  
ndb carpark. I was going straight suddenly my pen  
drop at the flooring. I tried to pick it up then  
after that my van is moving to the right and accidentally  
hit the vehicle B "SMF93504" front right portion.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

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Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/6/19 1040hrs

  
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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

