

## 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	20/06/2019 09:20
Date Of Accident	19/06/2019 10:50
Exact Location Of Accident	HILL ST TOWARDS COLEMAN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3671S
<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	NV350
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	999994292/100874683-00008
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KHAIRUL BIN ABDUL RAHMAN
NRIC No	S9117968G
Date Of Birth	31/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2012
Driving Experience	6 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86844414
Fax Number	
Contact Number	
E-Mail Address	MD.SKYRUL31@GMAIL.COM
Address	BLK 128B CANBERRA ST #02-532 SINGAPORE
Postcode	752128
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	DRIZZLING
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)	3
Passenger 1	Name: : AZELAN Gender: : Male
Passenger 2	Name: : JAFFAR Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 427 CLEMENTI AVENUE 3 , <b>POSTCODE:</b> 120427 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7759999 - <b>FAX NO:</b> 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

WHEN I WAS TRAVELLING ALONG HILL ST TOWARD COLEMAN ST THE CAR INFRONT OF ME JAM BREAK, THEN I APPLY MY BRAKE TOO BUT I CANNOT STOP IN TIME DUE TO WET SURFACE.

#### 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	SML2915E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JONATHAN GOH LIANG AIK
NRIC/Passport Number	S7624046I
Contact Number	87807275
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

CYCLE & CARRIAGE - FULL CO		MOTOR ACCIDENT REPORT FORM	
BASIC INFORMATION			
Date of Report:			Time:
Date of Accident:	19/06/19		Time: 10:30
Exact Location of Accident:	HILL ST TOWARDS QUEEN ST.		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	6B55C715		
NRIC/Passport No./FIN:	Name of Registered Owner: FULO LEAKIN L FIE LTD		
Company Reg. No (for Company Veh):			
VEHICLE PARTICULARS			
Manufacturer:	NISSAN	Model:	INV 320
Exact Purpose for which vehicle was being used at time of Accident			
		<input 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"/> Private car		<input type="checkbox"/> NO 3rd Party	
Vehicle Category			
<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: 999999999/100874683-00008			
Driver when the Accident Happen			
Name of Driver: MUHAMMAD RAMA BIN ABDUL RAHMAN		NRIC/Passport/Fin No: 591199686	
Date of Birth: 31/05/1991		Occupation: DRIVER	
Date of Driving Pass: 14/09/2012		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile No.: 86844414		Home No.: -	
Address: FLK 1288 CANBERRA ST #68 532		Postal Code 752126	
Email Address: md.skyrul31@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: HEAD TO REAR			
Weather Condition: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others, please specify DRIZZLE			
Road Surface: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others, please specify			
Was Anybody Injured: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Was Any other material or Property Damaged: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Passengers (Including Driver): 3			
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: SML 2915E		Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No (for Company Veh):	
Name of Driver: JUNAIDIN GOH LIAN LAM AIC		NRIC/Passport/Fin No: 576240461	
Mobile No.: 87807875		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			

CS 042012

## Sketch Plan #2

## SKETCH PLAN

### IMPORTANT NOTICE


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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.

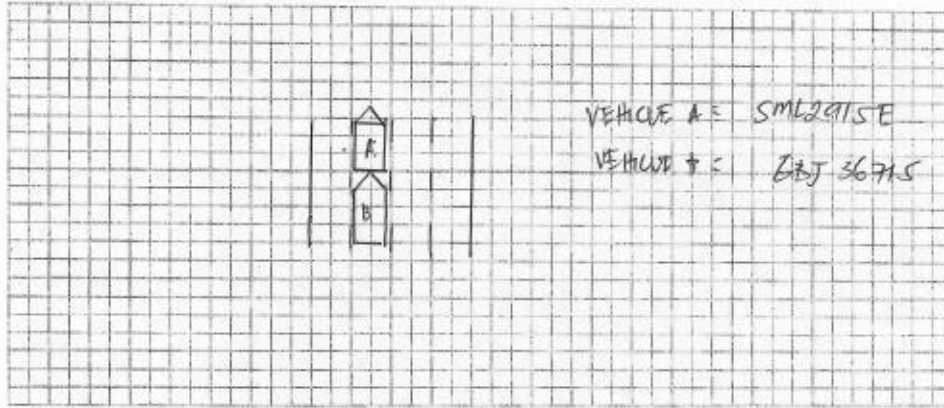
  
Policyholder's Signature  
Date & Time: 

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/06/19  
15:00 PM

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

GIA/ACC SketchPlanForm\_V3

# SKETCH PLAN



VEHICLE A = SML2915E  
VEHICLE B = BBJ 36715

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I WAS TRAVELING ALONG HILL ST TOWARD COLEMAN ST THE CAR  
JAM BREAK (K.)  
IN FRONT OF ME : THEN I APPLY MY BRAKE DO BUT I CANNOT STOP  
IN TIME DUE TOO WET SURFACE.

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
GIA/AVC SketchPlan: orin\_V3



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/06/19  
1510 PM



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

Sketch Plan #4

NOTICE OF REPORTING

This is to confirm that Muhammad Khairul Bin Abdul Rahman, NRIC S9117968G, has reported to the Police a non-injury traffic accident which occurred at along Hill Street towards Coleman Street, just after the junction of Hill Street and Stamford Road

on 19/06/2019 at 1051am involving the following vehicles:

I am the driver of : GBJ 3671 S

Driver of the other party : SML 2915 E

I have exchanged particulars with the other party successfully.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (3) Don Kang

Date: 19/06/2019 Time: 1240hrs

eS/D Ref: 04

Police Post/Unit : Clementi NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

