

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	13/07/2019 12:47
Date Of Accident	13/07/2019 10:45
Exact Location Of Accident	TAMPINES RD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR9921H
Insured/Policyholder	
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	MERCEDES-BENZ
Model	E200
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SKR9921H
Cover Note Number	
Driver	
Name of Driver	KWAN YOONG FAH
NRIC No	S1782030C
Date Of Birth	20/09/1966
Occupation	INDOOR
Date Of Driving Pass	11/06/1987
Driving Experience	32 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-88767439
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 116 HOUGANG AVE 1 #10-1204 SINGAPORE
Postcode	530116
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?	
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 TRAVELLING ALONG TAMPINES RD TOWARDS WOODLANDS I WAS TRAVELLING STRAIGHT THE TRUCK IN FRONT OF ME WANT TO TURN RIGHT AND SUDDENLY STOP, I APPLIED MY BRAKE ALSO BUT UNFORTUNATELY COULDN'T STOP IN TIME.

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	XD1271Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THIRUVAN GANESAN

NRIC/Passport Number	F7625346M
Contact Number	83513829
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:	12/7/19	Time:	12:35
Date of Accident:	13/7/19	Time:	10:45
Exact Location of Accident:	TAMPINES RD TOWARDS WOODLANDS		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SKR990H	Name of Registered Owner:	FULCO LEASING PTE LTD
NRIC/Passport No./FIN:		Company Reg. No/for Company Veh:	201621086
VEHICLE PARTICULARS			
Manufacturer:	MERCEDES	Model:	E 160
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 type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Private Hire		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	SKR990H		
Driver when the Accident Happen			
Name of Driver:	KWAN YOUNG FAN	NRIC/Passport/Fin No:	S1782030C
Date of Birth:	20-09-1966	Occupation:	LINO DRIVER
Date of Driving Pass:	11-06-1987	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	8876 7439	Home No.:	-
Address:	BLK 116 HULIMAN AVE 1 #10-1204	Postal Code	530116
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:	HEAD TO 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		
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:	XD 12714	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No/for Company Veh:	
Name of Driver:	THIRUVAN GANESAN	NRIC/Passport/Fin No:	77625346M
Mobile No.:	83573829	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

IMPORTANT NOTICE

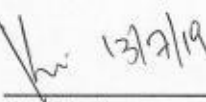
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

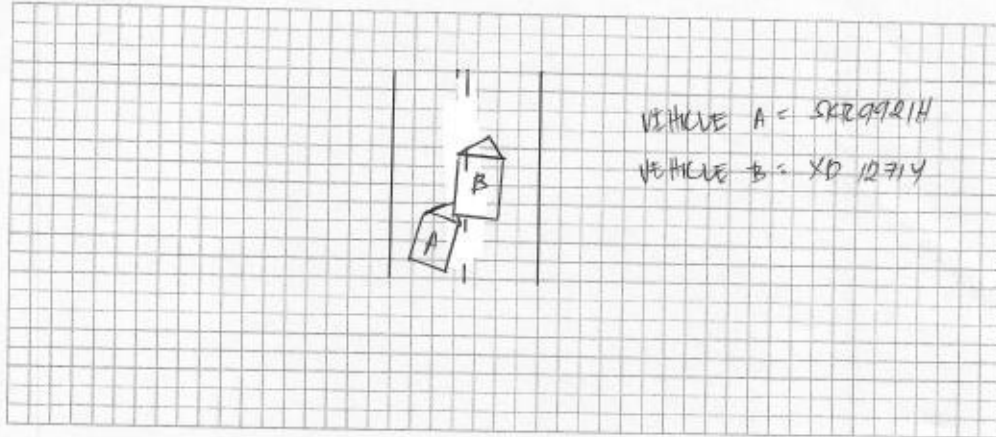
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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: 12:35


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along Pampines Rd towards Woodlands I was travelling straight the truck in front of me went to to turn right and suddenly stop, I applied my brake also but unfortunately couldn't stop in time.

DECLARATION

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

Policyholder's Signature
Date & Time:

01/01/2019 SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/7/19

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



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