

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	27/07/2019 12:21
Date Of Accident	27/07/2019 09:10
Exact Location Of Accident	23 CHUAN WALK SINGAPORE 558429
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1704H
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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	TOYOTA
Model	ALPHARD
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	NO
Policy Number	999994289/100856489-00000
Cover Note Number	

Driver

Name of Driver	SAMINTHARAJ KUMAR S/O SAMAY RAJA
NRIC No	S7621769F
Date Of Birth	16/07/1976
Occupation	INDOOR
Date Of Driving Pass	07/10/1997
Driving Experience	21 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98804369
Fax Number	
Contact Number	
E-Mail Address	SAMINTHARAJ.KUMAR@GMAIL.COM
Address	23 CHUAN WALK SINGAPORE
Postcode	558429
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

at 9am today I was reversing my Alphard completely out of my house. I was then straightening the car. When I tried straightening the 2nd time it knock a car behind me. that was moving forward slowly. He kept moving his car forward impatiently although he saw me reversing my car out from house. there was no one behind him & no traffic. i did not see him at all. from the picture of his car you all see tha he was very close to me.

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	SLK3538X
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BENG SIANG BENNY

NRIC/Passport Number	S8306010G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

CYCLE & CARRIAGE - FULCO		MOTOR ACCIDENT REPORT FORM	
BASIC INFORMATION			
Date of Report:	27/07/19	Time:	12:10
Date of Accident:	27/07/19	Time:	9:10
Exact Location of Accident:	J3 CHUAN WALK SINGAPORE 558429		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SLD404H	Name of Registered Owner:	FULLCO LEASING PTE LTD
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	2010 013086
VEHICLE PARTICULARS			
Manufacturer:	TOYOTA	Model:	ALPHARD
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 type="checkbox"/> NO Reporting Only <input type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input 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:			
Driver when the Accident Happen			
Name of Driver:	SAMINATH KUMAR J/s SAMMY DATA	NRIC/Passport/Fin No:	57621769F
Date of Birth:	16-07-1976	Occupation:	DENTIST
Date of Driving Pass:	07-10-1997	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98809369	Home No.:	-
Address:	J3 CHUAN WALK SINGAPORE	Postal Code	558429
Email Address:	saminthardkumar@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:	3RD PARTY HIT INSURED		
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 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:	SLK3538 X	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	TAN BENJ SIANB, DENNY	NRIC/Passport/Fin No:	583060106
Mobile No.:		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		

cb 042012

Sketch Plan #2

SKETCH PLAN


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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:

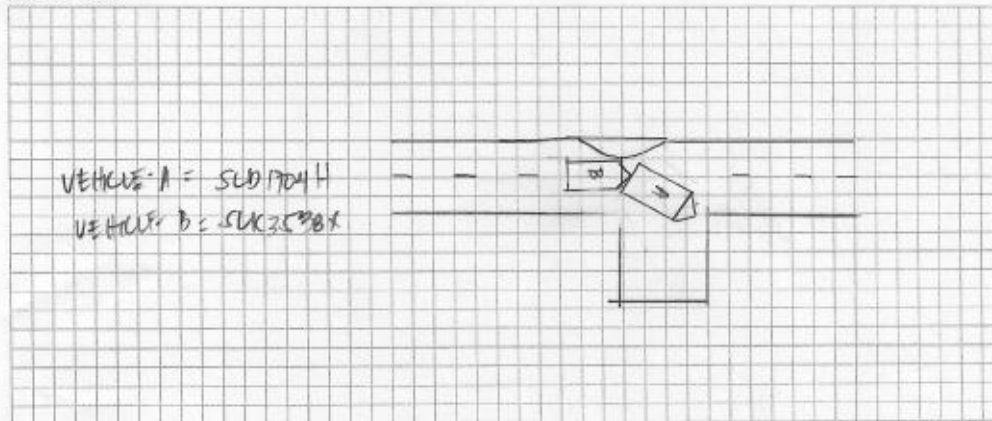
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 27/7/13 1225


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 9am today I was reversing my #1phent completely out of my house. I was then straightening the car. When I tried straightening the 2nd time, it knocked a car behind me. He was moving forward slowly. He kept moving his car forward impatiently although he said he was reversing my car out from house. There was no one behind him of notice. I did not see him at all. From the picture of his car, you will see that he was very close to me.

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



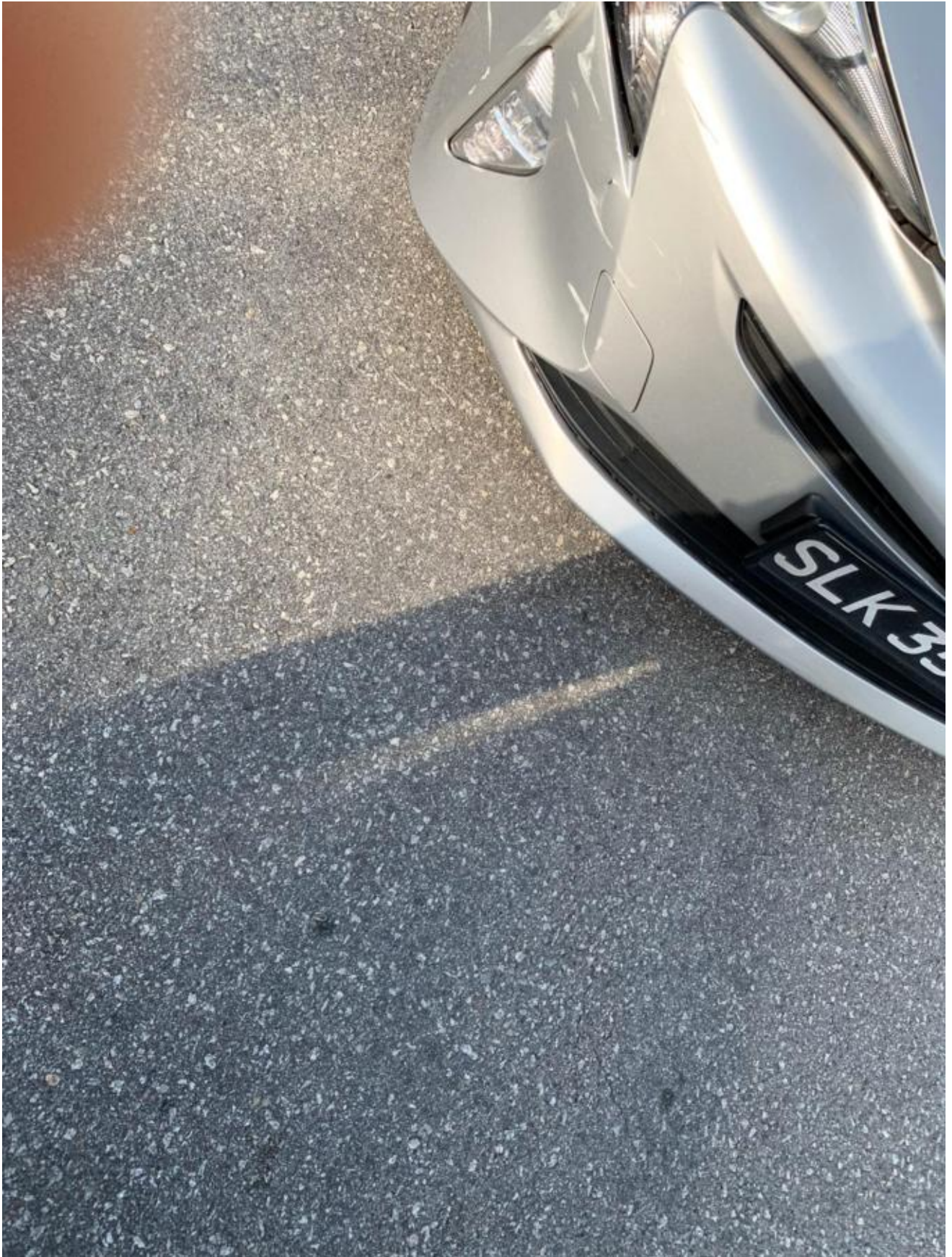
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

