#### 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 witholding 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	14/09/2020 14:20
Date Of Accident	14/09/2020 11:30
Exact Location Of Accident	JUNCTION OF WOODLANDS ROAD AND TURF CLUB AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9246Z
Insured/Policyholder	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	2XXXXX308G
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	(LOCAL) +65-98387928
Alternative Phone No	OFFICE-67436266
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE-3.0 D DX (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993928/100857262-00000
Cover Note Number	
Driver	

Name of Driver SOH SOON LEK, MARTIN

NRIC No SXXXX182A Date Of Birth 13/11/1981 Occupation **OUTDOOR Date Of Driving Pass** 19/01/2009

**Driving Experience** 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81185341

Fax Number

**Contact Number** HOME-69242711

**EMail Address** MARTINSOH81@GMAIL.COM Address BLK 689E WOODLANDS DRIVE 75

#05-134 SINGAPORE

Postcode 735689

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

-

2

NO

NO

1

**General Information of the Accident** 

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions DRIZZLING
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT NO.T/20200914/7053

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 SJW5873A

Vehicle Make/Model/Colour KIA CERATO RED

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver KENNY

NRIC/Passport Number

Contact Number 91658473

Address Postcode

Insurance Company Name

Page 2 of 30

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:
  - 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

14/0912020

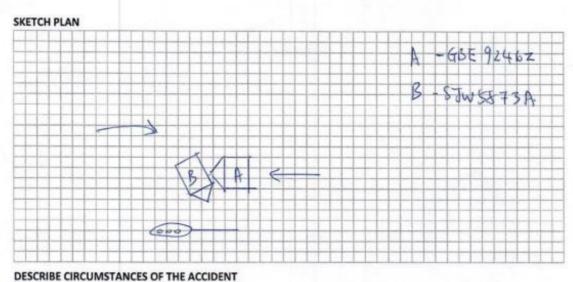
GIANNIC SketchPlanForm\_V3

1320

WLCO MA

SERVICE

#### Sketch Plan #2



Incident happened along Woodlands Rds towards loutit timely,
Dring towards the cross junction on green light 1
was drive straight and have the light of way anddenly the car
from the opposite directron two right and failed to sup and
collided into my van.

DECLARATION

the foregoing particulars are true in every respect.

GIARMC SketchPlanForm\_V3

er's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

14109/2020 1320

Reporting Centre Personnel's Signat

Name: NRIC/FIN No.:

#### **Certificate Of Insurance**



HOTLINE TEL: (65) 6419-3000

#### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1997 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 7.301

(1)

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999993928/100857262-00000

**OWN DAMAGE EXCESS** WINDSCREEN EXCESS \$\$1,800.00

S\$100.00

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

GRE92467

Fulco Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT DATE OF EXPIRY OF INSURANCE

1 Jan 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of \$\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE \*

Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover:

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 29 Jan 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000 LIEW OOI LIN MAY AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

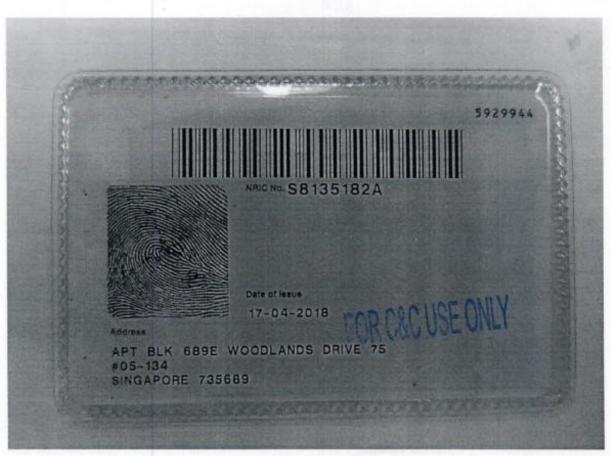
Authorised Representative

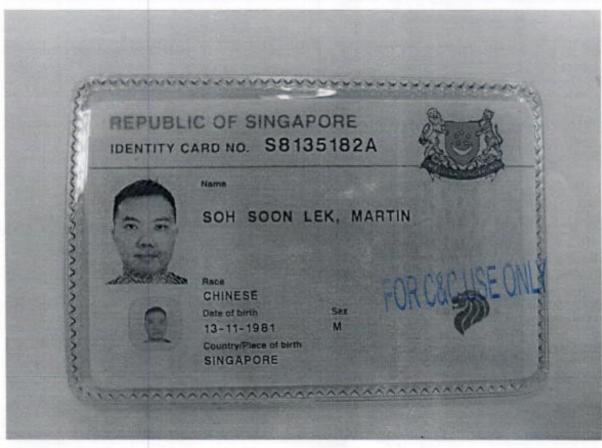
ORIGINAL

Copyright @ 2019 AIG Asia Pacific Insurance Ple. Ltd.

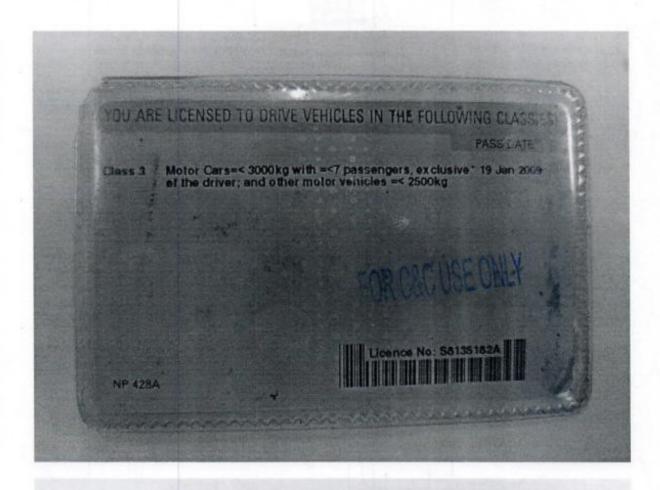
AIG Building, 78 Sherton Way #09-16 Singapore 079120

#### **Identification Card**





#### **Driving License**

















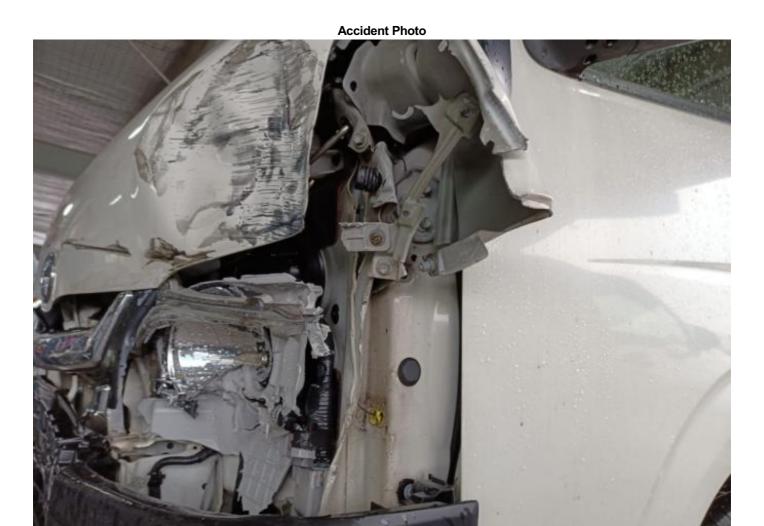


















#### Chassis



# Odometer



### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20200914/7053

EPORT OF A TRAFFIC ACCIDENT  Date/Time Report Made: 14/09/2020 18:12		Vide Report No.:				Station Diary No.:		
formant	's Particu	lars	25.65 8		A STATE OF A	<b>在一种</b>	77.000	manded of a
nformant's Particulars  Name of Informant: SOH SOON LEK, MARTIN  D Type / ID No.: NRIC NO / S8135182A		Address: 689E WOODLANDS DRIVE 75 #05-134 SINGAPORE 735689						
		Contact No.: Home/Office: M			Mobile: 81	tobile: 81185341		
lationality		ZEN		oh81@gmai	il.com			
Sex: Male	Age:	Date of Birth: 13/11/1981	Type of Driver	f Informant:		1. 0. 0	/ School N	amo:
Race:			Langua	1		Institution	/ School N	anio.
Coupation: Electronics engineer (general)		Driving Licence Information: Class: 3  Date of Expiry:						
	-			3			<b>2</b> 英45条4.750	
	nformatio	er (general) on of the Accident Injury Others		Drink Drive: No	Date/Tir Acciden 14/09/2	ne of	<b>2</b> 英45条4.750	of Location otion
Type of Accident Location the junct	t: t: tion of Wo	on of the Accident Injury Others	Turf Club	Drink Drive: No	Acciden	ne of t: 020 11;30	Type o	of Location otion
Type of Accident Location the junct	t: t: tion of Wo	on of the Accident Injury Others	Turf Club	Drink Drive: No	Acciden	ne of t: 020 11;30	Type of X-June	of Location otion
Type of Accident Location the junct	t: tion of Wo	on of the Accident Injury Others	Turf Club	Drink Drive: No	Acciden 14/09/2	ne of t: 020 11;30	Type o	of Location otion d Limit: me:

MMC



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 '



2 of 4 Report No. T/20200914/7053

CONTINUATION OF REPORT

Details of a	ALC: UNK	THE PROPERTY OF THE PROPERTY O	THE PROPERTY	STATE OF THE PARTY	Carried Service Color	
Venicle No.	Inst	rance Company		DE INDITION	Effective Expiry Cate	
GBE9246Z	AIG	ASIA PACIFIC INSURANCE PTE				
	-57778					
Details of P	ersor	ninvolved	5年金額 60	50000000000000000000000000000000000000		
Any Pedestri	ian In	volved: No				
No of Peder	strian	s Injured: NIL	Use of Per	destrian Cros	sing: NA	
Driver		100mm			20.66	
Name		SOH SOON LEK, MARTIN		ID No.	S8135182A	
Related Veh	icle	GBE9246Z (Van)		Contact No	81185341	
Hospital/Clin	nic	NIL '	. ,	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
	-	NIL	Date	NIL		
Date Of Days	oran	ted Medical Leave NIL	Degree o	f NIL		
No. or Days	Sec. 2-4	<b>计算程序</b> 的数据	<b>对对外国家</b>	History and Market		
Name	1000	KENNY		ID No.	-	
Related Vei	hicle	NIL		Contact No	91658473	
Hospital/Cil		NIL ,		Class of Driving Licence &	Class: NIL Date of Expiry: NIL	

Date

1) At the material time, I was driving along Woodlands Road towards Bukit Timah.

NIL

- 2) At the junction of Woodlands Road and Turf Club Avenue, I was going straight and the traffic lights were green in my favour.
- 3) As I was driving straight through the junction, the other involved vehicle (a car) from the opposite direction proceeded to make a discretionary right turn and this resulted in my van's front left colliding into the left side of the other involved vehicle.

Date

Degree of

- .4) Both parties alighted to make checks and exchanged particulars.
- 5) I do not have an in-van camera.

NIL

No. of Days granted Medical Leave

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MMC

P86677p3

NIL

Slight

04\07\500P 85:30

### Police Report



17 1

T/20200914/7053

3 of 4

Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20200914/7053

CONTINUATION OF REPORT

PAGE 84/84

MMC

84/81/2006 82:30 64773984

### **Police Report**



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4 Report No. T/20200914/7053

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	eketr

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 18:12
Officer in Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp	Classification Of Case:

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NP168

MMC

04/01/2006 02:30 64773984

#### **Addendum Sheet**



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66S50020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

# with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: GBE 9246Z Original Report No: MCC 320079520 Name(as shownin NRICE: Sot Soon Lek, Martin NRIC/FIN/Passport No : 5xxxx 182A (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : BLK 689E Woodlands Drive Is #05-134 Address Singapore (7356 89) Contact (Tel) Mobile No.: martinson 81 @gmeil.com **Email Address** Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: actelent: Vood lands Road Toward Butit 12020091417053

Date:

Policyholder / Driver's Signature

SERVICE

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Date: