# **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.

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   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 Submission 08/03/2021 18:03 (SGT) Date of Accident 08/03/2021 12:10 (SGT) Exact Location of Accident Simei Street 1, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SI S9602I

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **FULCO LEASING PTE LTD** Company Reg No 201021308G **Email Address** johnson.poon@fulcoleasing.com.sg Mobile Phone No (Phone) +65-98387928 Alternative Phone No (Office) +65-98387928

### VEHICLE PARTICULARS

Manufacturer

Model Forte Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 999993706/100868495-00000 Cover Note Number

### DRIVER

Name of Driver **GOH POK SWEE** NRIC No S9019155A Date Of Birth 04/06/1990 Occupation Indoor

Date Of Driving Pass 23/11/2011 Driving experience 9 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97204981 Alt. Phone Number Email Address gohpokswee@gmail.com Address 107 Jalan Langgar Bedok Address complement Postcode 468559 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Changi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005872999 Alt. Police Station Phone No (Fax) +65-65872900 Police Station Address 9 Simei Street 2 Singapore 529914 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT # T/20210308/2063 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 FU5315C Vehicle Manufacturer Honda Vehicle Model Wave Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver MUHAMMAD SYAFIQ BIN AHMAD SHAHBUDDIN NRIC No S9839339J

Contact Number	(Phone) +65-91442897
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SYAFIQ BIN AHMAD SHAHBUDDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FU5315C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

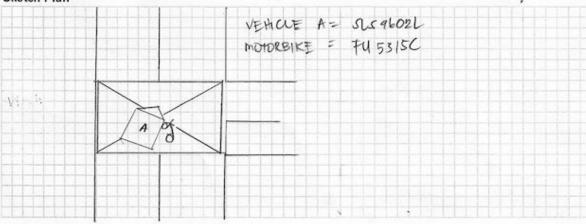
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SERVICE

Sketch Plan



W-1-		
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	- POSTEN TO THE PYLLE POEDOUT #	
	- 100FEN 73 HE POLICE PEPOUT # +/20210308/2063-	
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claration		
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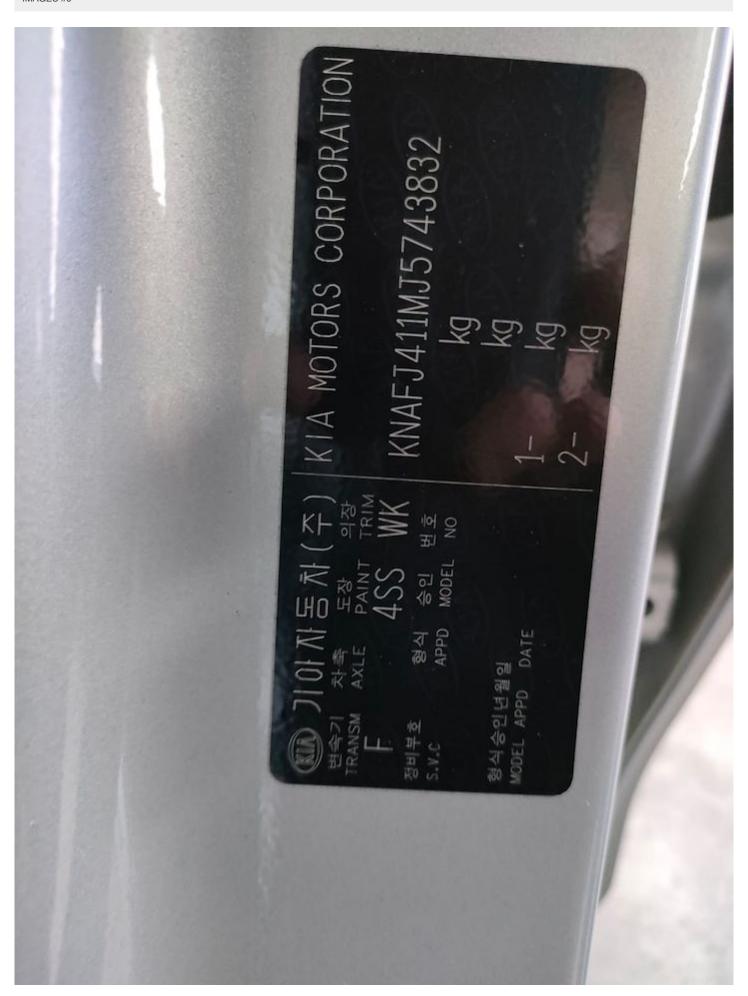




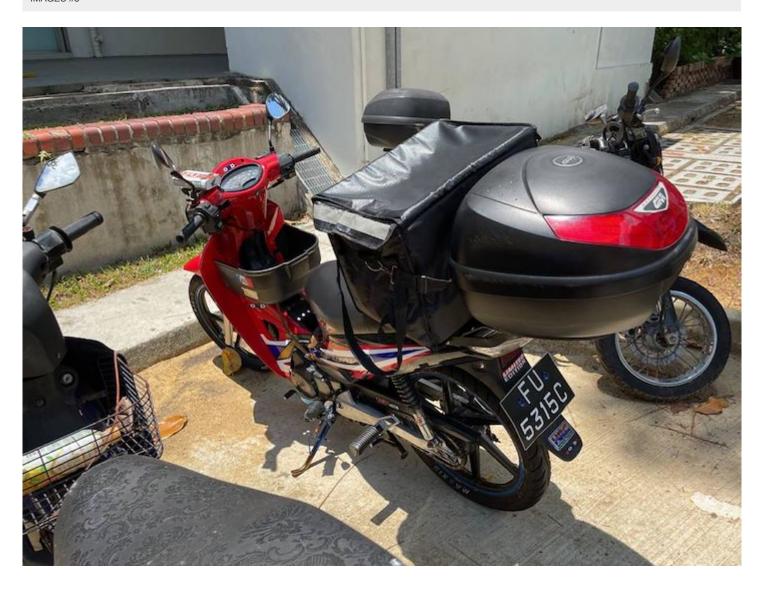


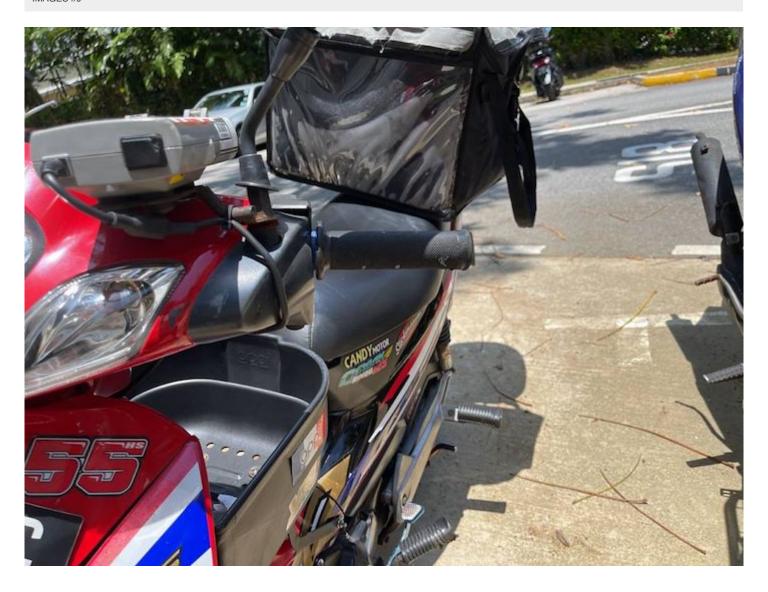


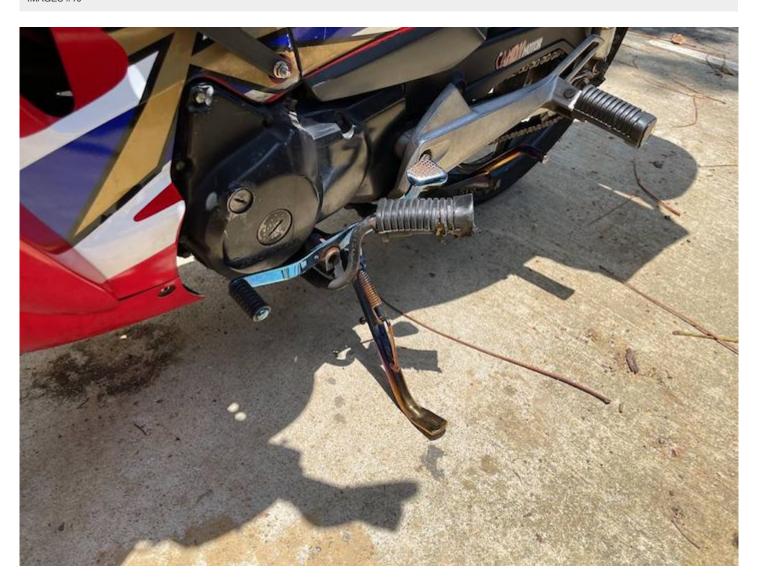
















1 of 3

Report No. T/20210308/2063

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 14:01		/lade:	Vide Report No.:	Station Diary No.: 36		
Informa	nt's Partic	ulars				
Name of Informant: GOH POK SWEE			Address: 107 JALAN LANGGAR BEDOK SINGAPORE 468559			
ID Type / ID No.: NRIC NO / S9019155A		55A	Contact No.: Home/Office:	Mobile: 97204981		
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Age: Date of Birth: Male 30 04/06/1990			Type of Informant: Driver			
Race: Chinese		ř	Language: English	Institution / School Name:		
Occupation: ACCOUNTS			Driving Licence Information: Class: 3A	Date of Expiry:		

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2021 12:10	Type of Location: Straight Road	
Location:					
SIMEI STREE	ET1				
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
Trainer low.		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis		Swipe - Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FU5315C	Motorcycle	HONDA	WAVE125S	Red		0
SLS9602L	Car	KIA	FORTE K3 1.6A	Silver	Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210308/2063

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 2 of 3 Report No. T/20210308/2063

### CONTINUATION OF REPORT

Driver	Land Martin	VAR ST		1	in Lay	
Name	GOH POK SWEE		ID No.		S9019155A	
Related Vehicle	NIL	NIL		Contact No.		97204981
Hospital/Clinic	NIL		Class Driving Licens Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL Date Disc			-	NIL	
No. of Days granted Medical Leave NIL Degree			Degree of		NIL	
Rider				7		Alexander and the state of the
Name	Muhammad Syafiq Bin Ahmad Shahbuddin		ID No.		S9839339J	
Related Vehicle	NIL		Conta	ct No.	91442897	
Hospital/Clinic	NIL		Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL D			Degree of	Injury	NIL	

# Brief Details.

On 08/03/2021 at about 1210hrs, I was travelling along Simei St 1 in my rental vehicle bearing the registration plate number SLS9602L, While I was turning into the Blk138 Simei St 1 carpark, there is a motorcycle rider with the registration plate number FU5315C which he rode on the right side of my vehicle and hit onto the right side of my vehicle. The rider was seen fell on to the ground after hitting onto my vehicle hence I got down of my vehicle and help him out. I am not injured however my vehicle right side mirror was knocked off and a some scratches and dents on the driver's door. I wish to state that I do not have any in-car camera.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20210308/2063

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 1 GOH SI HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 14:01
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN	Classification Of Case:
SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404 Authentication Stamp NP168	



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, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$1,500.00 (1) S\$100.00

CERTIFICATE NO. 999993706/100868495-00000

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

2) NAME OF INSURED

Fulco Leasing Ptd Ltd

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

1 Jan 2021

SI S98021

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

31 Dec 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

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.

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

LOSS OF USE NOT INCLUDED

N/A \* NAMED DRIVER

HIRE PURCHASE COMPANY SING INVESTMENTS & FINANCE 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 19 Jan 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502808-000 LIEW OO! LIN MAY AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCNFY

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

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