

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 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

Vehicle Registration Number SLS9602L

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 Kia
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 No
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	Male
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?	No
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	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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?	No
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**

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE A = SL59602L
MOTORBIKE = 7U5315C

Describe Circumstances of the Accident

— REFER TO THE POLICE REPORT #
+ / 20210308 / 2063 —

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

Witnessed by Reporting Centre
Personnel
























**SINGAPORE
POLICE FORCE**

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



T/20210308/2063

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Report No. T/20210308/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 14:01	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: GOH POK SWEE	Address: 107 JALAN LANGGAR BEDOK SINGAPORE 468559		
ID Type / ID No.: NRIC NO / S9019155A	Contact No.: Home/Office: Mobile: 97204981		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 30	Date of Birth: 04/06/1990	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: ACCOUNTS	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2021 12:10	Type of Location: Straight Road
Location: SIMEI STREET 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

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

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210308/2063

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

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Report No. T/20210308/2063

CONTINUATION OF REPORT

Driver			
Name	GOH POK SWEE		ID No. S9019155A
Related Vehicle	NIL		Contact No. 97204981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	Muhammad Syafiq Bin Ahmad Shahbuddin		ID No. S9839339J
Related Vehicle	NIL		Contact No. 91442897
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	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.



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



T/20210308/2063

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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 report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 GOH SI HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

08/03/2021 14:01

Classification Of Case:



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, 1980
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. 999993706/100868495-00000	<table border="0"> <tr> <td>OWN DAMAGE EXCESS</td> <td>S\$1,500.00 (1)</td> </tr> <tr> <td>WINDSCREEN EXCESS</td> <td>S\$100.00</td> </tr> <tr> <td colspan="2"><small>(for policies with effect from 1st November 2002)</small></td> </tr> <tr> <td>SUM INSURED</td> <td>S\$1.00</td> </tr> <tr> <td>INSURING WITH COE/PARF</td> <td>YES</td> </tr> </table>	OWN DAMAGE EXCESS	S\$1,500.00 (1)	WINDSCREEN EXCESS	S\$100.00	<small>(for policies with effect from 1st November 2002)</small>		SUM INSURED	S\$1.00	INSURING WITH COE/PARF	YES
OWN DAMAGE EXCESS	S\$1,500.00 (1)										
WINDSCREEN EXCESS	S\$100.00										
<small>(for policies with effect from 1st November 2002)</small>											
SUM INSURED	S\$1.00										
INSURING WITH COE/PARF	YES										

1) VEHICLE REGISTRATION NO.	SLS9602L
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
4) DATE OF EXPIRY OF INSURANCE	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.
- 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** N/A

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 OOI LIN MAY
 AIG BUILDING, 78 SHENTON WAY
 #01-K1 GEM ROOM
 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCNFY