

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	23/03/2021 18:37 (SGT)
Date of Accident	22/03/2021 14:10 (SGT)
Exact Location of Accident	Near Kampong Java Rd, Singapore
Additional Location Information	Bukit Timah Road Turning Into Kampong Java Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6395X
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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) +65-67436266

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	999993706/100864911-00000
Cover Note Number	-

DRIVER

Name of Driver	ANDRE RAVINDERAN NADAISON
NRIC No	S1544140B

Date Of Birth	20/12/1962
Occupation	Indoor
Date Of Driving Pass	10/09/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96519008
Alt. Phone Number	-
Email Address	arn2012@outlook.com
Address	BLK 717 BEDOK RESERVOIR ROAD
Address complement	#02-4526 SINGAPORE
Postcode	470717
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DENNIS
Gender	Male

PASSENGER 2

Name	TINA
Gender	Female

PASSENGER 3

Name	SUSAN
Gender	Female

PASSENGER 4

Name	BRENDON
Gender	Male

PASSENGER 5

Name	ERICA
Gender	Female

PASSENGER 6

Name	ASHLEY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22 MARCH AT ABOUT 2.10PM,I WAS TRAVELLING ON BUKIT TIMAH ROAD AND TURNING INTO KAMPONG JAVA ROAD.I BELIEVE THAT MY RIGHT TURN WAS A LITTLE WIDE AND I HIT THE REAR FENDER OF CITY CAB(SHB2888L).WE THEN STOPPED IN FRONT OF KK HOSPITAL TO EXCHANGE PHOTOS.THE CITY CAB DRIVER IS AN ELDERLY INDIAN MUSLIM,WHO WAS TRAVELLING WITH HIS WIFE.BECAUSE OF PDPA,HE SUGGESTED THAT WE TAKE PHOTOS OF EACH OTHERS CAR AND REPORT INDIVIDUALLY,I AGREED.THAT IS ALL.

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 SHB2888L
Vehicle Manufacturer Hyundai
Vehicle Model -
Vehicle Variant -
Vehicle Colour Yellow
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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
Sketch Plan


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


Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 22 March at about 2:10 pm, I was travelling on Bukit Timah Road and turning into Campong Jawa Road.

I believe that my right turn was a little wide and I hit the rear fender of ~~2001~~ City Cab (SAB 2888L), ~~use~~.

We then stopped in front of KK hospital to exchange photos.

The city cab driver is an elderly Indian Muslim, who was travelling with his wife.


Because of PDPA, he suggested that we take photos of each other's car and report individually. I agreed.

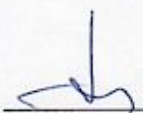
That is all.

Declaration

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









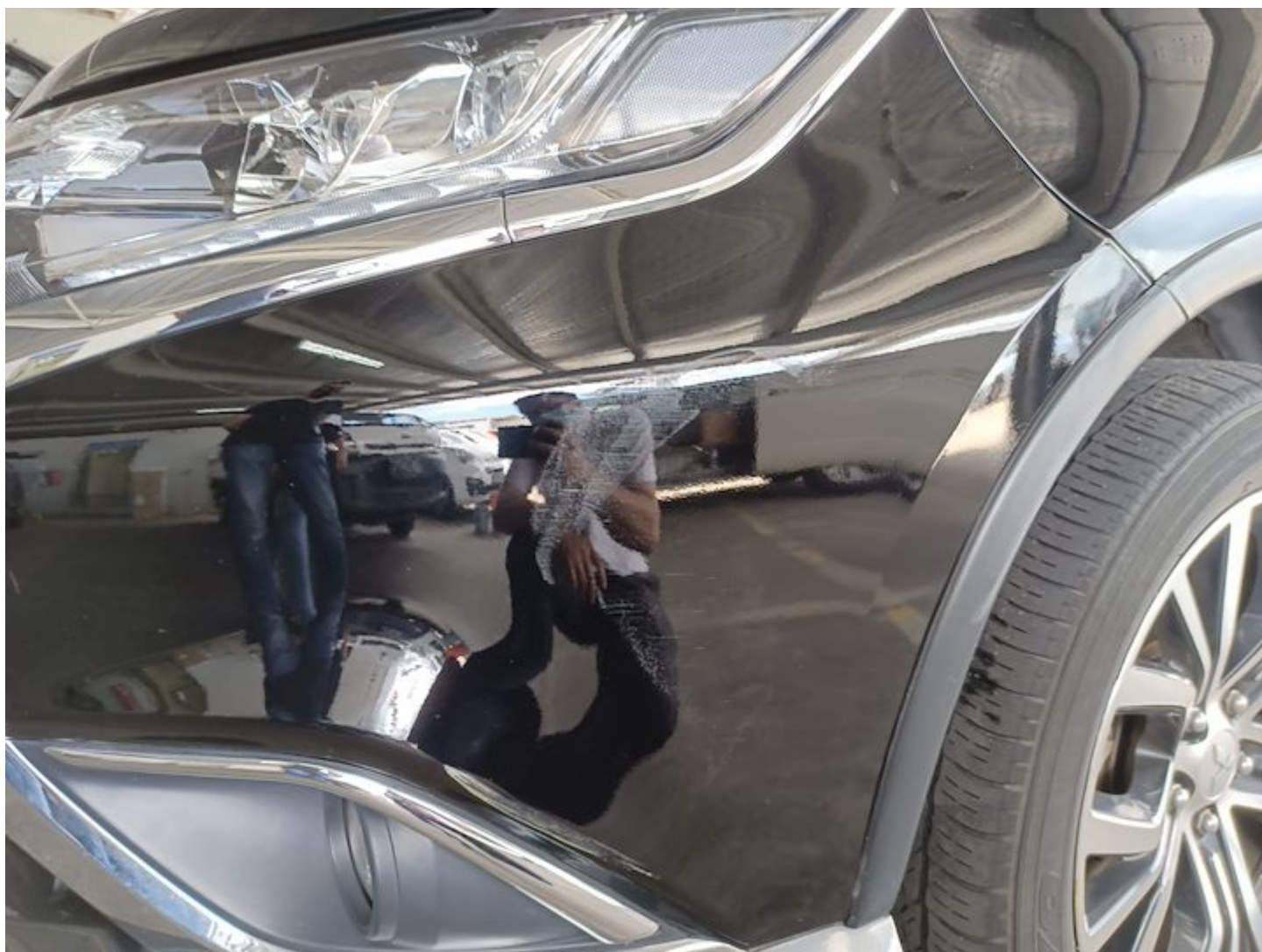


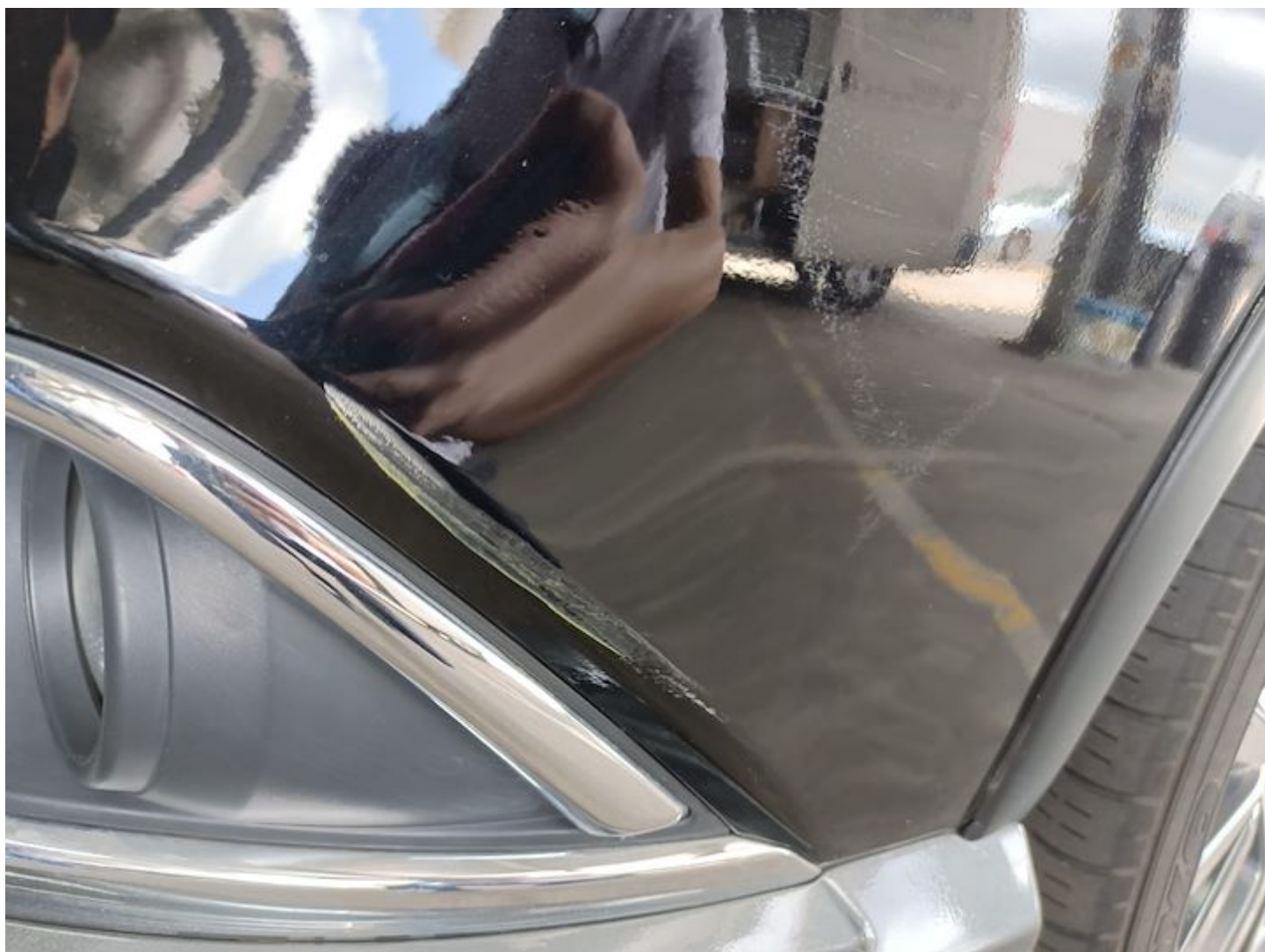
































HOTLINE TEL: (65) 6419-3000

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, 1969 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. 999993706/100864911-00000	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/PAF YES
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1) VEHICLE REGISTRATION NO.	SMD6395X
2) NAME OF INSURED	Fulco Leasing Pte 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 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 19 Jan 2021

AIG ASIA PACIFIC INSURANCE PTE. LTD.

502806-000
 LIEW OOI LIN MAY
 AIG BUILDING, 78 SHENTON WAY
 #01-K1 GEM ROOM
 SINGAPORE 079120



 Authorised Representative

ORIGINAL

SSCNFY