

## 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 ..... 22/12/2021 17:02 (SGT)  
Date of Accident ..... 19/12/2021 16:00 (SGT)  
Exact Location of Accident ..... Gambas Ave, Singapore  
Additional Location Information ..... Towards Yishun Avenue 7  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG6263H

#### 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 ..... Maxus  
Model ..... G10  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1850

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999993703/100857298-00000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NURUL HAZIRAH BINTE MUHAMAD SUHAIMI  
NRIC No ..... T0023300A

Date Of Birth .....	18/07/2000
Occupation .....	Outdoor
Date Of Driving Pass .....	04/12/2019
Driving experience .....	2 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-89097238
Alt. Phone Number .....	-
Email Address .....	nurul.suhaimi00@gmail.com
Address .....	BLK 406 SEMBAWANG DRIVE #02-834 SINGAPORE
Address complement .....	-
Postcode .....	750406
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASEE
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 - Head to Rear
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YATI BINTE ABDULLAH
Gender .....	Female

#### PASSENGER 2

Name .....	MUHAMMAD RAYHAN SHAFWAN
Gender .....	Male

#### 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

#### REFER TO THE ATTACHMENT

#### 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 .....	SMY8003D
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Camry
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH LIAN HENG
NRIC No .....	S6943146A
Contact Number .....	(Phone) +65-96621600
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.
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. 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

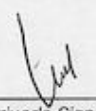
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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")

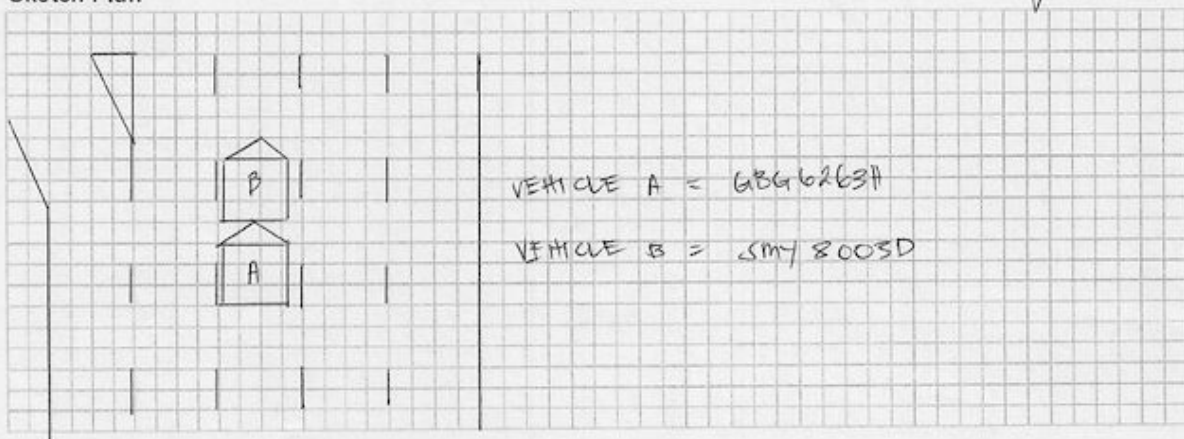
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

 1300hrs  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



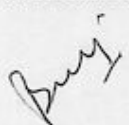

**Describe Circumstances of the Accident**


I was driving along Gambas Ave heading towards Yishun Ave 7. When the traffic ~~ing~~ light turned red, I then slowed my ~~Vehicle~~ vehicle down and as I was moving down from a slope, I had accidentally collided into the rear of a Silver Toyota (SMY8003D).

We then alighted from our vehicles on the scene of accident and I apologised and asked if he was ok. He then took out his phone and took pictures. We then proceed to the nearest bus stop opposite Ahmad Ibrahim Secondary School. I insisted on settling private but the another party declined and insisted on insurance as on my point of view there wasn't any bad damage but he then told me "inside" I was blank and asked him he then open his bonnet and showed me it could not be close. There wasn't any scratches either. Then he keep on insisted to go with insurance as if private settlement he said that it will cost roughly \$2K and above. And he declared that both him and his wife is fine no one is injured. Then we exchange particulars and he told me to come down to ~~the~~ his friend workshop to see if private settlement or insurance is better. Then he just left the scene.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
  
 Policyholder's Signature / Date & Time

 1300hrs  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
  
 Witnessed by Reporting Centre Personnel

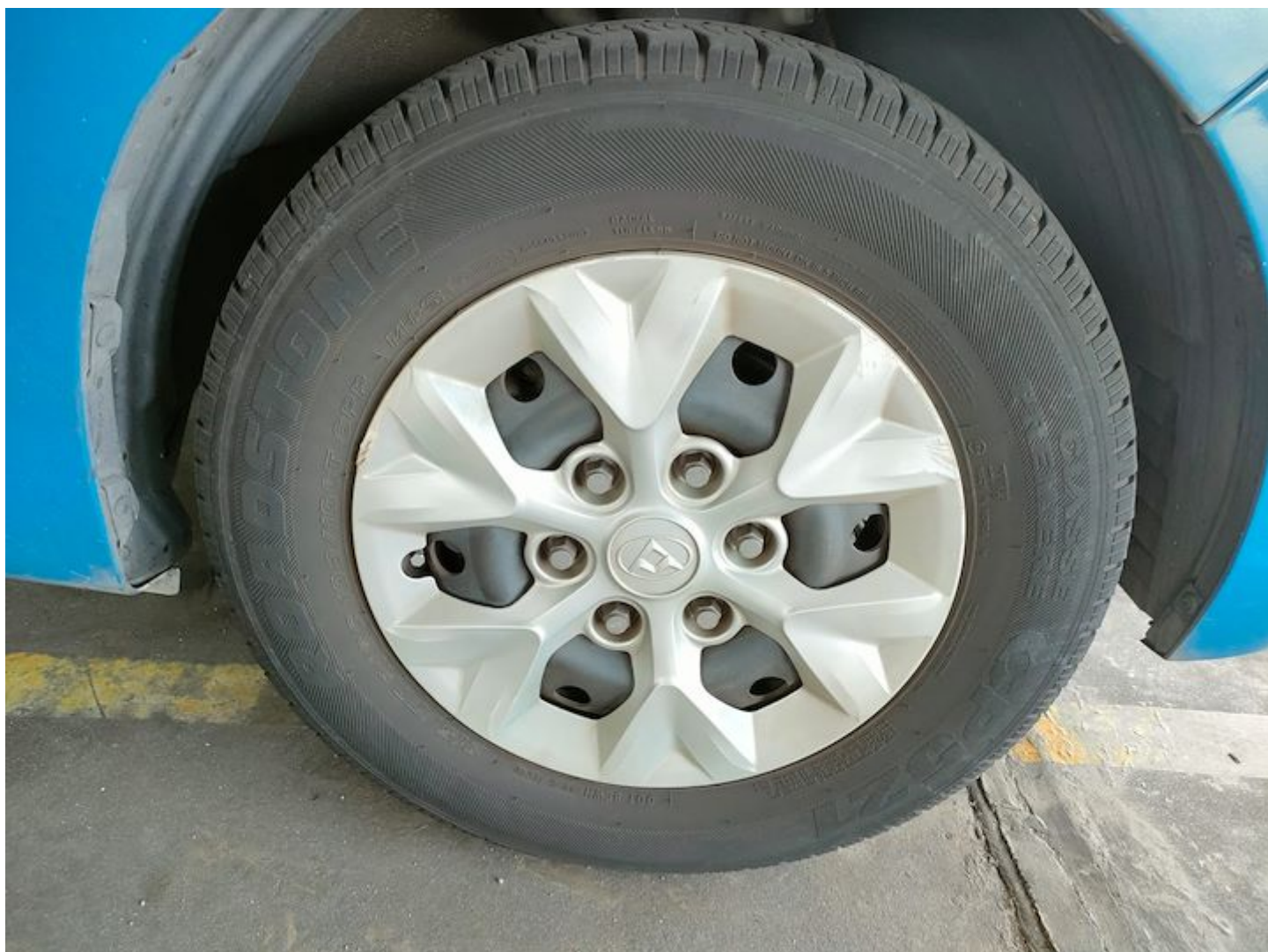
































HOTLINE TEL: (65) 6419-3000

## 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.301

<b>COMPREHENSIVE COMMERCIAL MOTOR</b>  <b>CERTIFICATE NO.</b> 999993703/100857298-00000	<b>OWN DAMAGE EXCESS</b> S\$1,800.00 (1) <b>WINDSCREEN EXCESS</b> S\$100.00 <small>(for policies with effect from 1st November 2002)</small> <b>SUM INSURED</b> S\$1.00 <b>INSURING WITH COE/PARF</b> YES
<b>1) VEHICLE REGISTRATION NO.</b> <b>2) NAME OF INSURED</b> <b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b> <b>4) DATE OF EXPIRY OF INSURANCE</b> <b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b>	GBG6263H Fulco Leasing Pte Ltd 1 Jan 2021 31 Dec 2021 Any person who is driving on the Insured's order or with their permission. An additional Young and Inexperienced Driver (YIDR) Excess of S\$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.
<p>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.</p> <p><b>6) LIMITATION AS TO USE *</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1) Use for racing, pace-making, reliability trial or speed-testing.</li> <li>2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</li> <li>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</li> </ol>	
<p><b>LOSS OF USE</b> NOT INCLUDED</p> <p><b>* NAMED DRIVER</b> N/A</p> <p><b>HIRE PURCHASE COMPANY</b> UNITED OVERSEAS BANK LTD</p> <p><small>* 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.</small></p>	

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

Authorised Representative

ORIGINAL

SSCANA

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

Copyright © 2019 AIG Asia Pacific Insurance Pte. Ltd.

On Reg No: 20102400000  
CR/CAT/02/13