SC0N21CA0001 / Cycle & Carriage Fulco Motor Dealer Pte Ltd ENTRY DATE & TIME: 10/12/2021 17:32 (SGT) SUBMITTED BY: Renemer Bagang VERSION: 1 (10/12/2021 17:32 (SGT))

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 Submission	10/12/2021 17:32 (SGT)
Date of Accident	08/12/2021 15:50 (SGT)
Exact Location of Accident	Haig Rd, Singapore
Additional Location Information	Beside Kinex Mall
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number		SLN5727M	
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANKER GERARD MARTIN
NRIC No	S1658325A
Email Address	gerard_danker@moe.edu.sg
Mobile Phone No	(Phone) +65-97628998
Alternative Phone No	(Home) +65-97628998

VEHICLE PARTICULARS

Manufacturer

Model	Forte
Variant	K3
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	
	No Departing only
your vehicle?	No - Reporting only
Vehicle Category	Private car
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100509190-04
Cover Note Number	-

DRIVER

Name of Driver	DANKER GERARD MARTIN
NRIC No	S1658325A

Date Of Birth 13/07/1964 Occupation Indoor Date Of Driving Pass 27/11/1991 Driving experience 30 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97628998 Alt. Phone Number (Home) +65-97628998 Email Address gerard_danker@moe.edu.sg Address Blk 126 Tampines St 11 #07-466 Singapore Address complement Postcode 521126 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 YP8480P

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 MOHAMAD NUR IMAN BIN MINHAD

 Passport No/FIN
 G2597254L

 Contact Number
 (Phone) +65-80101853

 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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- 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.
- 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 (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 &

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

Witnessed by Reporting Personnel

SERVICE

Sketch Plan

B /// VETH CLE A = CLN 5727m

VETH CLE B = 7/P 84/50P

Describe Circumstances of the Accident 08/12 @ 3.50 pm. I was waiting for The tou truck (488480P) to more for sure. As moved stightly alead, I tapped lightly on the The vehicle accularation. my vehicle lunged forward and knowled otri he red bar of too brus. Both relices stopped to review danage. The Prote drivers the 2 vehicles. 4019 The diver that # his hiere place was already huy damaged as car laves and it box injurial to even pareaut he license plate. The striver reprise damaged before. licenu plete WE alrody driver took down each over's information. After that the Tested the medanin din driver los ennu testing loading my werene 1 intues the tresto and the well. Her I man (Driver) they said misters journ mechani m wen his book will contract me. wasted The whole day and did not receive my he replied that his box confirmed The other and 09/12 Textod to have an interest police report (claim. her. Ind 22.48 also exproved not his soldide is all Watsop txt). lur. Inam texted me let his born vants to claim inscrane. I al 10/12 received a cour from a wr. Dawny from Ysk Auto

Declaration

We declare the foregoing particulars are true in every respect.

claim.

though work

Policyholder's Signature / Date & Time 12-00 pm

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

Witnessed by Reporting Centre Personnel



















