

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	21/01/2022 18:08 (SGT)
Date of Accident	17/01/2022 18:40 (SGT)
Exact Location of Accident	Near 185D Upper Thomson Rd, Singapore 574334
Additional Location Information	Upper Thomson Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1784C
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	Citroen
Model	Berlingo
Variant	VAN 1.5 BLUEHDI EAT8 L2
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	AIS/AG/2021/SBR2328Z

DRIVER

Date Of Birth	20/11/1977
Occupation	Indoor
Date Of Driving Pass	28/06/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83217095
Alt. Phone Number	-
Email Address	shine.ni.info@gmail.com
Address	43 Bright Hill Drive #14-14
Address complement	Singapore
Postcode	573894
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 - 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Oh Myoung Suk
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan and Police Report No.T/20220117/2111.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD Card is with Traffic Police.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Oh Myoung Suk
Gender	Female
Phone No	(Phone) +65-91736370
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL1784C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes




SKETCH PLAN

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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)**

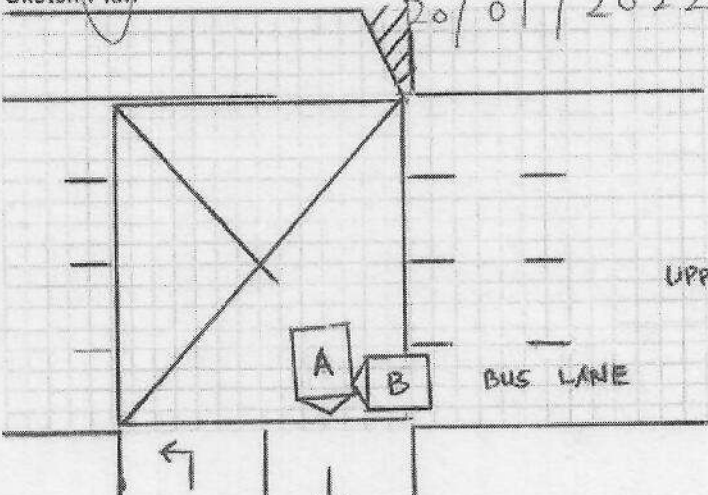
I understand, acknowledge, agree and consent that:

- (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
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Sketch Plan

20/01/2022 (15:22)



Vehicle A: GBL1784C
Vehicle B: SGC9001P

UPPER THOMSON ROAD
BUS LANE



**SINGAPORE
POLICE FORCE**



T/20220117/2111

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20220117/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2022 20:59		Vide Report No.: E/20220117/0104		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: KWAK HYUN YOUNG			Address: APT BLK 23 JALAN RAJA UDANG #10-11 THE ARTE SINGAPORE 329216		
ID Type / ID No.: FIN NO / G5359350Q			Contact No.: Home/Office: Mobile: 83217095		
Nationality: KOREAN, SOUTH			Email:		
Sex: Male	Age: 44	Date of Birth: 20/11/1977	Type of Informant: Driver		
Race: Korean		Language: English		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: 2B,3C		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:40	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL1784C	Van	CITROEN	BERLINGO VAN 1.5 BLUEHDI EAT8 L2	White	Slightly Damaged	1
SGC9001P	Car	JAGUAR	XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC	Green	Slightly Damaged	0



**SINGAPORE
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T/20220117/2111

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Tel No: 1800-5529999

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Report No. T/20220117/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWAK HYUN YOUNG	ID No.	G5359350Q
Related Vehicle	GBL1784C (Van)	Contact No.	83217095
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 24/07/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	OH MYOUNGSUK	ID No.	G5313083T
Related Vehicle	GBL1784C (Van)	Contact No.	91736370
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my vehicle GBL1784C along Upper Thomson Road, heading towards Lorrie Road direction. The road was dry and the traffic was heavy at the point of time. At the time when I made my right turn towards Hai Lum Sua temple, I had ensured that it was safe and the traffic was halted due to the traffic signal being red. As I was making the turn, suddenly, another vehicle SGC9001P who was travelling along the bus lane collided onto the left of my vehicle, at the left passenger door area.

My wife who was seated at the left passenger seat at the time of accident, was seen bleeding on her left side of her head and she further informed that she felt pain and discomfort as such, ambulance was activated to scene. My wife was subsequently conveyed to Tan Tock Seng Hospital by the paramedics at scene and police came to scene. My in-car camera SD card had been handed over to the police officer at scene and was advised to lodge the police report. I believe that there was no attempt by the driver of SGC9001P to stop the vehicle as there was no braking marks seen on the road.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20220117/2111

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Report No. T/20220117/2111

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
E /
Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP169

SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
17/01/2022 20:59

Classification Of Case:

SN 061



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SS12 221 L0003 Vehicle Registration No: GBL 1784C
 Name (as shown in NRIC): Fulco Leasing Pte Ltd NRIC/FIN/Passport No: 2010213086
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 22 Ubi Road 4 Fulco Building Singapore (408647)
 Contact (Tel): 67436266 Mobile No.: 98387928
 Email Address: johnson.poon@fulcoleasing.com.sg
 Date of Accident: 17/01/2022 Time of Accident: 18:40
 Place of Accident: Upper Thomson Road
 Insurance Company: Allianz

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend to Own Damage Claim (OD).

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20220117/0104.

I, SSS 7100278 Nuraid
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One SanDisk Ultra 32GB Micro SD Card.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Kwak Hyun Young, G5359350Q, H/p: 83217095
(Name, NRIC or Passport No. / Rank and No.)
of 26 Sin Ming Lane #03-125 S(573971)
(Address / Police Station / NPC / NPP)
on 17/1/2022 at 1935h
(Date) (Time)

Witnessed by / * Handwritten by:
(* Delete if applicable)

Received by:

(Signature)
Kwak Hyun Young, G5359350Q
(Name, NRIC or Passport No. / Rank and No.)

(Signature)
SSS 7100278 Nuraid
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: GBL 1784C
IO Alex - 6547 6083

- ① Lodge NP168 (accident report) + call insurance.
- ② Call IO after wife discharge