

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 08/04/2022 14:06 (SGT)
Date of Accident 08/04/2022 09:08 (SGT)
Exact Location of Accident Near 11A Jln Limau Manis, Singapore 468344
Additional Location Information 18 Jalan Limau Manis Singapore 468348
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE3777D

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 Kia
Model Optima
Variant 2.0(A)
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
Transmission Auto
CC 1999

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SP2001050783
Cover Note Number -

DRIVER

Name of Driver Koh Shi Yang, Nathanael
NRIC No S9210538E

Date Of Birth	23/03/1992
Occupation	Indoor
Date Of Driving Pass	06/09/2016
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97396009
Alt. Phone Number	-
Email Address	nathanael.koh@fulco.com.sg
Address	18 Jalan Limau Manis
Address complement	Singapore
Postcode	468348
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Jeannette
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

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	SMQ6132U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Neo Eng Poh
NRIC No	S1398978H
Contact Number	(Phone) +65-83788933
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	Koh Shi Yang, Nathanael
Gender	Male
Phone No	(Phone) +65-97396009
Address	18 Jalan Limau Manis
Address Complement	Singapore
Post Code	468348
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE3777D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

[Signature]

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

8/4/22 11.08am

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Hand-drawn sketch plan on grid paper showing the accident scene. A car labeled 'A' is positioned at the bottom, with an arrow pointing left towards a car labeled 'B'. Car 'B' is positioned further up and to the right. Above car 'B', the word 'reverse' is written with an arrow pointing left. To the right of the cars, the text '18 Jalan Limau Manis' is written. In the top right corner, two vehicle identifiers are listed: 'A - SLE 3777D' and 'B - SMQ 6132U'.

Describe Circumstances of the Accident

I was exiting my house at 18 Jalan Limau Manis. Before driving out, I checked that the road was clear. I saw SMQ 6132 V drive past. Once he had passed, I proceeded to drive the car out when the front of my car had exited the gate, I saw ~~SMQ~~ SMQ 6132 V on the right reversing. I immediately stopped my car and horned as a signal. However, he did not stop and continued to reverse into me.

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

8/4/22 11.00am

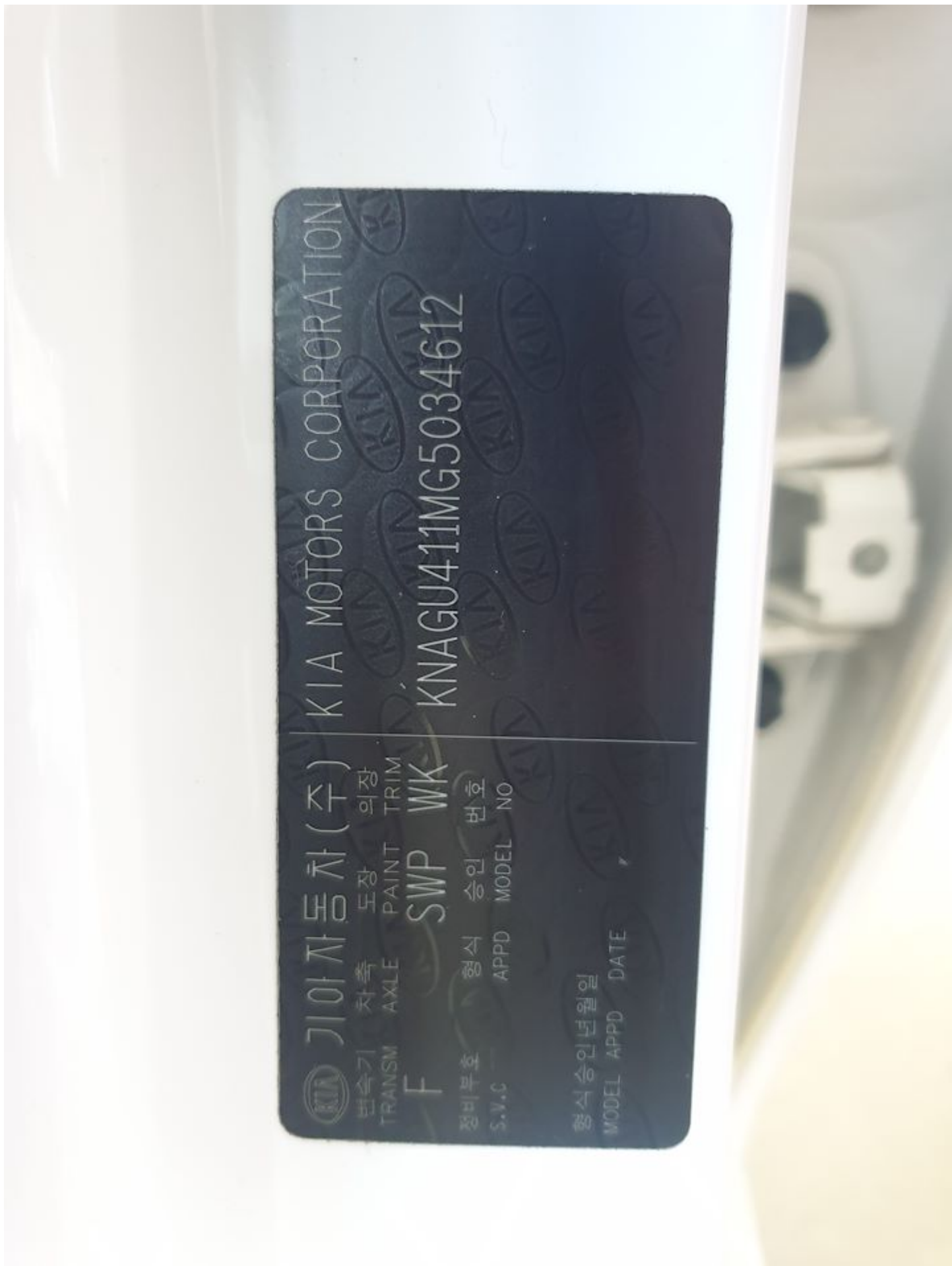

 Witnessed by Reporting Centre Personnel

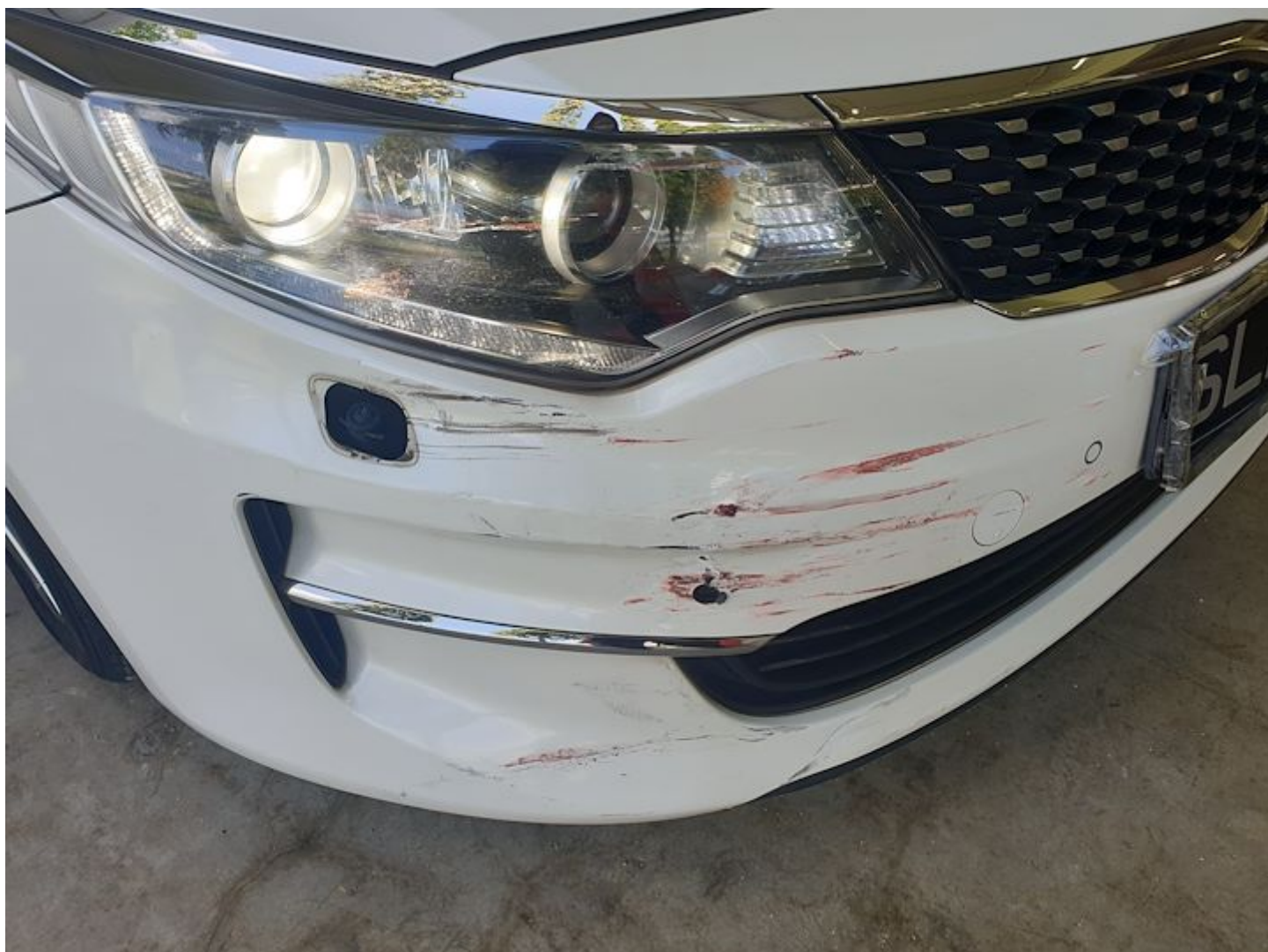































**SINGAPORE
POLICE FORCE**


T/20220408/2063

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Report No. T/20220408/2063

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2022 15:54	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: KOH SHI YANG, NATHANAEL		Address: 18 JALAN LIMA MANIS SINGAPORE 468348	
ID Type / ID No.: NRIC NO / S9210538E		Contact No.: Home/Office:	Mobile: 97396009
Nationality: SINGAPORE CITIZEN		Email: nathanael.koh@fulco.com.sg	
Sex: Male	Age: 30	Date of Birth: 23/03/1992	
Race: Chinese		Type of Informant: Driver	
Occupation: Marketing Executive		Language:	Institution / School Name:
		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2022 09:10	Type of Location: Straight Road
Location: JALAN LIMA MANIS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE3777D	Car				Slightly Damaged	1
SMQ6132U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220408/2063

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20220408/2063

CONTINUATION OF REPORT

Passenger			
Name	JEANNETTE LIM ZHEN	ID No.	S9350494A
Related Vehicle	SLE3777D (Car)	Contact No.	96551597
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
Driver			
Name	KOH SHI YANG, NATHANAEL	ID No.	S9210538E
Related Vehicle	SLE3777D (Car)	Contact No.	97396009
Hospital/Clinic	THE FLAME TREE MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/04/2022	Date Discharge	08/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NEO ENG POH	ID No.	S1398978H
Related Vehicle	SMQ6132U (Car)	Contact No.	83788933
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 the 8/4/2022 at around 0908hrs, I was driving my vehicle SLE3777D out of my residences with my wife. Before exiting the parking lot, there was another vehicle (SMQ6132U) that drove past my unit. I waited for the vehicle to drive past my unit before exiting the lot. Once the vehicle passed my unit, I made sure there were no incoming vehicles, then proceeded to drive out. I did not manage to fully exit and came to a stop as the other vehicle's reversing lights were on. I horned at the other driver to alert him however he proceeded to reverse into my vehicle.

I exited my vehicle and made a check. My wife and me did not sustain any injuries at the time. I made a check on the driver of the vehicle and he informed he did not sustain any injuries. We exchanged particulars with him before proceeding with my day. My vehicle sustained damages to the front bumper and right headlight. Some parts in the front right side of my vehicle are having some malfunctions. I am



**SINGAPORE
POLICE FORCE**



T/20220408/2063

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Report No. T/20220408/2063

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Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

not aware at this time what exactly is damaged. I observed the other vehicle had a large dent on the rear right corner.

Later at around 1230hrs, I felt discomfort in my right shoulder and went to see a doctor at The Flame Tree Medical Centre. I was issued a Medical Certificate of 3 days from 8/4/2022 to 10/4/2022 inclusively.

**SINGAPORE
POLICE FORCE**

T/20220408/2063

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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20220408/2063

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:
F /
Other TAN YAN ZHI DANIEL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/04/2022 15:54

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

SN 85

NP168


SIGNATURE



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: SS1Z22480001 Vehicle Registration No: SLE3777D

Name (as shown in NRIC): FULCO LEASING PTE LTD NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 22 UBI ROAD 4 FULCO BUILDING Singapore (408617)

Contact (Tel): 67436266 Mobile No.: 98387928

Email Address: johnson.poon@fulcoleasing.com.sg

Date of Accident: 08/04/2022 Time of Accident: 09:08

Place of Accident: 18 JALAN LIMAU SINGAPORE 468348

Insurance Company: ALLIANZ INSURANCE SINGAPORE PTE. LTD.

(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:

Was anybody injured in the accident?: No to Yes

Add on injured details

Was the accident report to the police?: No to Yes Police Station Name: Kebun Baru NPP

Add on Police Report Documents



Policyholder / Driver's Signature
Date:

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



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2001050783
Date of Issue	: 24 February 2022
Coverage	: COMPREHENSIVE - ANY WORKSHOP
Policyholder	: FULCO LEASING PTE. LTD.
Finance Company	: -
Period of Insurance	: 01 January 2022 To 31 December 2022 (both dates inclusive)
Registration Number	: SLE3777D
Chassis Number of Vehicle	: KNAGU411MG5034612

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

* Limitation rendered inoperative by Section 8 of 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.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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).

24 February 2022

Issue Date

Intermediary Code : 0000365 LIEW OOI LIN MAY
 Excess
 Section 1: Own Damage
 Section 1: Windscreen
 Section 2: Liabilities to Third Parties


 Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

SGD	1,500.00
SGD	100.00



THE FLAME TREE MEDICAL CENTRE

225, UPPER THOMSON ROAD, SINGAPORE 574357

TEL: 6451 2818 FAX: 6452 3800

No. 43349

Date: 8/4/22

MEDICAL CERTIFICATE

This is to certify that Mr / ~~Mdm~~ / Ms

Koh Shi Yang Nathanael

☒ is unfit for duty / to attend school for three (3) days
on / from 8/4/22 to 10/4/22 inclusive.

☐ is fit for light duty from _____ to _____ inclusive.

☐ is fit for duty

☐ Time chit Time in _____

DR KARTIKA HANAFI-TAY

MBBS (SINGAPORE)

THE FLAME TREE MEDICAL CENTRE

MCR : 06813F

Remarks: RTA

* The certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Issued By [Signature]