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 Actual 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.

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 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 05/12/2022 11:53 (SGT) Reported by Date of Accident 05/12/2022 06:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BLK 24 SIN MING ROAD CARPARK** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJP2598B INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FULLMER MICHAEL KEITH** NRIC No SXXXX765Z michael.fullmer24@gmail.com Email Address Mobile Phone No (Phone) +65-97976364

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 528i 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

No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1997

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10743170R00

DRIVER

Name of Driver **FULLMER MICHAEL KEITH** NRIC No SXXXX765Z Date Of Birth 24/05/1979 Occupation Indoor

Date Of Driving Pass 10/11/2006 Driving experience 16 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97976364 Alt. Phone Number Email Address michael.fullmer24@gmail.com Address BLK 298D COMPASSVALE STREET #11-48 Address complement Postcode 544298 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle 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? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name **Tanglin Division Headquaters** Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

YQ987S

Isuzu

Accident report SP0X22C50006

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour White Vehicle Category Commercial vehicle Name of Driver ONG KOK PENG NRIC No SXXXX985H Contact Number (Phone) +65-96664835 Address Address complement Postcode Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd. Nature Of Damage Details of property damaged in accident **BUS STOP** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH6666Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GX2239G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Goods vehicle 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	BIKZY	
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	77	
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	Lory	
	469878 n Mm Rd	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Long driver ju	mped the side wilk &	hit the bus stop. The
lorry then Co	intimed into a um in	the car purk which
hit my car	Jetoils to the police	rother lorgy
I provided my	details to The police	on scene for them
report t/200	21205/0036 Officer 1	nchage 51dd19 65476138
they told my	to aler file my nur	- police report which
I Sid online	immeliately E/2	0221205/7006
They then tol	I me I was de to de	ive my cor to the
newby BMU	I workshop to chain	- pelice report which 0221205/7006 ine my car to the for repulses-
I took many	ploto offer the accid	Let to share.
DECLARATION		
I/We declare the foregoing parti	culars are true in every respect.	
5		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
5/2/2 8,30m	Date & Time:	NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

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- 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 lodgment 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 insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

8:30m

Driver's Signature

(If driver is not the policyholder)

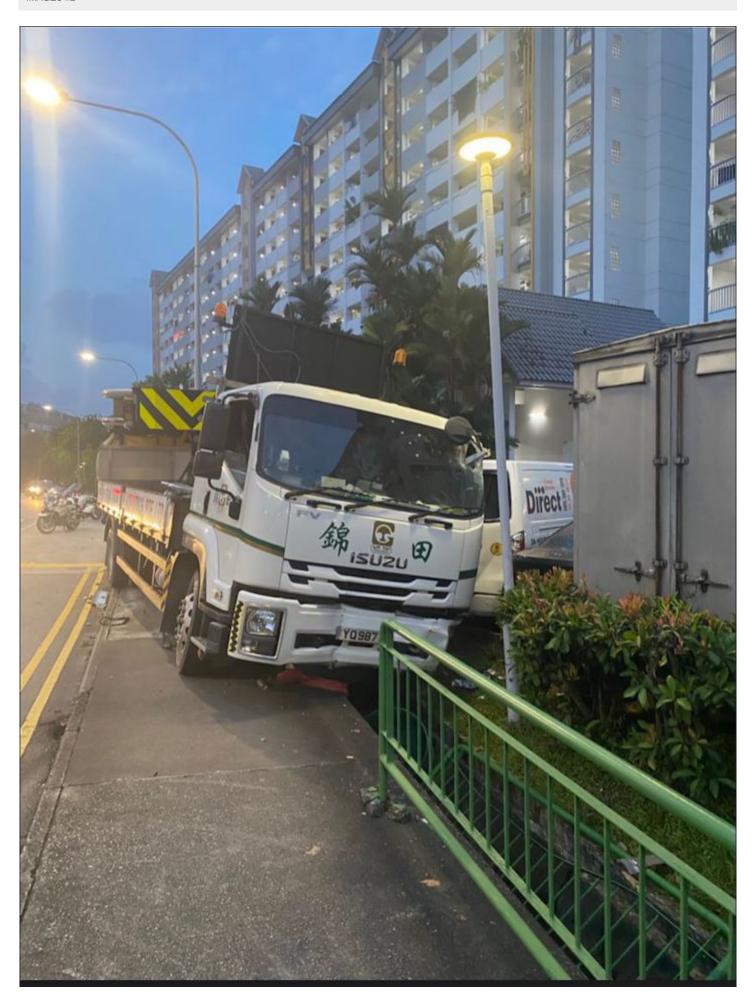
Date & Time:

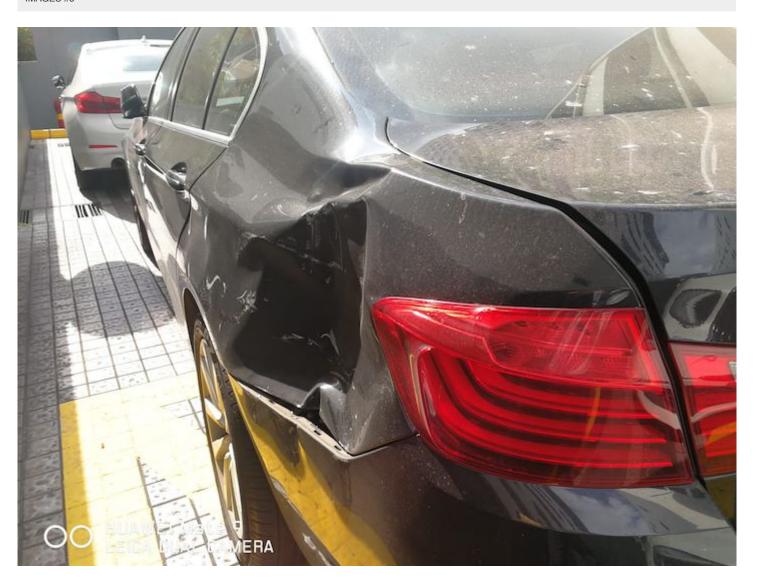
Reporting Centre Personnel's Signature

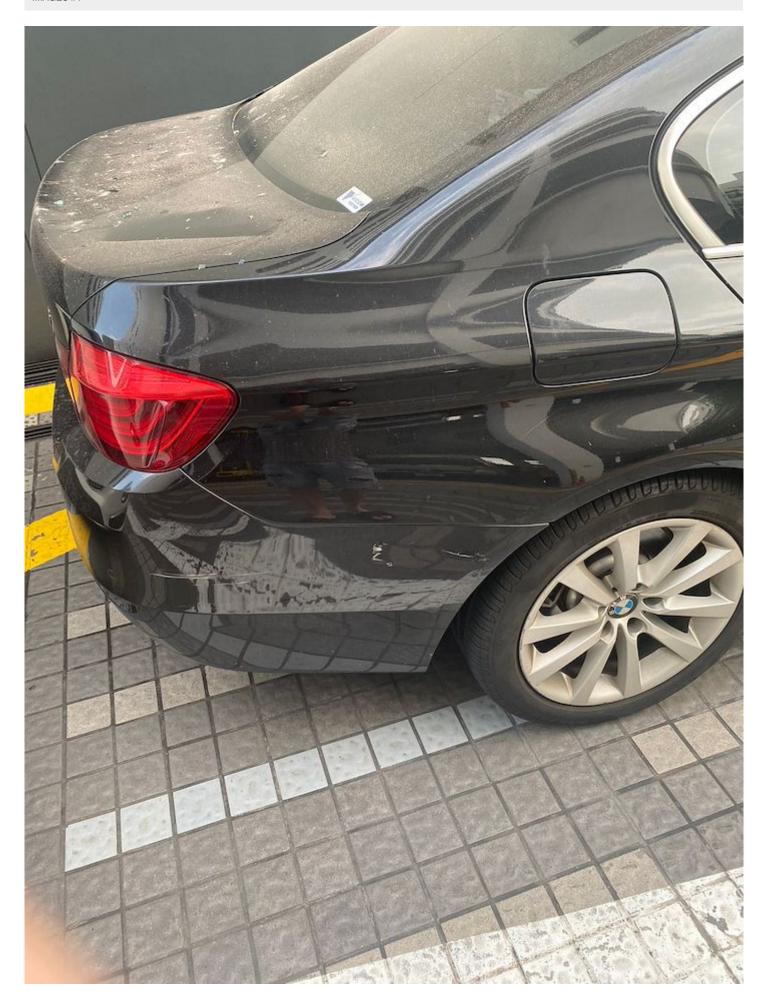
Name:

NRIC/FIN No.:

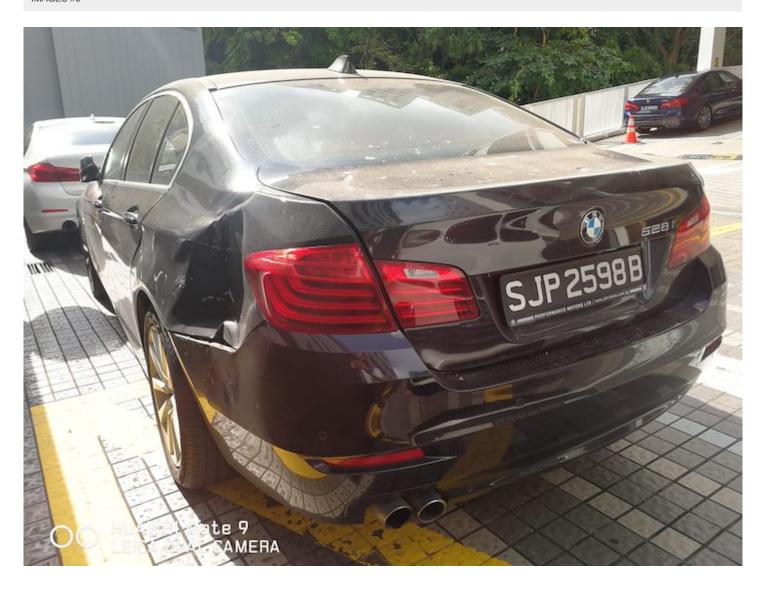


















1 of 2

Report No. E/20221205/7006

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made 05/12/2022 07:35	Vide Report No.		Station Diary No	
Name Of Informant FULLMER MICHAEL KEITH	Address 298D COMPASSVALE STREET #11-48 SINGAPORE 544298			
ID Type / ID No. NRIC NO / S7977765Z	Contact No. Home/Office: Mobile: 97976364			
Nationality SINGAPORE CITIZEN	Email Address michael.fullmer24@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Management executive	Male	43	24/05/1979	Caucasian
Institution/School Name	Language English			
Date/Time Of Incident 05/12/2022 06:00 - 05/12/2022 07:00	Location Of Incident 24 SIN MING ROAD SIN MING VILLE SINGAPORE 570024			

Brief details.

Lorry hit the bus stop and then ran into a van in Blk24 Carpark which hit my car and pushed it into a lorry. I took photos, police report #E/20221205/0036 Siddiq (officer in charge) and license of lorry driver. driver license is Ong Kok Peng S1635985H

Subjects Involved				
Suspect				
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 07:35			
Officer In-Charge Of Case:	Classification Of Case:			





0.00

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221205/7006

Person Name	Ong Kok Peng			
ID Type	OTHERS / Driver License	ID No	S163598	terrores (SEE
Gender	Male	Age	50-65	
Race	Chinese	Language	Chinese	
Occupation	Lorry driver	Mobile No	96664835	
Relation To Informant	none			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2022 07:35
Officer In-Charge Of Case:	Classification Of Case: