

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18/06/23 (dd/mm/yy)

Time of Accident: 15:50 (24-HR-FORMAT)

Vehicle No.: SJZ7442G Vehicle Make & Model: _____

*Transmission: ☐ Manual ☒ Auto

*C.C.: Toyota Camry 2000

Exact location of Accident: CTE towards PIE (Changi)

Policyholder's Name: Fulco Leasing Pte Ltd NRIC/FIN/REG No.: _____

*Policyholder's email address: kw@keong.chick@fulco.com.sg

Driver's Name: Mohamad Ali Bin Mohamad Rafiq NRIC/FIN/REG No.: S8910687G

*Driver's email address: _____

Driver's Contact No.: 98593114

Company Contact No (if any): _____

Date of birth: 29/3/89

Driving Pass Date: 10/6/2015

Driver's Address: Blk 186A Bedok North St 4 #06-04 S461186

Insurance Company: Allianz

Policy No.: SP 2004008877

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver: 3

*Passenger Name: Nur Shakila Bte Maszalan Gender: Male / Female

*Passenger Name: Mohamad Ali Bin Mohamad Rafiq Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: Bumpy

Was there any video captured by your car Car camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: Mohamad Ali Bin Mohamad Rafiq

Injured Person in Which Vehicle: _____ Any injured conveyed to hospital by ambulance? ☐ Yes ☒ No

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party (B) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMB1353K

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)

*Independent Witness (If Any): _____ Contact No: _____

Describe Circumstances of the Accident

My vehicle was stationary in a queue of traffic when vehicle B (5MB B53K) suddenly came from behind and hit the rear portion of my vehicle. My Passenger (wife) and I were given 4 days MC after the impact of the accident.

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

Witnessed by Reporting Centre Personnel

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 willful 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Exit
Braddell

↑ PIE (Changi)

A - SJ27442G

B - SMB1353K

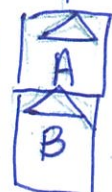
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4

3

2

1



CTE



**SINGAPORE
POLICE FORCE**



G/20230619/7041

1 of 3

POLICE REPORT (NP299)

Report No. G/20230619/7041

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 19/06/2023 12:36	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMAD ALIF BIN MOHAMAD RAFFED	Address 186A BEDOK NORTH STREET 4 #06-04 SINGAPORE 461186			
ID Type / ID No. NRIC NO / S8910687G	Contact No. Home/Office:	Mobile: 98593114		
Nationality SINGAPORE CITIZEN	Email Address ALIF.BAI2003@GMAIL.COM			
Occupation Operations officer (except transport operations)	Sex Male	Age 34	Date of Birth 20/03/1989	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 18/06/2023 15:50 - 18/06/2023 16:30	Location Of Incident 186A BEDOK NORTH STREET 4 #06-04 SINGAPORE 461186			

Brief details.

I was in CTE queuing up to exit PIE Changi when a SMRT bus hit my left rear.

My vehicle number SJZ7442G
SMRT vehicle number SMB1353K

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: 19/06/2023 12:36
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230619/7041

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230619/7041

My wife and I injured our neck and back. Was giving 4 days MC

Subjects Involved			
Suspect			
Person Name	Muhammed Ridzuan Bin Ali		
ID Type	NRIC NO	ID No	S7737136B
Gender	Male		
Victim			
Person Name	MOHAMAD ALIF BIN MOHAMAD RAFFED		
ID Type	NRIC NO	ID No	S8910687G
Gender	Male	Age	34
Race	Indian	Language	English
Occupation	Operations officer (except transport operations)	Address	186A BEDOK NORTH STREET 4 #06-04 SINGAPORE 461186
Mobile No	98593114	Is Informant A Victim?	Yes
Person Name			
Person Name	Nur Shakila Binte Mazsalan		
ID Type	NRIC NO	ID No	S9231951B
Gender	Female	Age	31
Race	Malay	Language	English
Occupation	Administration manager	Address	186A Bedok North St 4 #06-04 SINGAPORE 461186
Mobile No	90996159	Relation To Informant	Wife

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/06/2023 12:36

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230619/7041

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230619/7041

Person Name				Muhammad Saif Khan Bin Mohamad Alif			
ID Type		NRIC NO		ID No		T2224714F	
Gender		Male		Age		0	
Race		Malay		Address		186A Bedok North St 4 #06-04 SINGAPORE 461186	
Mobile No		98593114		Relation To Informant		Son	
Person Name				MOHAMAD ALIF BIN MOHAMAD RAFFED (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
19/06/2023 12:36

Classification Of Case:

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 : SP2004008877
Date of Issue : 30 December 2022
Coverage : COMPREHENSIVE -PREFERRED WORKSHOP
Policyholder : FULCO LEASING PTE. LTD.
Finance Company : SING INVESTMENTS & FINANCE LIMITED
Period of Insurance : 01 January 2023 To 31 December 2023 (both dates inclusive)
Registration Number : SJZ7442G
Chassis Number of Vehicle : MR053BK4007044149

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 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.

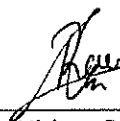
Policy does not cover:

- (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).

30 December 2022


Issue Date



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

Intermediary Code	: 0000365 LIEW OOI LIN MAY		
Excess	: Section 1: Own Damage	S\$	1,500.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities to Third Parties	S\$	0.00

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8910687G**






Name
MOHAMAD ALIF BIN MOHAMAD RAFFED

Race
INDIAN


Date of birth
20-03-1989

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S8910687G**
Name:
MOHAMAD ALIF BIN MOHAMAD RAFFED

Birth Date: **20 Mar 1989**
Issue Date: **10 Jun 2015**



002437433G



6210189



NRIC No. **S8910687G**



Date of issue
06-06-2019


Address
**APT BLK 186A BEDOK NORTH STREET 4
#06-04
SINGAPORE 461186**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **10 Jun 2015**

NP 428A



Licence No: S8910687G