

## 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 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 First Submission .....	27/12/2024 09:47 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/12/2024 17:18 (SGT)
Exact Location of Accident .....	37 Teban Gardens Rd, Block 37, Singapore 600037
Additional Location Information .....	37 TeBAN GARDENS RD OPEN SPACE CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA4859D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN
NRIC No .....	SXXXX427I
Email Address .....	FAIZAL_463@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91164876
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
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 your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1591
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5148232236

#### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN
NRIC No .....	SXXXX427I
Date Of Birth .....	02/09/1991
Occupation .....	Outdoor
Driving Pass Date .....	01/02/2010
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91164876
Alt. Phone Number .....	-
Email Address .....	FAIZAL_463@HOTMAIL.COM
Address .....	44 TEBAN GARDENS ROAD
Address complement .....	#07-407
Postcode .....	600044
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 .....	Side Swipe
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	KATHEEJA BEEVI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
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

Vehicle Registration Number ..... SKB30Y  
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 ..... KATHEEJA BEEVI  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MC For 1 Day  
Injured person in which vehicle? ..... SMA4859D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... -

##### INJURED 2

Name of injured person ..... MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MC For 3 Days  
Injured person in which vehicle? ..... SMA4859D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... -

**Describe Circumstance of the Accident**

On the stated date and time, I was driving my vehicle A (SMA4859D) at 37 Teban Gardens Rd open space at the correct direction. I was going straight. Suddenly, the vehicle B (SKB304) came out from the parking lot and collided onto my vehicle. After the accident, my vehicle couldn't drive anymore and tow to the workshop.

I feel pain and went to see the doctor and get 3 days mc.

Please refer to police report NO. T12024122617091

**Declaration**

I/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 (Name as in NRICHD card)

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

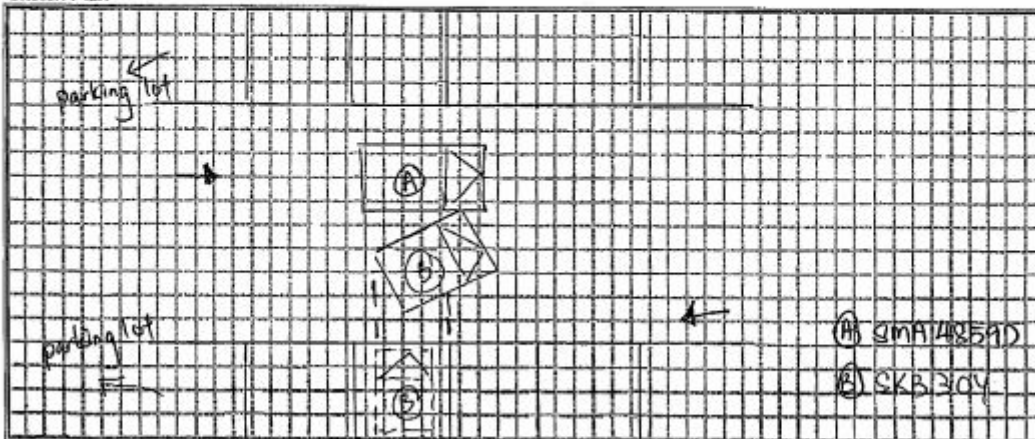
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## Sketch Plan





























**SINGAPORE  
POLICE FORCE**



T/20241226/7091

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20241226/7091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/12/2024 16:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Muhammad Faizal S/O Maideen Meethin			Address: 441B BUKIT BATOK WEST AVENUE 8 #07-907 WEST RIDGES @ BUKIT BATOK SINGAPORE 652441		
ID Type / ID No.: NRIC NO / S91304271			Contact No.: Home/Office: Mobile: 91164876		
Nationality: SINGAPORE CITIZEN			Email: Faizal_463@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 02/09/1991	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Supervisor			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/12/2024 17:18	Type of Location: Car Park
Location:  TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB30Y	Motor car	BMW	530i	Silver	Slightly Damaged	0
SMA4859D	Motor car	HYUNDAI	elantra	Black	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No	Insurance Company	Insurance No	Effective Date	Expiry Date
SMA4859D	NTUC Income	5148232236	14/08/2024	13/08/2025



**SINGAPORE  
POLICE FORCE**



T/20241226/7091

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20241226/7091

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	KATHEEJA BEEVI	ID No.	S7015404H
Related Vehicle	SMA4859D (Motor car)	Contact No.	96247127
Hospital/Clinic	ACUMED MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2024	Date Discharge	26/12/2024
No. of Days granted Medical Leave (MC)	01	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN	ID No.	S9130427I
Related Vehicle	SMA4859D (Motor car)	Contact No.	91164876
Hospital/Clinic	BOON LAY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	26/12/2024	Date Discharge	26/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On 25/12/2024 at about 1718hrs, I was driving my vehicle SMA4859D along Blk 37 teban Gardens Road open space carpark. I was going straight at the correct direction, suddenly Vehicle SKB30Y came out from the parking lot and collided onto my vehicle front right portion. After the accident my vehicle couldn't drive anymore. My driver side door was unable to open. Due to the collide, my vehicle right body kit and right fender were dented. My right headlight was broken and my rim had some major scratches. My vehicle was tow to the workshop after the accident. Due to the collide I and my mother sustained internal pain such as Chest pain and shoulder pain. For myself I consulted the clinic and was given 3 days mc and as for my mother she was given 1 day mc.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20241226/7091

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Report No. T/20241226/7091

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

This report is lodged at Ayer Rajah NPP Kiosk 1  
NP168

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

Date/Time:  
26/12/2024 16:52

Classification Of Case:







### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5148232236

**Cover :** drive CLASSIC

- |   |                                       |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMA4859D                            |
| Chassis Number  | : KMH0841CMJU685425                   |
| 2. Name of Policyholder   | : MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN |
| 3. Effective Date of Insurance  | : 14 Aug 2024                         |
| 4. Expiry Date of Insurance   | : 13 Aug 2025                         |
| 5. 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.   |                                       |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                       |
| 6. Limitations as to Use#   |                                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                                       |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SWEE SENG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : INXPRESS INSURANCE AGENCY PTE. LTD. (00000610870)  
 Date of Issue : 13 Aug 2024 11:06 hrs

For INCOME INSURANCE LIMITED

Chief Executive