

## 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 ability.
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 Report	08/08/2018 16:41
Date Of Accident	15/07/2018 17:00
Exact Location Of Accident	ALONG TPE TWDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9365X
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#### Insured/Policyholder

Name Of Registered Owner	MOHAMED LUD BIN MOHAMED SALIM
NRIC No	S1833189F
Email Address	THEBUDGETCORNERCAFE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96632804
Alternative Phone No	OFFICE-96632804

#### Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000024
Cover Note Number	10/03/2018-09/03/2019

#### Driver

Name of Driver	MOHAMED LUD BIN MOHAMED SALIM
NRIC No	S1833189F
Date Of Birth	05/05/1967
Occupation	INDOOR
Date Of Driving Pass	14/10/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96632804
Fax Number	
Contact Number	OFFICE-96632804
Email Address	THEBUDGETCORNERCAFE@GMAIL.COM

Address	499B TAMPINES AVE 9 02-240
Postcode	522499
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	SLJ6787D
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	SHAWN
NRIC/Passport Number	
Contact Number	97399633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


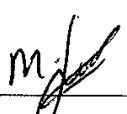
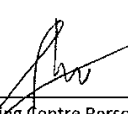
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**8. Consent under the Personal Data Protection Act (PDPA)**

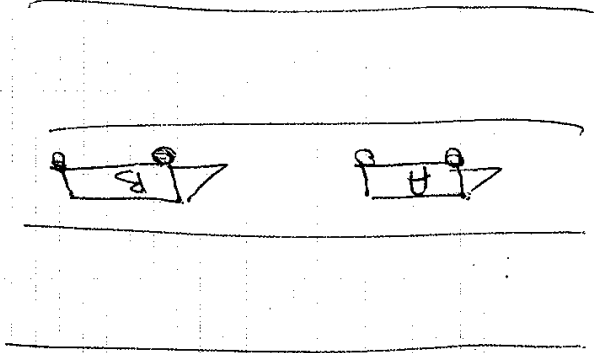
I understand, acknowledge, agree and consent that:

- (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.
- (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:
  - (i) 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: 8/8/2018	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: [Signature] NRIC/FIN No.:
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SKETCH PLAN

A: Toyota/SL5 6787D.  
B: Honda - City  
SRZ 9365X  
C: unknown - vehicle  
D: unknown - vehicle



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input checked="" type="checkbox"/> Reporting Only
	<input type="checkbox"/> Claim OD
	<input type="checkbox"/> Claim TP
	<input type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature: *M. J. [Signature]*  
 Date & Time: 8/8/2018  
 Driver's Signature: *M. J. [Signature]*  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature: *[Signature]*  
 Name: *[Name]*  
 NRIC/FIN No.:



## CERTIFICATE OF INSURANCE

Please call **+65-6322-2072** for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNCV2018-00000024**

**Car plate number: SKZ9365X**

**Coverage start date: 10/03/2018**

**Coverage end date: 09/03/2019**

**Who is insured to drive: You and any Authorised Driver**

**Covered Geographical Area: Singapore, West Malaysia and Southern Thailand**

### About you (the Policyholder)

**Name: Mohamed Lud Bin Mohamed Salim**

**NRIC/FIN: 51833189F**

**Address: 499B Tampines Avenue 9 02-240 Tampines Ria Singapore 522499**

**Email: thebudgetcornercafe@gmail.com**

**Mobile Number: 96632804**

**Date of Birth: 05/05/1967**

**Gender: Male**

**Marital status: Married**

**Certificate of Merit: No**

**Current no claims discount: 20%**

**Years of driving experience: Three or more**

### About your car and policy

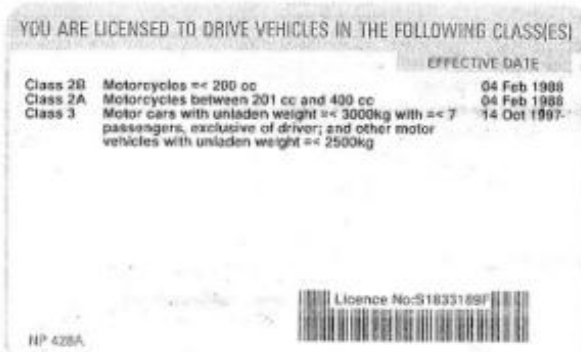
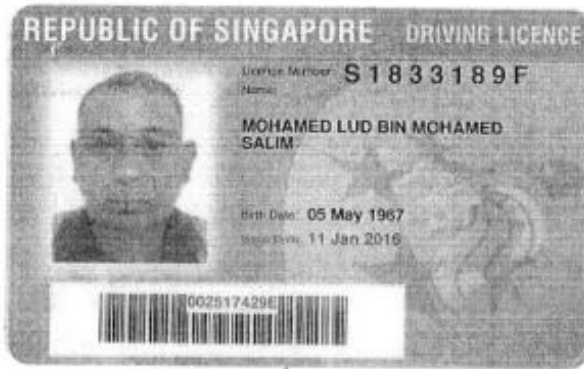
**Car make and model: HONDA CITY 1.5**

**Year of first registration: 2016**

**Plan type: Comprehensive**

**Standard Excess: S\$2,000**

# DRIVER DL





**SINGAPORE  
POLICE FORCE**



T/20180807/2187

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20180807/2187

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/08/2018 21:19		Vide Report No.:		Station Diary No.: 118
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED LUD BIN MOHAMED SALIM		Address: APT BLK 499B TAMPINES AVENUE 9 #02-240 SINGAPORE 522499		
ID Type / ID No.: NRIC NO / S1833189F		Contact No.: Home/Office: Mobile: 96632804		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 05/05/1967	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: SELF EMPLOYED DIRECTOR		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2018 17:00	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY  TPE towards Punggol				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ9365X	Car	HONDA	CITY 1.5 SV CVT	Black		3
SLJ6787D	Car					3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9365X	FWD Singapore Pte. Ltd	PNCV2018-00000024	10/03/2018	09/03/2019





**SINGAPORE  
POLICE FORCE**



T/20180807/2187

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180807/2187

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED LUD BIN MOHAMED SALIM	ID No.	S1833189F
Related Vehicle	SKZ9365X (Car)	Contact No.	96632804
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	SHAWN	ID No.	NIL
Related Vehicle	SLJ6787D (Car)	Contact No.	97399633
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 15/07/2018 at about 1700hrs I was driving along TPE towards Punggol with 3 passenger in my car, during that point of time the traffic flow was heavy and my car was moving slowly subsequently the front of my car touched onto the rear of the car in front of me. I quickly applied my brakes and stop my car and went out to engage the driver of the said car which we exchange contact number and particulars with each other and left the scene.

We then decided to have our own private settlement through Whatsapp and both of us could not come to an agreement to the amount for the damages repair cost and he told me that he will lodge a third party claim against me hence I am lodging a report about this accident and lodging for insurance purposes as well. The other party have 2 kids in the rear seat while I have a child in my car, during that point of time there is no injuries on any of us as such police and ambulance was not called in.



**SINGAPORE  
POLICE FORCE**



T/20180807/2187

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180807/2187

## 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:

G /

Sgt 2 NG JUNJIE, EDWIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2018 21:19

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

