

## 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 Report	09/11/2018 11:26
Date Of Accident	03/11/2018 16:20
Exact Location Of Accident	PIE (TUAS) AFTER TOA PAYOH FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1436U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BADUSHAH MOHIDEEN S/O BARAKAT ALI
NRIC No	S8714941B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98205087
Alternative Phone No	OFFICE-98205087

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103139416
Cover Note Number	

### Driver

Name of Driver	BADUSHAH MOHIDEEN S/O BARAKAT ALI
NRIC No	S8714941B
Date Of Birth	03/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98205087
Fax Number	
Contact Number	OFFICE-98205087
Email Address	NOEMAIL

Address	BLK 15 MARINE TERRACE #11-06
Postcode	440015
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	2
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181109/2028.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6899C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH QIU MEI JACELYN
NRIC/Passport Number	S8608587I
Contact Number	97386888
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name	BADUSHAH MOHIDEEN S/O BARAKAT ALI
Approximate Age	
Injuries Sustain	LOWE BACK, WRIST, NECK & GIDDINESS
Injured person in which vehicle?	SKR1436U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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 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:

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

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

## Accident Sketch Plan

### SKETCH PLAN

A: SER N36U  
B: SLQ 6899C

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/21/18/11009/2028.

### 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:

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181109/2028

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20181109/2028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 10:24	Vide Report No.: G/20181103/0147	Station Diary No.: 27
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### Informant's Particulars

Name of Informant: BADUSHAH MOHIDEEN S/O BARAKAT ALI			Address: APT BLK 15 MARINE TERRACE #11-06 SINGAPORE 440015		
ID Type / ID No.: NRIC NO / S8714941B			Contact No.: Home/Office: Mobile: 98205087		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 03/06/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2018 16:20	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE TOWARDS TUAS, AFTER TOA PAYOH FLYOVER BEFORE THOMPSON RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR1436U	Car	HONDA	CITY 1.5 SV CVT	Silver	Seriously Damaged	0
SLQ6899C	Car	TOYOTA	VELLFIRE 2.5Z CVT	Black	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR1436U	NTUC Income Insurance Co-Operative Limited	5103139416	21/08/2018	20/08/2019

# Police Report



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T/20181109/2028

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20181109/2028

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BADUSHAH MOHIDEEN S/O BARAKAT ALI	ID No.	S8714941B
Related Vehicle	SKR1436U (Car)	Contact No.	98205087
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/11/2018	Date Discharge	03/11/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	GOH QIU MEI JACELYN	ID No.	S8608587I
Related Vehicle	NIL	Contact No.	97386888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I am the registered vehicle owner of a silver in colour Honda City bearing vehicle plate number SKR1436U.

On the 03/11/2018 at about 1620hrs to 1625hrs, I was driving my vehicle (SKR1436U) along PIE towards Tuas, after the Toa Payoh flyover before Thompson Rd. I was driving in the first lane. Out of a sudden I felt two impacts within a span of a few seconds to the rear of my vehicle (SKR1436U). I then managed to stop my vehicle (SKR1436U) and alighted. I then discovered a black in colour Toyota Vellfire, bearing vehicle plate number SLQ6899C had its front portion that collided into my vehicle (SKR1436U). The vehicle's (SLQ6899C) rear portion was fine and not damaged indicating no collision to its rear. The driver of vehicle (SLQ6899C) and I exchanged particulars.

There was attendance by Traffic Police and ambulance. I was given a reference number by Traffic Police as well and was advised to lodge a Traffic Accident Report; G/20181103/0147.

My vehicle (SKR1436U) had to be towed later on as well. At about 1900hrs, I went to Mount Alvernia Hospital as I felt pain in my lower back, wrist, neck and felt giddy. I received 7 days of MC.

I wish to state that I do have a front/back in car camera that captured the incident.

**Police Report**



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T/20181109/2028

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Report No. T/20181109/2028

**CONTINUATION OF REPORT**



Police Report



SINGAPORE  
POLICE FORCE



T/20181109/2028

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Tel No: 1800-4428999

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Report No. T/20181109/2028

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. MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2018 10:24

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



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