

## 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	19/12/2018 18:20
Date Of Accident	17/12/2018 22:35
Exact Location Of Accident	ALONG TAMPINES AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3264R
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#### Insured/Policyholder

Name Of Registered Owner	BADURDEEN MOHAMED FAKOORDEEN
NRIC No	S8278122F
Email Address	BMDEENEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91272612
Alternative Phone No	OTHERS-91272612

#### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
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	5098385404
Cover Note Number	

#### Driver

Name of Driver	BADURDEEN MOHAMED FAKOORDEEN
NRIC No	S8278122F
Date Of Birth	12/03/1982
Occupation	INDOOR
Date Of Driving Pass	19/07/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91272612
Fax Number	
Contact Number	OTHERS-91272612
Email Address	BMDEENEK@GMAIL.COM

Address	BLK 806 TAMPINES AVENUE 4 #02-101
Postcode	520806
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : BALEEGHA BINTE DADLANI GENDER: : FEMALE

#### 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

PLEASE REFER TO POLICE REPORT T/20181218/2186

#### 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	FBC9918D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90212820

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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: 9/12/18

17.12 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

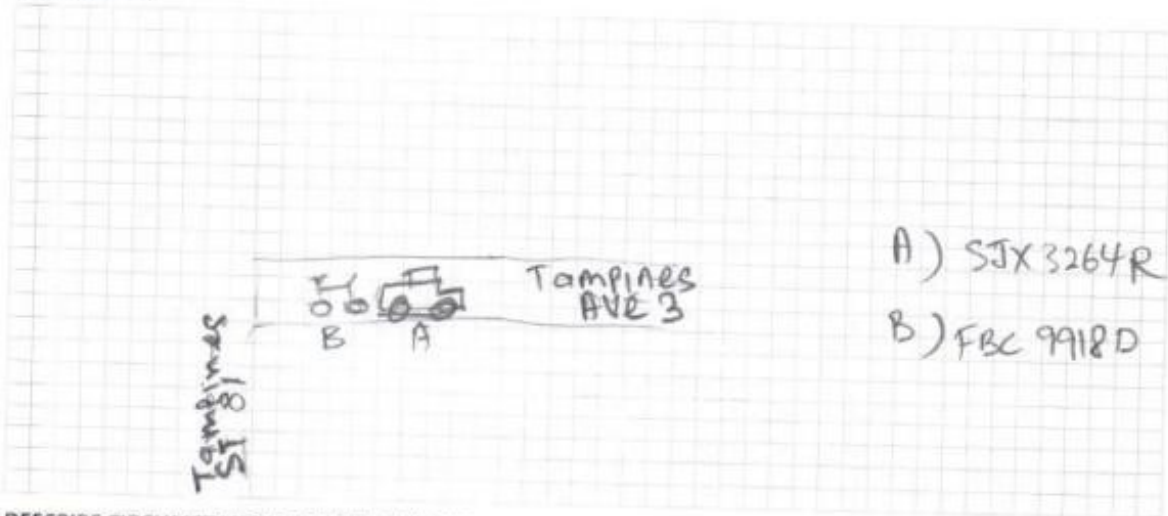
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS, REFERR TO POLICE REPORT  
1/2018/218/2186*

## DECLARATION

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

Policyholder's Signature

Date & Time: 19/12/18  
17:15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/12/2018

*Robert Lim*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181218/2186

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

1 of 4

Report No. T/20181218/2186

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2018 23:40	Vide Report No.:	Station Diary No.: 184
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### Informant's Particulars

Name of Informant: BADURDEEN MOHAMED FAKOORDEEN	Address: APT BLK 806 TAMPINES AVENUE 4 #02-101 SINGAPORE 520806
ID Type / ID No.: NRIC NO / S8278122F	Contact No.: Home/Office: Mobile: 91272612
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 36 Date of Birth: 12/03/1982	Type of Informant: Driver
Race: Sri Lankan	Language: Institution / School Name:
Occupation: Business development manager	Driving Licence Information: Class: 2B,3 Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/12/2018 22:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 3 TAMPINES AVENUE 8 Tampines Avenue 3 towards Tampines Avenue 8, before junction of Tampines Avenue 3 and Tampines St 81				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
FBC9918D	Motorcycle				No Damage	0
SJX3264R	Car	MAZDA	MAZDA 3	Grey	No Damage	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181218/2186

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20181218/2186

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3264R	NTUC Income Insurance Co-Operative Limited	5098385404	27/02/2018	26/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBC9918D (Motorcycle)	Contact No.	90212820
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	BADURDEEN MOHAMED FAKOORDEEN	ID No.	S8278122F
Related Vehicle	SJX3264R (Car)	Contact No.	91272612
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	BALEEGHA BINTE DADLANI	ID No.	S9005688C
Related Vehicle	SJX3264R (Car)	Contact No.	96960553
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



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181218/2186

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/20181218/2186

CONTINUATION OF REPORT

**Brief Details.**

On 17/12/2018 at about 2235hrs, I my vehicle (SJX3264R) was stationary behind a motorcycle (FBC9918D) while waiting for the traffic lights at the junction of Tampines Avenue 3 and Tampines St 81 to change. While waiting, the motorcycle ahead of my vehicle moved and as such, I moved forward thinking that the motorcycle had started to move off. However, motorcycle then remained stationary and the front portion of my vehicle then hit against the rear portion of the vehicle.

I then alighted to make a check on the motorcycle and the motorcyclist and at that time, no one appeared to be injured. There also appeared to be no damage to the motorcycle. The front registration plate of my vehicle became dislodged after the impact. However, it could still be reattached and there was no other damage to my vehicle.

After exchanging our contact information, we both left the scene.

On 18/12/2018, the motorcyclist called me and informed that he had taken 3 days medical leave as a result of the accident, and that he wishes for compensation. However, we then agreed to report the accident to the police.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181218/2185

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/20181218/2185

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

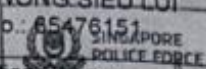
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt MUHAMMAD NOOR AZRI BIN  
MOHAMED SALLEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP158



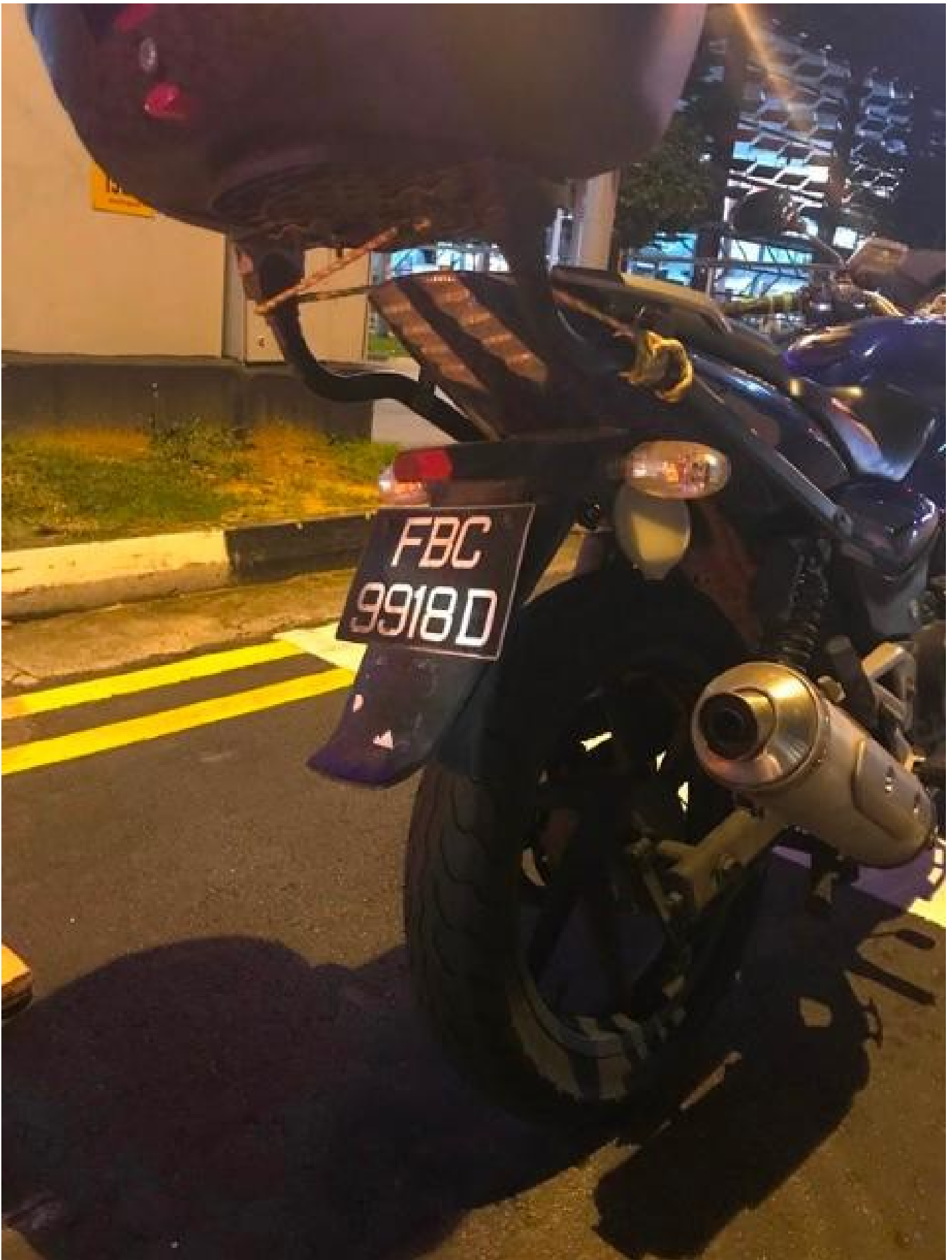
SIGNATURE

Signature Of Informant:

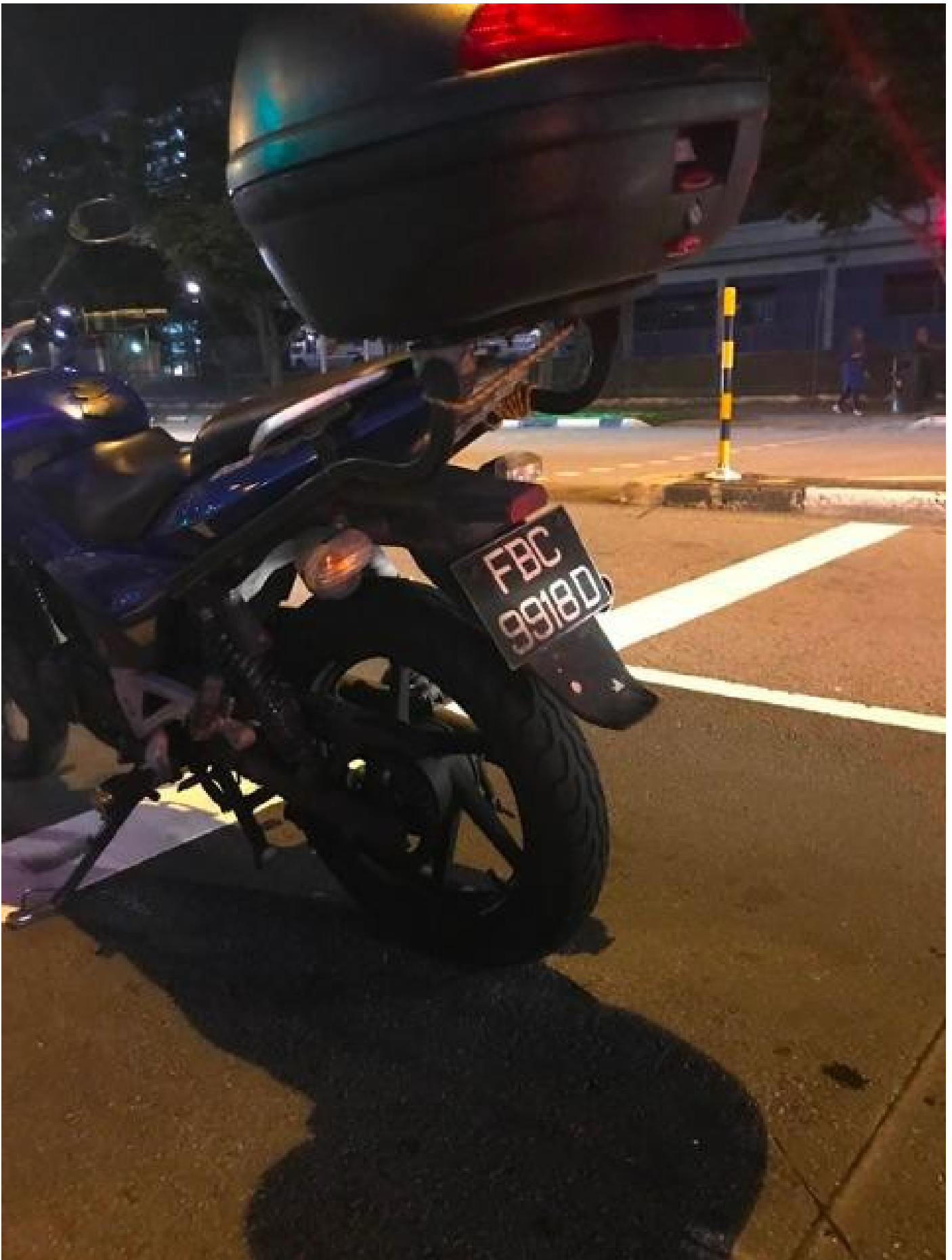
Date/Time:  
18/12/2018 23:40

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S665500200 / GST Reg. No. I M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418163442 Vehicle Registration No: SJX 3264R  
Name (as shown in NRIC) : BADURDEEN MOHAMMAD FAKKORDEEN NRIC/FIN/Passport No : 88278122 F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91277612  
Email Address : \_\_\_\_\_  
Date of Accident : 17/12/2018 Time of Accident : 22:35  
Place of Accident : Blanch Tumpines Ave 3  
Insurance Company : NIKE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P VEHICLE NUMBER TO FBC 9918D

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rishi Nathar  
NRIC/FIN No.: 03101 1209  
Date: