

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MMAY 16/63442

Date In: 19/12/2008 18:20	Job description	Date & Time Completed	Done by
Ref No: NBA/INCC0022815/4	SAS e-filing		
Veh No: SX 3264 R	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 17/12/2008 22:35	I-Motor Claim Form	MT/1024547-001	20/12/2008
OID: TK Reporting Only	I-Motor W/O (Withn: OD 2hrs, TP 4hrs)		10:35
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: FBC 9918D

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%

[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES (

NO (

Excess: (\$

Loading: \$1,000 (

)/\$2,000 (

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (INCC 001 6788 6016 N)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

Date: () Action: ()

NA/1808358

Client Particulars:	Invoice Preparation Charge: ()
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	* N5: Courtesy Car / Tpt Allowance \$5
	* N6: Repair Co-ordination \$10
	* N7: Post Repair Inspection \$25
	* N8: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	Invoice dated Fee Charged
	Invoice dated Fee Charged

Auditors Comments:

REL 1:

2/3

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
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	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 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	FBG9918D
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)

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 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. 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: 19/12/18

17.12 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

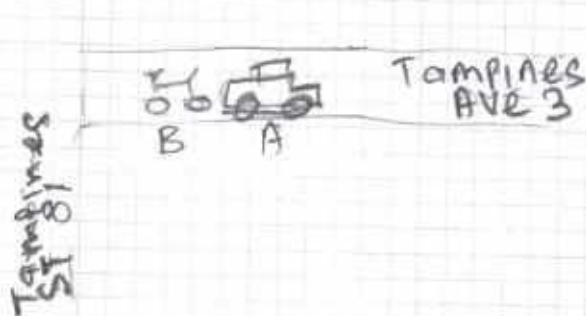
Name:

NRIC/FIN No.:

19/12/2018

Roshan

SKETCH PLAN



- A) SJX 3264R
- B) FBC 9918D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Ref. Report to Police Report
1/20/8/2018 / 7186*

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

Ross Anderson



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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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



**SINGAPORE
POLICE FORCE**



T/20181218/2186

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 4

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.



**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

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

NP168

Signature Of Informant:

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

Classification Of Case:

SIGNATURE

Claim Handling

Accident MT/1024547

Policy No.	5098385404	Vehicle No.	SJK3264R	GST Registration No.	
Certificate No.					
Policyholder Name	BADURDEEN MOHAMED FAKOORDEEN	Cover Type	Third Party	Policyholder NRIC	S8278122F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	5
Contact No.(Mobile)	91272612	Special Remark		Contact No.(Home)	
Email Address		TGA	+ No Yes	eCode	No
RFC	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	20/12/2018 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/12/2018	Time of Accident hh:mm	22:33	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES AVENUE 4				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 808 #02-101	Address 2	TAMPINES AVENUE 4	Address 3	TAMPINES POLYVIEW
Address 4	SINGAPORE 520806	Address Type	Singapore address	Post Code	520806
Unit No.		Related Policy Number	5098385404-01		

Q1 Driver Info

Driver Name	BADURDEEN MOHAMED FAKOORDEEN	Driver Type	Main Driver	Driver DOB	12/03/1982
Unnamed driver Name		Driver NRIC	S8278122F	Driving Experience	11
Register Date of Driver License	19/07/2007	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	91272612	Contact No.(Office)		Address 1	TAMPINES AVENUE 4
Address 1	BLK 808 #02-101	Address 2	TAMPINES AVENUE 4	Address 3	TAMPINES POLYVIEW
Address 4	SINGAPORE 520806	Address Type	Singapore address	Post Code	520806
Unit No.		Driver Vehicle No.	SJK3264R	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Consent No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered					

Report Taken By

Print AX letter

DD-MX	Insured Name	BADURDEEN MOHAMED FAKOORDEEN	Insured NRIC	S8278
91272612	Contact No.	65781996	Contact No. (Office)	
fakoordeen@hotmail.com	Vehicle Number	SJK3264R	TP Vehicle Number	PBC99
SJK3264R / PBC9918D ON 17 Dec 2018			Name of Preferred Workshop	

20/12/2018 10:32	Claim Close Date		Date Received	20/12/2018
ROSLE WANAB				

Save Submit

Attachment

Accident No.	MT/1024547	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/12/2018 10:35
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desci
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_805678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 10:35		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-20



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 10:35	SAS	Normal	SAS 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 10:33	Photos	Normal	Photos 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 10:33	Photos	Normal	Photos 2018-12-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 10:32	Photos	Normal	Photos 2018-12-20

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2018) (DD/MM/YYYY). TIME: (10:35) (HH:MM)

LOCATION: Tampines Ave 3

1. DETAILS OF VEHICLE

- VEHICLE NUMBER: S1X 32648
- INSURANCE COMPANY: Income
- POLICY NUMBER: S092225404-01
- POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- MAKE & MODEL: Mazda 3
- TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- PURPOSE OF USING AT ACCIDENT TIME:
- ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- NAME: B.M. Fakoordeen (MALE / FEMALE)
- NRIC/FIN/PASSPORT: S227827F CONTACT: 91272617
- ADDRESS: Blk 206 Tampines Ave 4 #02-101
Singapore 520806

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- NAME: B.M. Fakoordeen (MALE / FEMALE)
- NRIC/FIN/PASSPORT: S227827F CONTACT: 91272617
- ADDRESS: Blk 206 Tampines Ave 4 #02-101
Singapore 520806

*d) DATE OF BIRTH: (12/03/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/07/07

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- VEHICLE NUMBER: FBC9918D MODEL:
- DRIVER'S NAME:
- NRIC/FIN/PASSPORT: CONTACT: 46590212820

9. THIRD PARTY VEHICLE

- VEHICLE NUMBER: MODEL:
- DRIVER'S NAME:
- NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = BMDeeneke@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8278122F



Name

BADURDEEN MOHAMED
FAKOORDEEN

Race

SRI LANKAN

Date of birth

12-03-1982

Country of birth

SRI LANKA

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensing Authority
Name S8278122F

BADURDEEN MOHAMED
FAKOORDEEN

Birth Date: 12 Mar 1982

Issue Date: 19 Jul 2007



S083303



NRIC No. S8278122F

Date of issue

11-07-2012

Address

APT BLK 806 TAMPINES AVENUE 4
#02-101
SINGAPORE 520806

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class	Vehicle	Pass Date
Class 2B	Motorcycles <= 200 cc	19 Jul 2007
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	19 Jul 2007

NP 429A



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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/12/2018 09:39"/>
Vehicle No. (For Motor)	<input type="text" value="SIX3264R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5098385404		BADURDEEN MOHAMED FAKOORDEEN	S8278122F	GPC	Third Party	SIX3264R	SIX3264R	27/02/2018	26/02/2019