

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	29/11/2024 10:28 (SGT)
Reported by	Actual Driver
Date of Accident	28/11/2024 04:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9474Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	365 INFINITY PTE. LTD
Company Reg No	202135530Z
Email Address	CHEHSINE@GMAIL.COM
Mobile Phone No	(Phone) +65-87590369
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500
Vehicle Fuel	Petrol-Electric
First Registration Date	24/07/2020
Chassis no	NHP1707175380
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148016634

DRIVER

Name of Driver	MOHAMMED KHAIRIL BIN SAMAT
NRIC No	S8336674E
Date Of Birth	20/11/1983
Occupation	Outdoor
Driving Pass Date	15/10/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87483207
Alt. Phone Number	-
Email Address	CHEHSINE@GMAIL.COM
Address	BLK 183B BOON LAY AVENUE
Address complement	#02-728
Postcode	642183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	1
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	-

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 POLICE REPORT FOR ACCIDENT STATEMENT

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	YR922Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GUNASEKARAN SINGARAVELAN
Passport No/FIN	G2033263N
Contact Number	(Phone) +65-85875021
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	MOHAMMED KHAIRIL BIN SAMAT
Gender	Male
Phone No	(Phone) +65-87483207
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	41
Injuries Sustained	MEDICAL LEAVE 3 DAYS
Injured person in which vehicle?	SMT9474Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR
ACCIDENT STATEMENT.

Declaration

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



29/11/2024
1000HRS

Policyholder's Signature / Date & Time

[Signature]

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

29/11/2024
1000HRS

[Signature]

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

Sumon. S
S190968



**SINGAPORE
POLICE FORCE**



T/20241128/7085

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20241128/7085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2024 16:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: Mohammed khairil bin samat		Address: 183B Boon lay ave #02-728 Hdb SINGAPORE 642183	
ID Type / ID No.: NRIC NO / S8336674E		Contact No.: Home/Office: Mobile: 87483207	
Nationality: SINGAPORE CITIZEN		Email: anakbulan28@gmail.com	
Sex: Male	Age: 41	Date of Birth: 20/11/1983	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2024 04:30	Type of Location: X-Junction	
Location: JALAN AHMAD IBRAHIM				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT9474Y	Motor car					0
YR9222	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20241128/7085

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20241128/7085

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED KHAIRIL BIN SAMAT	ID No.	S8336674E
Related Vehicle	SMT9474Y (Motor car)	Contact No.	87483207
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2024	Date Discharge	28/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	GUNASEKARAN	ID No.	G2033263N
Related Vehicle	YR922Z (Lorry)	Contact No.	85875021
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 10/11/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

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Brief Details

On 28/11/2024 at about 0433hrs, I was travelling in my car (SMT9474Y - Toyota Sienta Black) along AYE(Tuas) exiting into Jin Boon Lay on the right of 4 lanes with the intention of making a right turn into Jin Boon Lay towards Jin Bahar.

As I was making the said right turn, suddenly a lorry (YR922Z - Mitsubishi White Lorry) collided onto my left side front passenger portion.

No Government property was involved. No Ambulance or Traffic Police at scene.

I then proceeded to seek medical treatment at Ng Teng Fong Hospital on 28/11/2024 and was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20241128/7085

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Report No: T/20241128/7085

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

NP168

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

Date/Time:
28/11/2024 16.13

Classification Of Case:

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