

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 Submission 15/12/2020 12:00 (SGT)
Date of Accident 10/12/2020 14:00 (SGT)
Exact Location of Accident Lower Delta Rd, Singapore
Additional Location Information LOWER DELTA TWDS RIVER VALLEY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1239H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHINERS FACILITIES PTE LTD
Company Reg No 2XXXXX978D
Email Address azrialsaini@yahoo.com
Mobile Phone No (Phone) +65-92393693
Alternative Phone No +65-92393693

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MCV0005572_01
Cover Note Number -

DRIVER

Name of Driver MOHD AZRIAL BIN MOHD SAINI
NRIC No SXXXX757J
Date Of Birth 24/05/1988
Occupation Indoor

Date Of Driving Pass	22/02/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87544676
Alt. Phone Number	-
Email Address	azrialsaini@yahoo.com
Address	BLK 246 YISHUN AVE 9
Address complement	#10-247
Postcode	760246
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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 material 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

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLW8717A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

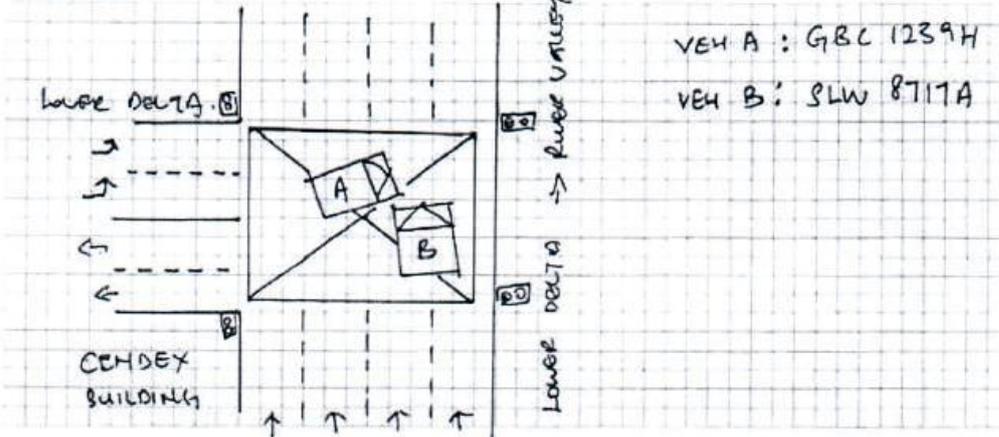
Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD AZRIAL BIN MOHD SAINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC1239H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling on the stated venue. As the traffic light turn green I move off and turn left, when I reached lane 2, suddenly vehicle B beat the red-light and hit onto my vehicle front right portion.

DECLARATION

I/We declare that the above information are true in every respect.

120 Lower Delta Road
 #09-111 Cendex Centre
 Singapore 169208
 Tel: 637 0821
 Fax: 637 0331

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.:



**SINGAPORE
POLICE FORCE**



T/20201211/7032

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

2 of 3

Report No. T/20201211/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBC1239H	INDIA INTERNATIONAL INSURANCE PTE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHD AZRIAL BIN MOHD SAINI		ID No.	S8816757J
Related Vehicle	GBC1239H (Van)		Contact No.	87544676
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	10/12/2020		Date	10/12/2020
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On the stated date and time i (GBC19H) was stationary on the stated venue. When the traffic light turns green the vehicle in front of me move off turning left, i followed and move off turning left, when i was turning left the vehicle (SLW8717A) who is on my right did not stop and hit onto my vehicle right portion.
I wish to state that her side of road is red light and that she beat the red light.
I felt pain and soreness in my body and later proceed to DA Clinic(Intermedical 24hrs clinic) to seek treatment and was given 3 days MC.





NISSAN

JN1YBAM20U0003286

2000 kg
3100 kg
960 kg
1100 kg

1 -
2 -

TYPE
TYP

MODEL

YBAM20 COLOR, TRIM K23 W
YTKARDRM20TQABFHHH FARBE, POLST



JN1YBAM20U0003286















**SINGAPORE
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T/20201211/7032

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

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Report No. T/20201211/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 17:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHD AZRIAL BIN MOHD SAINI		Address: 246 YISHUN AVENUE 9 #10-247 SINGAPORE 760246	
ID Type / ID No.: NRIC NO / S8816757J		Contact No.:	Mobile: 87544676
Nationality: SINGAPORE CITIZEN		Email: AZRIALSAINI@YAHOO.COM	
Sex: Male	Age: 32	Date of Birth: 24/05/1988	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Operations officer (except transport operations)		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2020 14:00	Type of Location: T-Junction
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC1239H	Van				Seriously Damaged	0
SLW8717A	Car	BMW				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20201211/7032

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

2 of 3

Report No. T/20201211/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBC1239H	INDIA INTERNATIONAL INSURANCE PTE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHD AZRIAL BIN MOHD SAINI		ID No.	S8816757J
Related Vehicle	GBC1239H (Van)		Contact No.	87544676
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	10/12/2020		Date	10/12/2020
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On the stated date and time i (GBC19H) was stationary on the stated venue. When the traffic light turns green the vehicle in front of me move off turning left, i followed and move off turning left, when i was turning left the vehicle (SLW8717A) who is on my right did not stop and hit onto my vehicle right portion.
I wish to state that her side of road is red light and that she beat the red light.
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T/20201211/7032

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Tel No: 65470000

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Report No. T/20201211/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
11/12/2020 17:15

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168