

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 28/01/2021 11:06 (SGT)
Date of Accident 27/01/2021 07:55 (SGT)
Exact Location of Accident Boon Lay Dr, Singapore
Additional Location Information JALAN BOON LAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7053L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIG FOOT LOGISTIC PTE LTD
Company Reg No 199500061H
Email Address vmo3@bigfoot.com.sg
Mobile Phone No (Phone) +65-90900916
Alternative Phone No (Office) +65-63244722

VEHICLE PARTICULARS

Manufacturer Nissan
Model PKC37BMHNP
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
Transmission Manual
CC 7684

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D20MFL0005664
Cover Note Number -

DRIVER

Name of Driver ISMAIL BIN SARNI
NRIC No S7441684E

Date Of Birth	30/12/1974
Occupation	Outdoor
Date Of Driving Pass	13/12/2011
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90029657
Alt. Phone Number	-
Email Address	vmo3@bigfoot.com.sg
Address	BLK 604C PUNGGOL ROAD #04-744
Address complement	-
Postcode	823604
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JQG8893
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210127/2109 ATTACHED

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	JQG8893
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER OF JQG8893
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NO IDEA
Injured person in which vehicle?	JQG8893
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
No T/20210127/2109
attached

Policyholder's Signature _____
Date & Time: _____

Driver's Signature

Reporting Centre Personnel's Signature













**SINGAPORE
POLICE FORCE**



T/20210127/2109

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20210127/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2021 18:33	Vide Report No.: J/20210127/0060	Station Diary No.: 30
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Informant's Particulars

Name of Informant: ISMAIL BIN SARNI			Address: APT BLK 604C PUNGGOL ROAD #04-744 SINGAPORE 823604	
ID Type / ID No.: NRIC NO / S7441684E			Contact No.: Home/Office: Mobile: 90029657	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 30/12/1974	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2021 07:55	Type of Location: X-Junction
Location: JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
JQG8893	Motorcycle					0
YM7053L	Lorry				Slightly Damaged	0

Details of Person Involved

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



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610158
Tel No: 1800-2659999

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Report No. T/20210127/2109

CONTINUATION OF REPORT

Driver			
Name	ISMAIL BIN SARNI	ID No.	S7441684E
Related Vehicle	YM7053L (Lorry)	Contact No.	90029657
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/1/2021 at about 0758hrs, I was along Jalan Boon Lay at a traffic light junction turning to Chin Bee drive. I saw a car from opposite lane that was quite a distance away, thus, I continued to make the turn. While turning I noticed a motorcycle that was quite fast appeared behind the car. The said motorcycle then tried to maneuver around my vehicle but failed to do so and hit onto the rear left portion of my vehicle which caused him to fall. I called for Police and ambulance and the motorcyclist was conveyed to Hospital. I do not have any recording of the incident and I am not injured.



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158 Yung Loh Road #01-58 SINGAPORE
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Tel No: 1800-2659999

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Report No. T/20210127/2109

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:

J /

Sgt 2 MUHAMMAD ADNAN BIN MOHAMED
IBRAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN

Contact No.: 65476367

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/01/2021 18:33

Classification Of Case: