

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

Reported by

Date of Accident

**Exact Location of Accident** Additional Location Information

Country/State of Loss

17/11/2022 17:30 (SGT)

Driver

08/10/2022 20:45 (SGT)

Near 673 Choa Chu Kang North 5, Singapore 680702

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBA8020K

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

muhammad iszuan bin mohd ali

S82244681

ainisaini@gmail.com

(Phone) +65-87504105

## VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Honda adv150abs

Private use

No - Claiming third party

Motorcycle

Auto

150

#### INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5119600480-02

#### DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

mohamad saini bin matindra

S8320849Z

06/07/1983

Outdoor



Date Of Driving Pass 05/02/2007 Driving experience 15 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-86869424 Alt. Phone Number **Email Address** ainisaini@gmail.com Address blk 490a choa chu kang ave 5 #10-257 Address complement Postcode S681490 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend 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 Weather Conditions Road Surface Collision - Cross Junction Clear

Clea

#### 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

CIRCUMSTANCES OF ACCIDENT

refer to police report

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Yes Yes

upoun request

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number QX563P
Vehicle Manufacturer Vehicle Model -



 Vehicle Variant

 Vehicle Colour
 White

 Vehicle Category
 Government

 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

Yes

#### INJURED 1

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

mohamad saini bin matindra
Male
(Phone) +65-86869424
blk 490a choa chu kang ave 5 #10-257
S681490
39
refer to medical report
FBA8020K

SKETCH PLAN	SAM 777	FRA 8000K (Bike)
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	QX563P
DECLARATION  I/We declare the foregoing pa	erticulars are true in every respect.	
Policyholder's Signature Date & Time:   7   14   21	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name Standare Tour NRICFIN No. (2/11/22





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Report No. T/20221013/7073

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2022 22:37		1ade:	Vide Report No.: J/20221008/0163	Station Diary No.:		
Informa	nt's Particu	ulars				
Name of Informant: MOHAMAD SAINI BIN MATINDRA			Address: 490A CHOA CHU KANG AVENUE 5 #10-257 SINGAPORE 681490			
ID Type / ID No.: NRIC NO / S8320849Z			Contact No.: Home/Office:	Mobile: 86869424		
Nationality: SINGAPORE CITIZEN		EN	Email: AINISAINI@GMAIL.COM			
Sex: Male	Age: 39	Date of Birth: 06/07/1983	Type of Informant: Rider			
Race: Boyanese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 2A,2B,3  Date of Expiry:			

Type of Accident:	Injury Police Vehicle	Drink Drive:	Date/Time of Accident:	Type of Location X-Junction
Location:		No	08/10/2022 20:4	5
CHOA CHU F	KANG DRIVE			
		Road Surface:		Road Speed Limit:
Weather: Clear		Dry		50 Km/h
	e Way	Dry Traffic Control: Traffic Light - Wo	rking	50 Km/h Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
						0

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



T/20221013/7073

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Report No. T/20221013/7073

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

# CONTINUATION OF REPORT

Rider						
Name	MOHAMAD SAINI BIN MATINDRA			IDN	lo.	S8320849Z
Related Vehicle	FBA8020K (Motorcycle)			Con	tact No.	86869424
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: 2A,2B,3 Date of Expiry: NIL
Date	08/10/2022 Date		Date		13/10	0/2022
No. of Days granted Medical Leave 62		62	Degree o	of	Serio	us

# Brief Details.

- Traffic light junction, stopped and standby to turn right. (cck north 5)
- Once green man in favour,looked out for vehicle coming from opposite,once cleared,proceed to turn right into choa chu kang drive.
- Police car coming from choa chu kang drive collide,t-bone with my bike.





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Report No. T/20221013/7073

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CONTINUATION OF REPORT

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NP168

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: 13/10/2022 22:37
Officer In Charge Of Case: TP / TPIB / YUS MASTARI I KHAZALI Contact No.: 65476347	Classification Of Case: