

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	15/10/2024 20:29 (SGT)
Reported by	Actual Driver
Date of Accident	13/10/2024 20:30 (SGT)
Exact Location of Accident	Teck Whye Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2166G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-91906227
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU193079
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	MOHAMMED SHARIFF BIN MOHAMMED TAWIL
NRIC No	S1537296F
Date Of Birth	09/09/1962
Occupation	Outdoor
Driving Pass Date	23/10/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-91906227
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 1 EUNOS CRESCENT #07-2537
Address complement	-
Postcode	400001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Major/Minor Rd
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?	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
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NUMBER T/20241013/2060

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ761K
Vehicle Manufacturer	Sym
Vehicle Model	COMBIZ 125 A
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	FBJ761K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NUMBER T/20241013/2060

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
15/10/2024 - 1530HRS

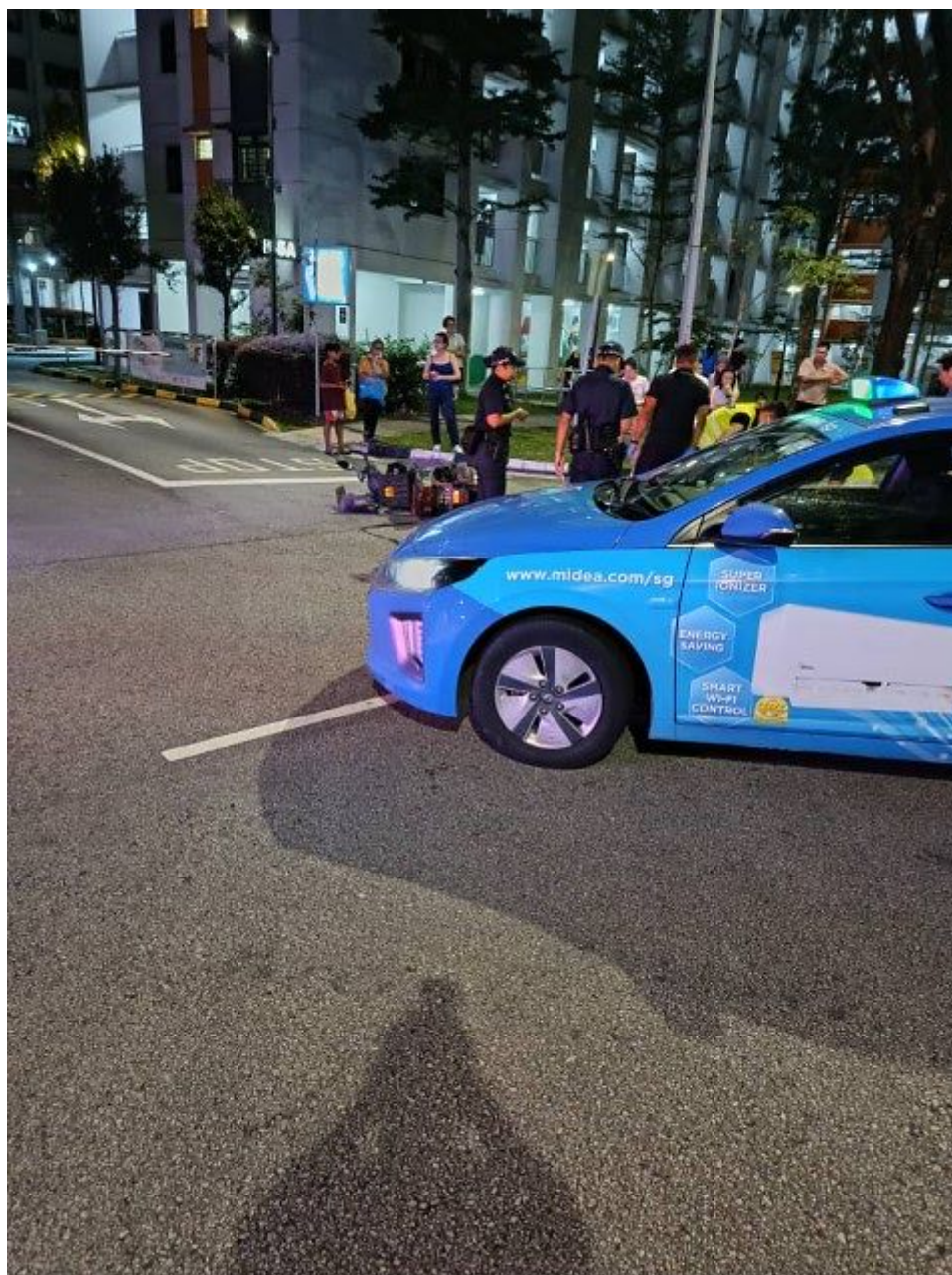


Witnessed by Reporting Centre
Personnel



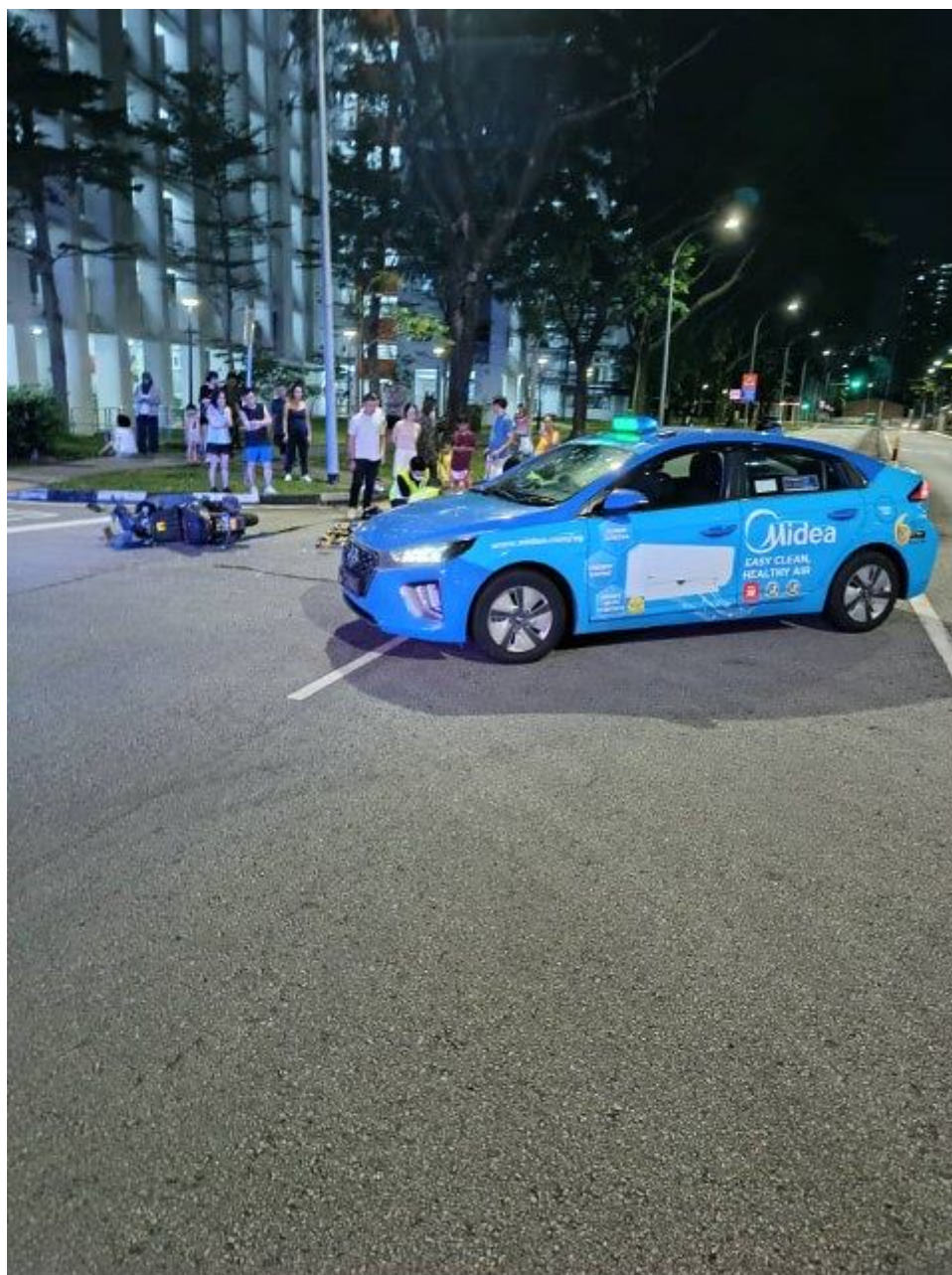
NOTE 40 Pro 5G

23mm f/1.75 1/14 ISO7456



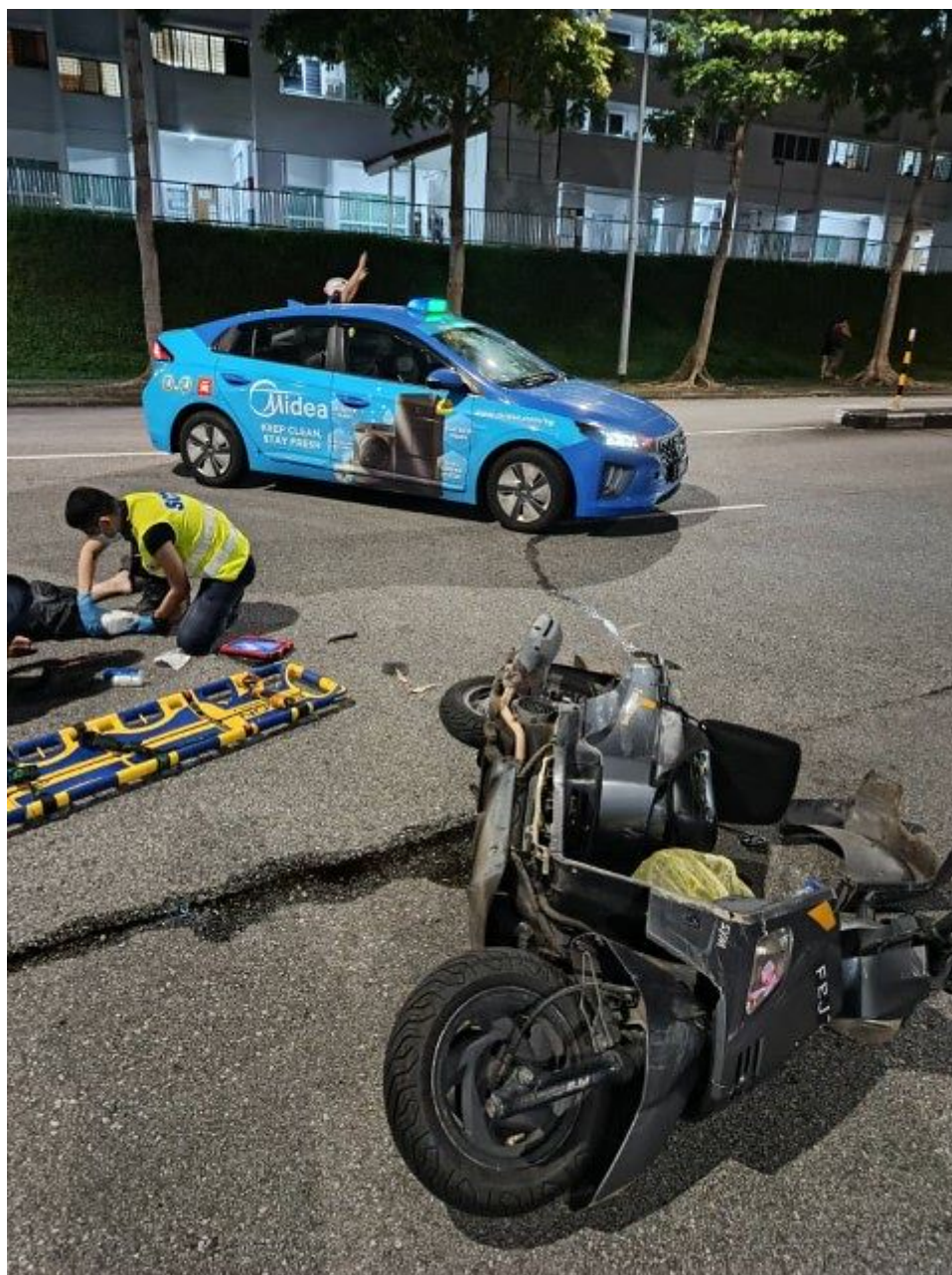
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NOTE 40 Pro 5G

23mm f/1.75 1/20 ISO5621



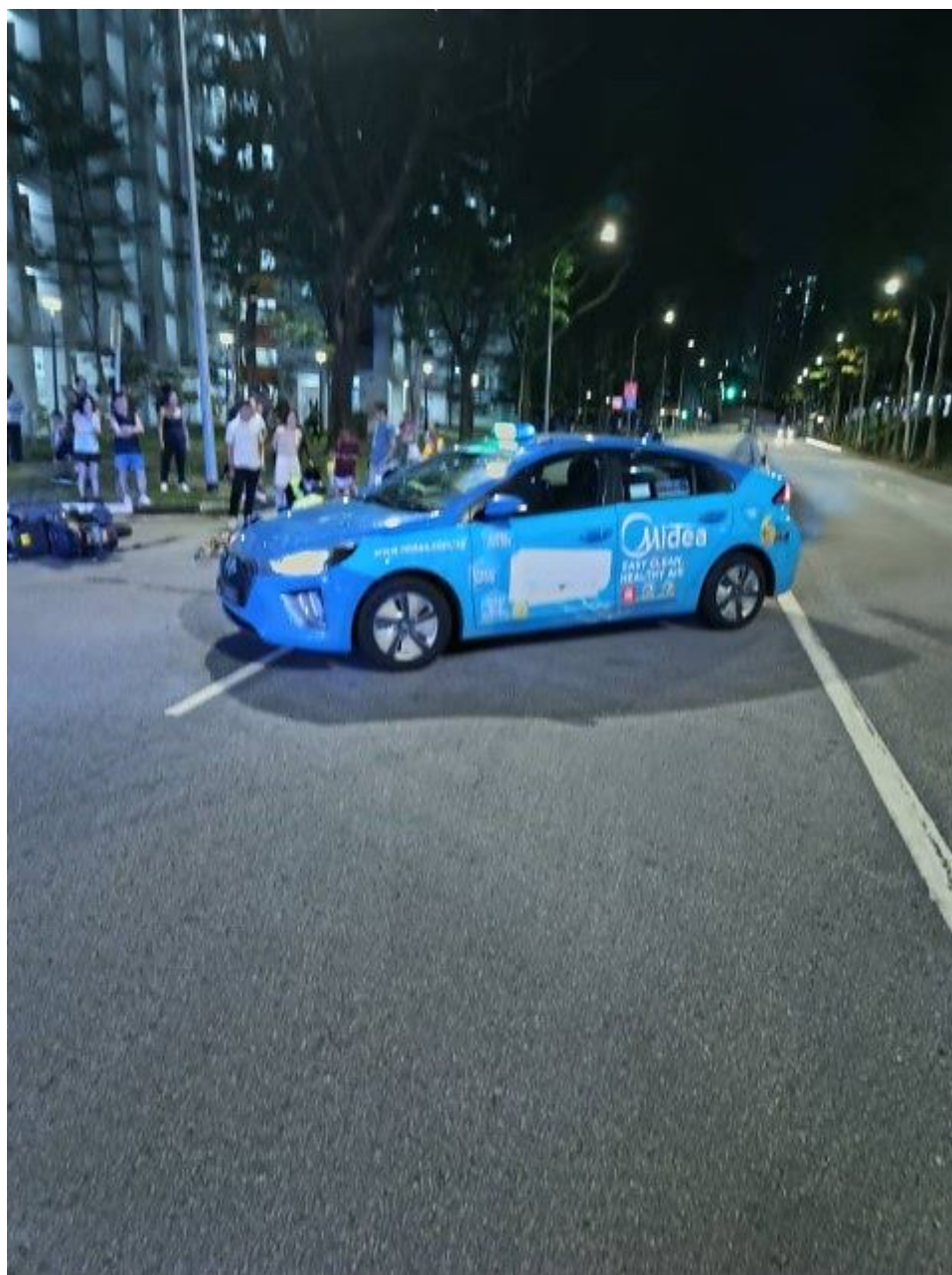
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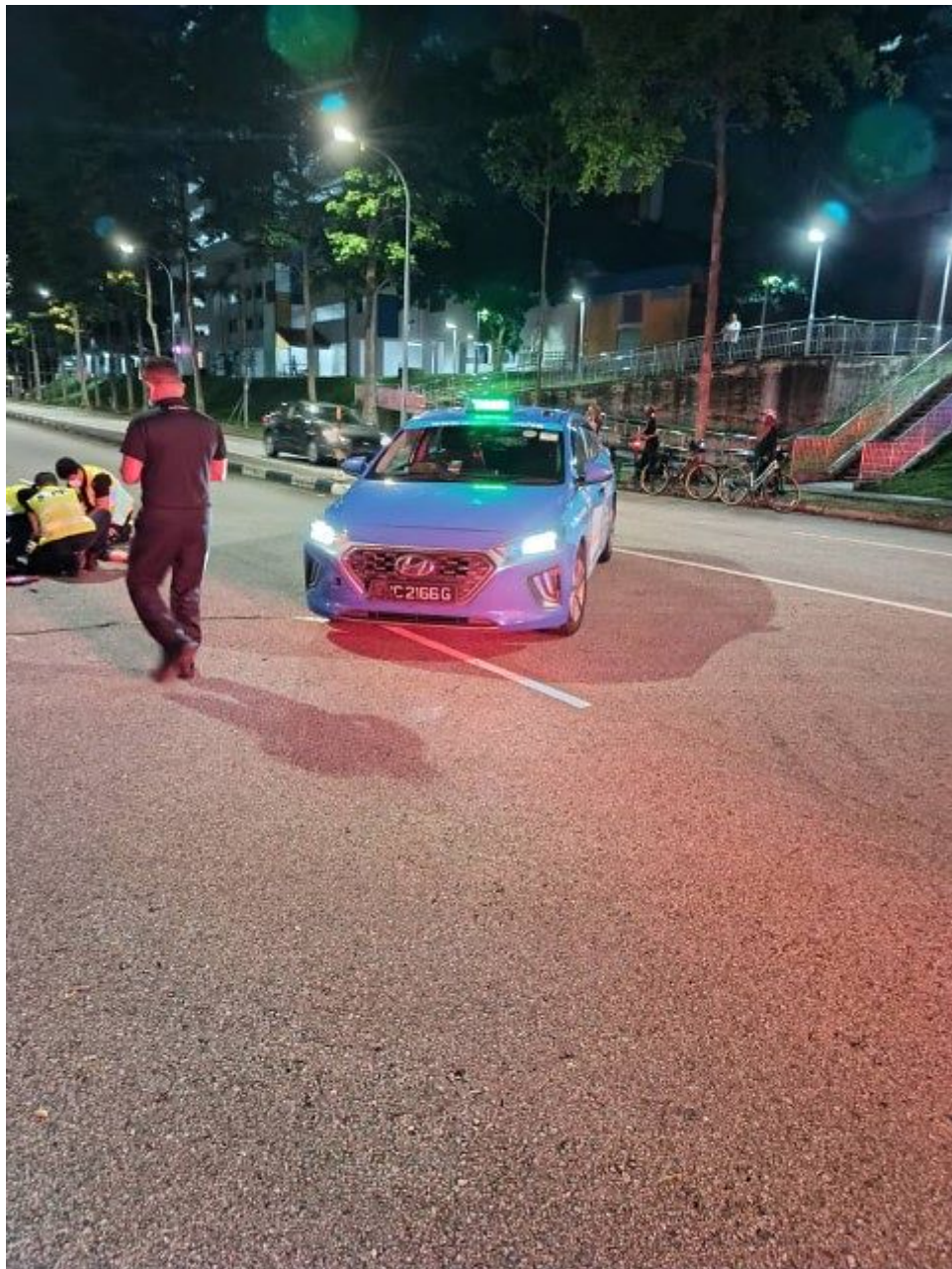
NOTE 40 Pro 5G

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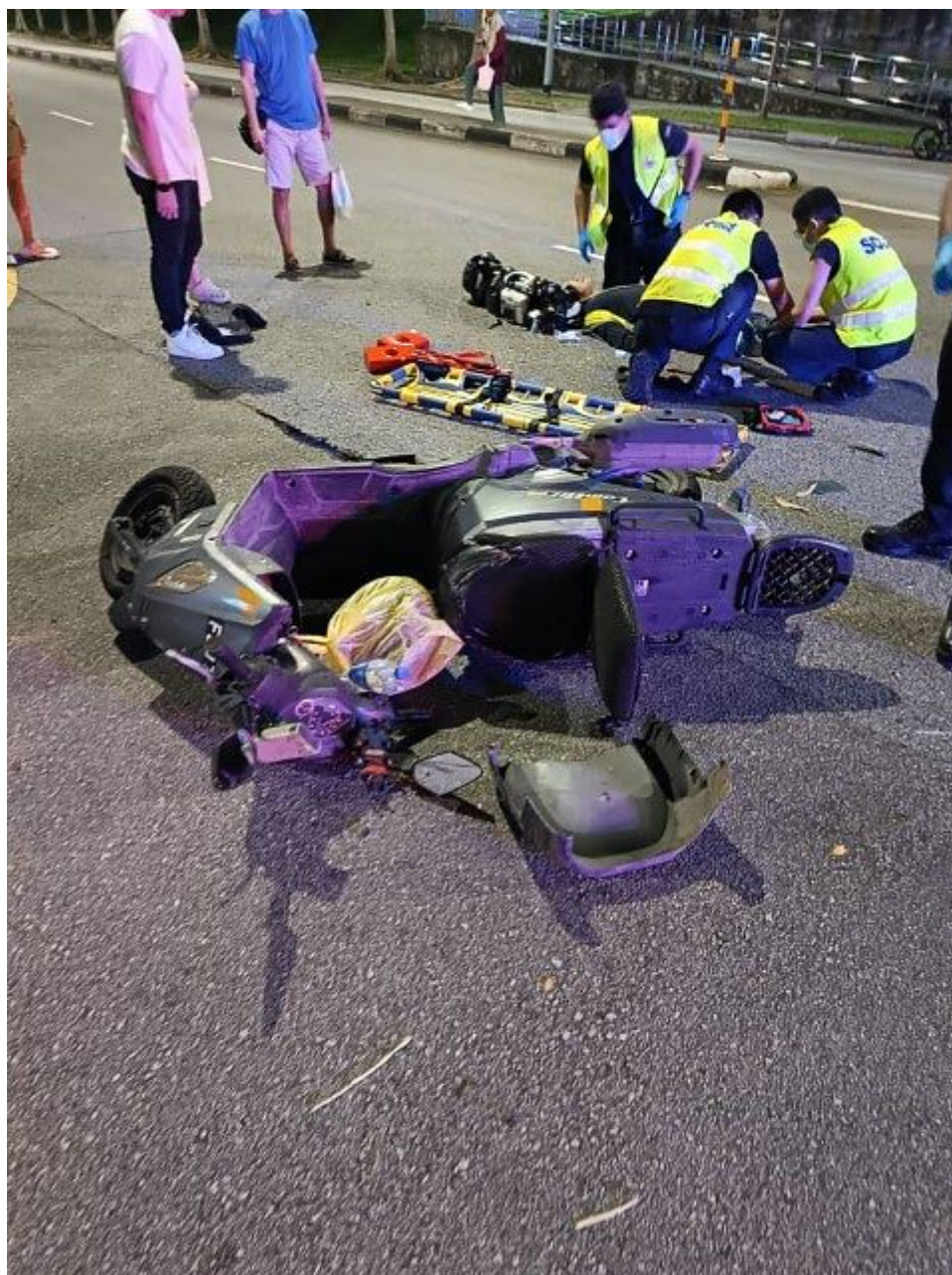
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23mm f/1.75 1/17 ISO6562



NOTE 40 Pro 5G

23mm f/1.75 1/20 ISO4887



NOTE 40 Pro 5G

23mm f/1.75 1/25 ISO5621


**SINGAPORE
POLICE FORCE**


T/20241013/2060

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Report No. T/20241013/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2024 22:28	Vide Report No.: J/20241013/0124	Station Diary No.: 87
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Informant's Particulars

Name of Informant: MOHAMMED SHARIFF BIN MOHAMMED TAWIL		Address: 1 EUNOS CRESCENT #07-2537 SINGAPORE 400001	
ID Type / ID No.: NRIC NO / S1537296F		Contact No.: Home/Office: Mobile: 91906227	
Nationality: SINGAPORE CITIZEN		Email: riffmohammed@gmail.com	
Sex: Male	Age: 62	Date of Birth: 09/09/1962	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2024 20:40	Type of Location: Straight Road
Location: TECK WHYE CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ761K	Motorcycle	SYM	COMBIZ 125 A	White	Slightly Damaged	0
SHC2166G		HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	0

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No: T/20241013/2060



CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMED SHARIFF BIN MOHAMMED TAWIL	ID No.	S1537296F
Related Vehicle	SHC2166G	Contact No.	91906227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 13/10/2024 at around 2040 hrs, While I was driving along Teck Whye Crescent, I was driving my taxi and was about to turn right into the carpark of block 165A Teck Whye Crescent. My taxi was halfway turning into the carpark when suddenly a motorcycle appeared in-front of me. I applied my emergency brakes however the motorcycle hit the front bumper of my taxi. I then exited from my taxi and checked on the rider. I subsequently called for ambulance and was attended by Traffic Police W/SGT Syahindah. My taxi suffered slight damages on the front number plate. The rider was then conveyed to hospital by ambulance.

That is all.

 SINGAPORE POLICE FORCE		 T/20241013/2060
Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999		3 of 3 Report No. T/20241013/2060
CONTINUATION OF REPORT		
Signature of Officer Recording The J/ SGT 1 MUHAMMAD AFIQ ISWANDY BIN ROSLAN		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 13/10/2024 22:28
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252		Classification Of Case:
NP168		



NOTE 40 Pro 5G

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