

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 ability.
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 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 Report	14/12/2017 13:27
Date Of Accident	14/12/2017 00:20
Exact Location Of Accident	PIE TOWARDS TUAS NEAR ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1223G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	LAU KIN HWA
NRIC No	S1349822I
Date Of Birth	29/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1977
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	217 #03-363 BUKIT BATOK STREET 21
Postcode	650217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLG7048M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	DRIVER
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Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SLG7048M

Were seat belts worn?

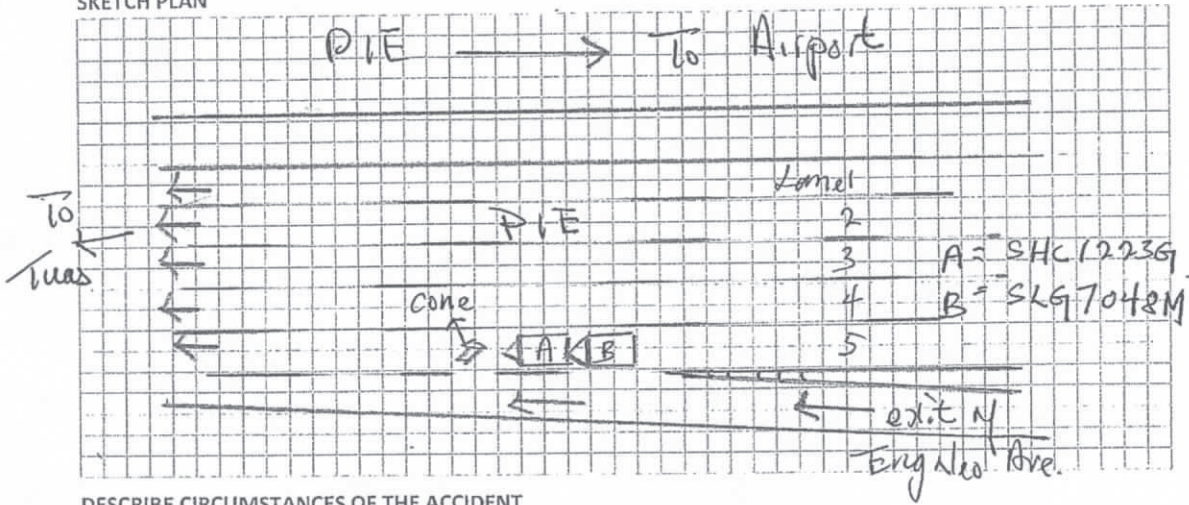
Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police
Report
attached

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

14/12 Lim Ee Soon
CSO
Reporting Centre Personnel's Signature
Name:
Date & Time:



**SINGAPORE
POLICE FORCE**



T/20171214/2011

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

Report No. T/20171214/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 02:08		Vide Report No.: E/20171214/0002		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU KIN HWA			Address: APT BLK 217 BT BATOK ST 21 #03-363 HDB-BUKIT BATOK SINGAPORE 650217		
ID Type / ID No.: NRIC NO / S1349822I			Contact No.: Home/Office:		Mobile: 92720345
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 29/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2017 00:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS 22KM				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC1223G	TAXI	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		1
SLG7048M	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver		1



**SINGAPORE
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T/20171214/2011

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20171214/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU KIN HWA	ID No.	S13498221
Related Vehicle	SHC1223G (TAXI)	Contact No.	92720345
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,
I WAS TRAVELLING ALONG PIE TOWARDS TUAS AT ABOUT 22KM ON THE EXTREME LEFT LANE.
I SLOWED DOWN AS THERE WAS A CONE LYING ON THE ROAD AHEAD OF ME AND I SLOWLY
DROVE PASS IT. SUDDENLY A VEHICLE FROM MY REAR HAD COLLIDED ONTO MY REAR
PORTION.



**SINGAPORE
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T/20171214/2011

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Report No. T/20171214/2011

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Traffic Police Division HQ
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Tel No: 65470000

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:
TP /
NICHOLAS YEO HAO QUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/12/2017 02:08

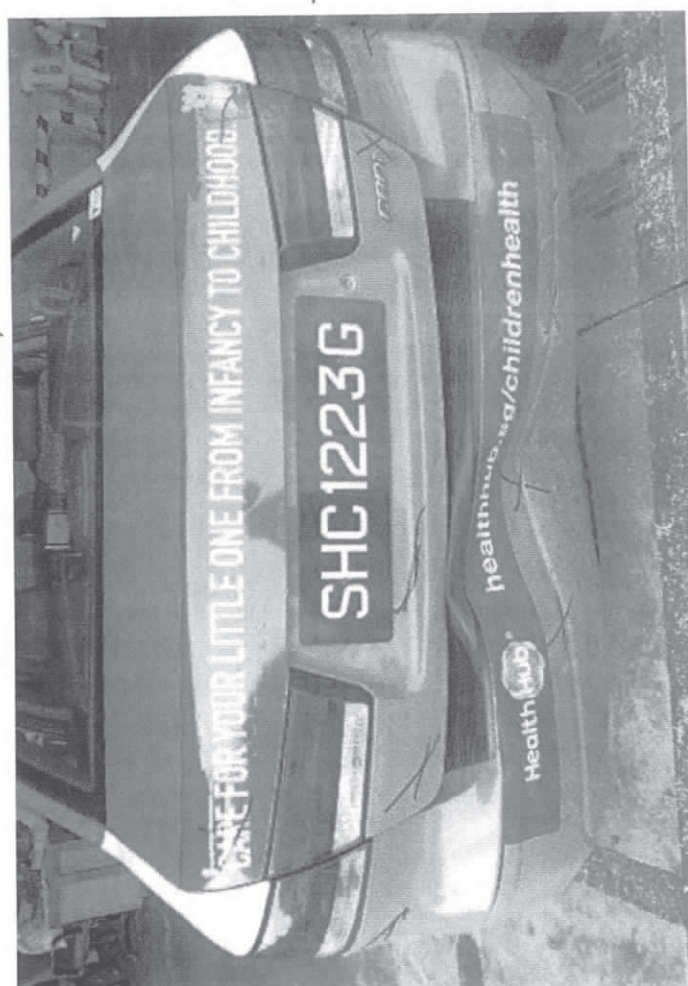
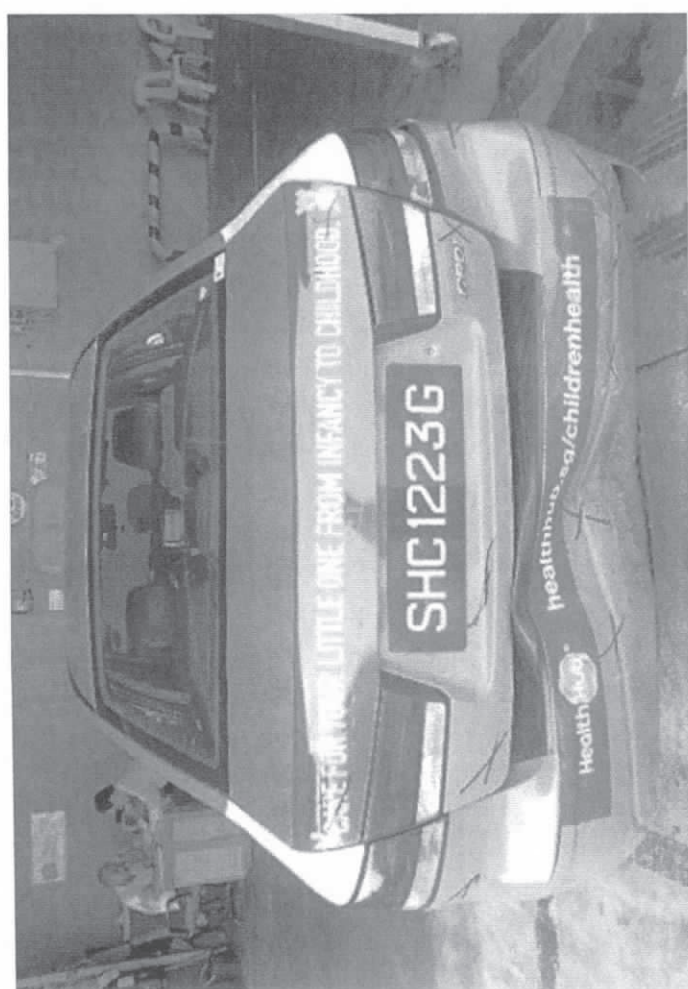
Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:



**SINGAPORE
POLICE FORCE**





CHECKLIST

☐ Braddell ☐ Singel Kadut ☐ Ubi

Customer and Vehicle Date (To be filled by MVA)

Name of Customer: Lau Kim Hing

Vehicle Reg. No.: 8412 12356

Model of Vehicle: 4/80 etc.

Assessor: [Signature]

ComfortDelGro Engineering Pte Ltd

100 East Avenue, Singapore 479070

011 234 5678