

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 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	02/02/2018 10:47
Date Of Accident	01/02/2018 20:30
Exact Location Of Accident	SLIP RD FROM PIE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4428Z
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	TOYOTA
Model	PRIUS
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KEVIN KOH
NRIC No	S1445889A
Date Of Birth	23/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	672B 06-549 EDGEFIELD PLAINS
Postcode	822672
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL NPC
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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM7775P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEI ZHEN
NRIC/Passport Number	S7267752H
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KEVIN KOH

Approximate Age

58

Injuries Sustain

NECK,GIDDY

Injured person in which vehicle?

SHA4428Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

SLIP RD FROM PIE THDS CTE/SLE
ALONG BRADLEY VIADUCT

A: SHA 4428Z
B: 8JM 7/75P
TOYOTA
LEI ZHEN
11C 3726752H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20180201/2208.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199308821R

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**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180201/2208

1 of 3

Report No. T/20180201/2208

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 23:36	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars

Name of Informant: KEVIN KOH	Address: APT BLK 672B EDGEFIELD PLAINS #06-549 SINGAPORE 822672		
ID Type / ID No.: NRIC NO / S1445889A	Contact No.: Home/Office: Mobile: 90288918		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 23/12/1960	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 Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 20:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY CENTRAL EXPRESSWAY Along the flyover (bend) from PIE to CTE near				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4428Z	Taxi				Slightly Damaged	2
SJM7775P	Car					0

Details of Person Involved

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180201/2208

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180201/2208

CONTINUATION OF REPORT

Driver			
Name	KEVIN KOH		ID No. S1445889A
Related Vehicle	SHA4428Z (Taxi)		Contact No. 90288918
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	Slight
Driver			
Name	LEI ZHEN		ID No. S7267752H
Related Vehicle	SJM7775P (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL 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 1st February 2018 at about 2030hrs, I was driving my vehicle SHA4428Z along the flyover from PIE towards CTE. Suddenly, one vehicle SJM7775P overtook me along the right side road shoulder. As such, the other vehicle hit the front right side of my vehicle. Both vehicles stopped on the right side and we exchanged particulars. My vehicle had some slight damages on the front right side. Due to the accident, my neck was painful and my head felt a bit giddy. I have not gone to see a doctor yet.



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POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180201/2208

3 of 3

Report No. T/20180201/2208

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:
F /
Staff Sgt ZAKI FAHMY RAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/02/2018 23:36

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp

