

## 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	02/03/2018 16:15
Date Of Accident	01/03/2018 18:45
Exact Location Of Accident	BALESTIER RD TWDS LAVENER ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9083J
<b>Insured/Policyholder</b>	
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	I40
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	MCOM0015
Cover Note Number	

### Driver

Name of Driver	HO KWOK YONG
NRIC No	S1601180J
Date Of Birth	10/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1981
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	49 JALAN CHEMPAKA KUNING
Postcode	489087
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
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK NPP
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

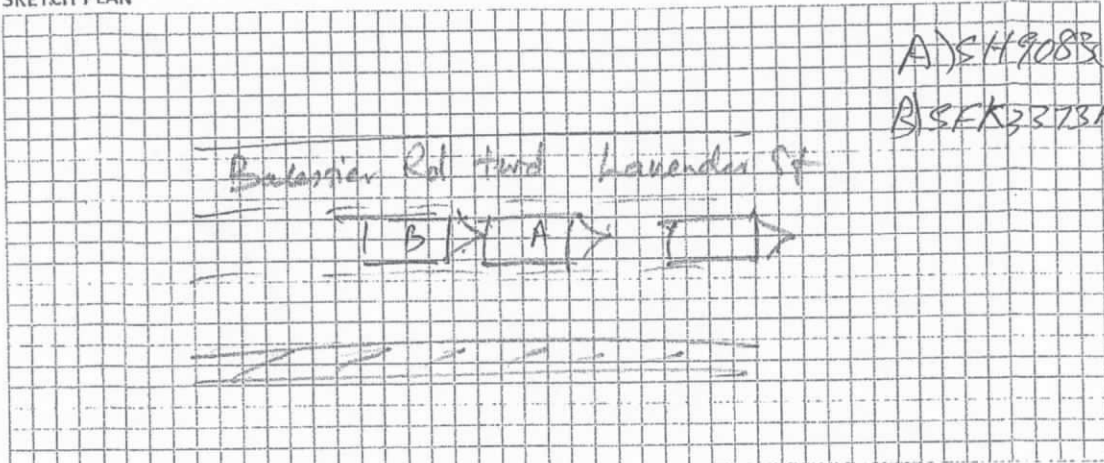
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK3373A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN SING
NRIC/Passport Number	S7031996I
Contact Number	90178550
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HO KWOK YONG
Approximate Age	49
Injuries Sustain	NECK,SHOULDER,CHEST
Injured person in which vehicle?	SH9083J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20180302/2057

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)

Reporting Centre Personnel's Signature  
Name:

SR Moorthy  
CSO  
2/3/18



## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180302/2054

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20180302/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2018 12:47	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: HO KWOK YONG			Address: APT BLK 43 TELOK BLANGAH RISE #04-638 SINGAPORE 090043		
ID Type / ID No.: NRIC NO / S1601180J			Contact No.: Home/Office: Mobile: 81281683		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 10/03/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CAB 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: 01/03/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD  NEAR TO MCNAIR ROAD TOWARDS LAVENDER AREA.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK3373A	Car	MERCEDES BENZ		Black	Seriously Damaged	1
SH9083J	Car	HYUNDAI	i40	Blue	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No
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**SINGAPORE  
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T/20180302/2054

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## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Lim Kian Sing	ID No.	S7031996I
Related Vehicle	SFK3373A (Car)	Contact No.	9017 8550
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
<b>Driver</b>			
Name	HO KWOK YONG	ID No.	S1601180J
Related Vehicle	SH9083J (Car)	Contact No.	81281683
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 1/3/2018 at 1845 hrs, I was driving my vehicle (SH 9083 J - Blue Comfort taxi) along Balestier Road towards Lavender area in the middle lane.

While near to McNair road, the traffic was building up as such I stopped my vehicle. About an instant, I felt a hard impact from the rear which caused my body to be thrown forward towards the steering wheel.

I then alighted from my vehicle and noticed the back vehicle (SKF 3373A) had collided onto the rear of my vehicle. The driver mentioned that he could not brake in time as such caused the accident.

My vehicle sustained a damaged rear exhausted and dent/ scratches at the left rear bumper area. The other vehicle had a dented front bonnet.

We exchanged our details and drove off from the location.

There were no Police or ambulance at scene. There is a front in-car camera in my vehicle and had captured the occurrence of the accident.

On 2/3/2018, I went to A Life Clinic (Novena) and was given 05 days MC from 02 March - 6 March.



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CONTINUATION OF REPORT



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Report No. T/20180302/2054

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:

G /

Sgt 2 CHONG WENG KIAT, TERENCE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/03/2018 12:47

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



**SINGAPORE  
POLICE FORCE**

Classification Of Case:

Authentication Stamp







