

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	08/03/2018 14:38
Date Of Accident	07/03/2018 16:35
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA867R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KOH CHEE KEONG
NRIC No	S1609202I
Date Of Birth	22/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1990
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	426 #06-501 BEDOK NORTH ROAD
Postcode	460426
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 - MAJOR/MINOR RD
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT 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	SKX5445K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MELISSA LEE PEI-JU
NRIC/Passport Number	S7839201J
Contact Number	98467210
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH CHEE KEONG

Approximate Age

55

Injuries Sustain

MUSCLE NUMBNESS IN LEFT ARM

Injured person in which vehicle?

SHA867R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

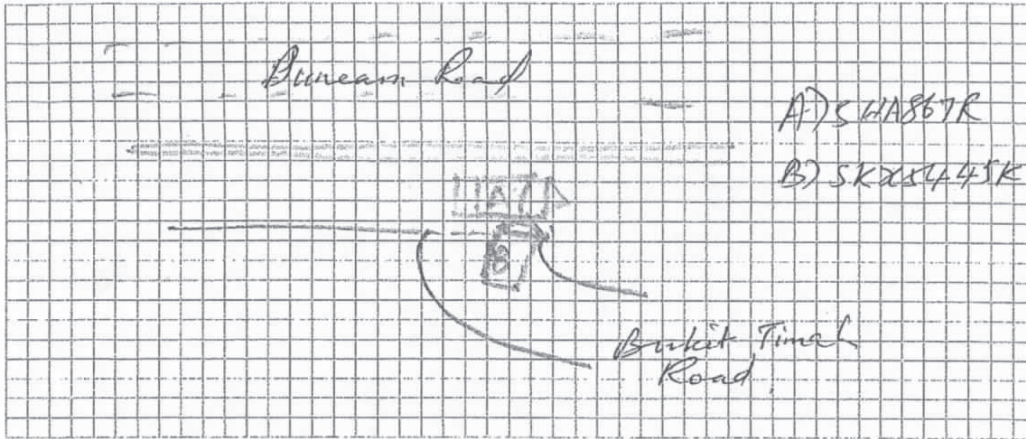
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
T/20180308/7056

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 19950283

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

[Signature]
S. F. Moorthy
CSO
8/3/18

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180308/2056

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180308/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2018 12:45		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: KOH CHEE KEONG			Address: APT BLK 426 BEDOK NORTH ROAD #06-501 SINGAPORE 460426		
ID Type / ID No.: NRIC NO / S16092021			Contact No.: Home/Office: Mobile: 98341239		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 22/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		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: 07/03/2018 16:35	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA867R	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	2
SKX5445K	Car	CITROEN	GRAND C4 PICASSO 1.6	Grey	Seriously Damaged	0



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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20180308

Report No. T/201803

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHEE KEONG	ID No.	S1609202I
Related Vehicle	SHA867R (Car)	Contact No.	98341239
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MELISSA LEE PEI-JU	ID No.	S7839201J
Related Vehicle	SKX5445K (Car)	Contact No.	98467210
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 above mentioned date, time and location. While I was driving my vehicle along Dunearn Rd most right lane, one of the vehicle (SKX5445K) suddenly came out from Bt Timah Slip Rd. As I could not stop in time, my vehicle collided into the passenger side of the other vehicle. I had in-car camera installed in the front of my vehicle. I suffered some muscle numbness in my left arm and was given 3 days of MC at Y M Chan Clinic & Surgery.

I am lodging this for insurance claims.

SINGAPORE
POLICE FORCE



T/20180308/2056

Station Of Origin:
Angkat NPP
09 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

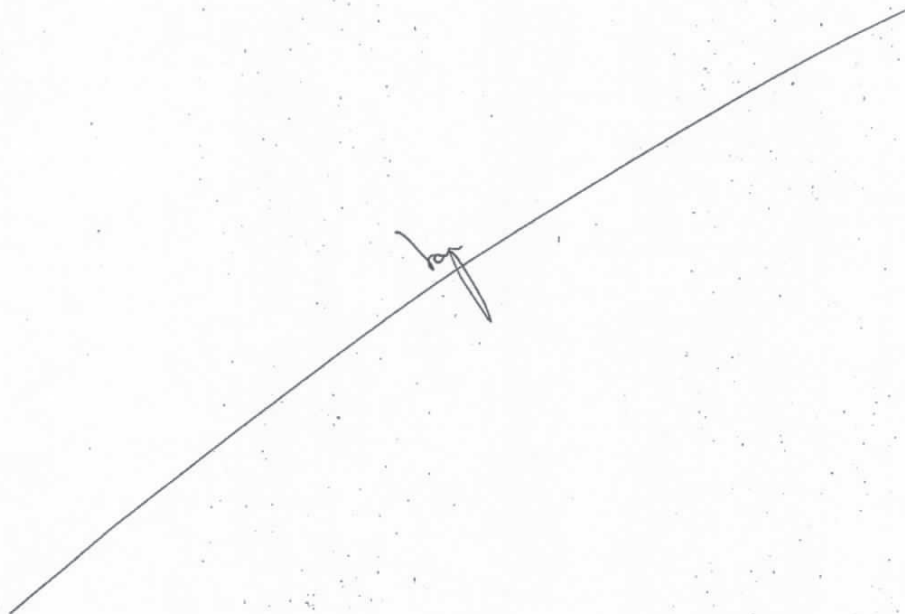
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Report No. T/20180308/2056

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 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2018 12:45

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LU
Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp