

## 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             | 16/03/2018 14:00                 |
| Date Of Accident           | 15/03/2018 22:50                 |
| Exact Location Of Accident | KILLINEY RD TWDS RIVER VALLEY RD |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC3229C                       |
| <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 | 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       | LIM SING WOO          |
| NRIC No              | S1592776C             |
| Date Of Birth        | 27/12/1963            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 22/09/1995            |
| Driving Experience   | 22 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        |                       |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                              |
|---|------------------------------|
| Address   | 673A 17-601 EDGEFIELD PLAINS |
| Postcode  | 821673                       |
| 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)   | 2                           |
| Passenger 1   | NAME: : -<br>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]               | HOUGANG NPC |
| Was notice of intended Prosecution given? | NO          |
| If Yes, against whom?                     |             |

#### Circumstances of Accident

SEE ATTACH.

#### 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 | SJY41G              |
| Vehicle Make/Model/Colour   |                     |
| Details Of Properties       |                     |
| Vehicle Category            | PRIVATE CAR         |
| Name of Driver              | WAN WEI XIANG AARON |
| NRIC/Passport Number        | S8730274A           |
| Contact Number              | 84886648            |
| Address                     |                     |
| Postcode                    |                     |
| Insurance Company Name      |                     |

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM SING WOO

Approximate Age

55

Injuries Sustain

NECK,SHOULDER

Injured person in which vehicle?

SHC3229C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

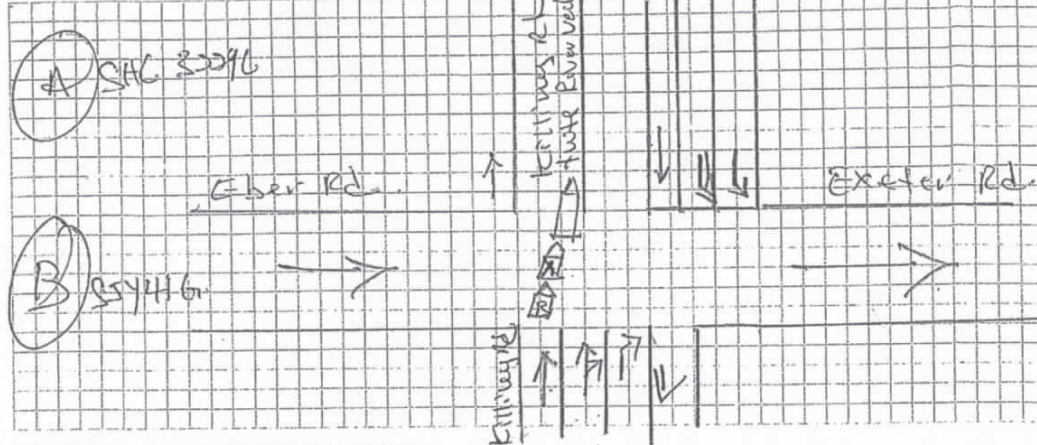
NO

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police  
Report  
T/ 20180316 / 2034

## DECLARATION

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

COMFORT TRANSPORTATION  
CO. REG. NO. 19930382R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

John 16/2



## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180316/2034

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180316/2034

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>16/03/2018 10:49 | Vide Report No.: | Station Diary No.:<br>31 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>LIM SING WOO       |            |                              | Address:<br>APT BLK 673A EDGEFIELD PLAINS #17-601 SINGAPORE 821673 |                            |
| ID Type / ID No.:<br>NRIC NO / S1592776C |            |                              | Contact No.:<br>Home/Office: Mobile: 97845714                      |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>54 | Date of Birth:<br>27/12/1963 | Type of Informant:<br>Driver                                       |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>Mandarin  | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: 3,4 Date of Expiry:         |                            |

**General Information of the Accident**

|  |                              |   |   |  |
|--|------------------------------|---|---|--|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>15/03/2018 22:50 | Type of Location:<br>X-Junction        |
| Location:<br>Junction of Road 1 and Road 2<br>KILLINEY ROAD<br>EXETER ROAD |                              |   |   |  |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way   |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear               |                              |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make             | Model                                       | Color | Condition           | No of Passenger |
|-------------|------|------------------|---|-------|---------------------|-----------------|
| SHC3229C    | Car  | HYUNDAI          | I40 1.7L<br>CRDI AT<br>ABS<br>AIRBAG<br>4DR | Blue  | Slightly<br>Damaged | 1               |
| SJY41G      | Car  | MERCEDES<br>BENZ | C 180<br>KOMPRESS<br>OR                     | Black | Slightly<br>Damaged | 1               |



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Report No. T/20180316/2034

## CONTINUATION OF REPORT

|                                   |                             |  |                                   |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| <b>Details of Person Involved</b> |                             |  |                                   |
| Any Pedestrian Involved: No       |                             |  |                                   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | LIM SING WOO                | ID No.                                 | S1592776C                         |
| Related Vehicle                   | SHC3229C (Car)              | Contact No.                            | 97845714                          |
| Hospital/Clinic                   | POW FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | 16/03/2018                  | Date Discharge                         | 16/03/2018                        |
| No. of Days granted Medical Leave | 03                          | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | WAN WEI XIANG AARON         | ID No.                                 | S8730274A                         |
| Related Vehicle                   | SJY41G (Car)                | Contact No.                            | 84886648                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>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 15/03/2018 at about 2250hrs, I was at the junction of Killiney road and Exeter road. The traffic light turn green and I followed the car in front of me when he moved. The front vehicle made a sudden break and I followed suit and I felt a sudden impact from the rear. I stopped my vehicle and came out afterwards. My passenger then left the taxi and I did not manage to see him afterwards. I then proceed to discuss with the other driver and exchanged particulars. Two officers from the nearby Police station came and take note of our particulars.

The damage my vehicle sustain was a dent in the boot and my rear bumper is cracked. The other vehicle sustain a dent in the front right of his bumper. There is CCTV installed in my taxi. I sustained minor sprains on my neck and left shoulder.



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Report No. T/20180316/2034

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:<br>F /<br>Sgt 1 KANG YONG LER, JAMESON       |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 2 LIM HONG LEE<br>Contact No.: 65476438 |

|                                |
|--------------------------------|
| Signature Of Informant:<br>    |
| Date/Time:<br>16/03/2018 10:49 |
| Classification Of Case:        |

Authentication Stamp  
NP168