

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	31/03/2018 11:24
Date Of Accident	29/03/2018 23:40
Exact Location Of Accident	BUKIT MERAH VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2254K
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	TING BEE KEONG
NRIC No	S1152492C
Date Of Birth	26/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60 #08-3309 GEYLANG BAHRU
Postcode	330060
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 (TP reverse)
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?	NO
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]	KALLANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT. (TP REVERSE)

Attachment(s)

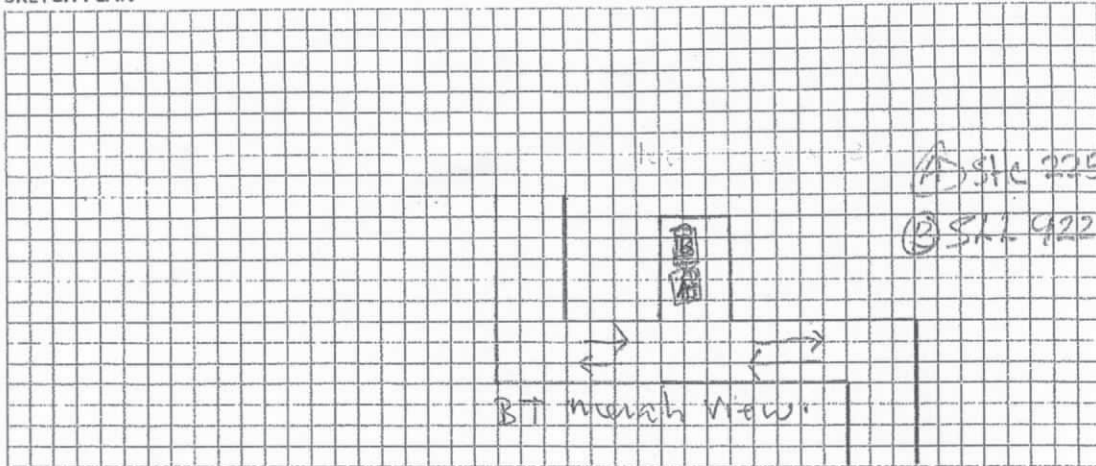
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9229T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report attach T20180330/2121:

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)

31/3/18
Jackson Heng
CSO Jackson

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20180330/2121

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

1 of 3

Report No. T/20180330/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2018 22:02		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: TING BEE KEONG			Address: APT BLK 60 GEYLANG BAHRU #08-3309 SINGAPORE 330060		
ID Type / ID No.: NRIC NO / S1152492C			Contact No.: Home/Office: Mobile: 96309332		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 26/09/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2018 23:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT MERAH VIEW				
Blk 126 Bukit Merah View outside Garbage Shutter				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
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
SHC2254K	Car				Slightly Damaged	0
SLL9229T	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180330/2121

2 of 3

Police Station Of Origin:

Kallang JPP

105 Towner Road #01-400 SINGAPORE

321105

Tel No: 1800-2996999

Report No. T/20180330/2121

CONTINUATION OF REPORT

Brief Details.

On 29/03/18 at about 2340hrs, I was driving my Comfort Taxi (SHC2254K) to Blk 126 Bukit Merah View to drop off my passenger. I stopped my vehicle behind a vehicle (SLL9229T) outside garbage shutter. After the passenger alighted. The front vehicle suddenly reverses and collided with my vehicle front bumper. There was scratcher at the front bumper ventilation area and my vehicle registration plate number was loose.

There was in-car camera and was working. No one was injured and there was no Hit & Run.



**SINGAPORE
POLICE FORCE**



T/20180330/2121

Police Station Of Origin:
Kallang NPP
105 Towner Road #01-400 SINGAPORE
321105
Tel No: 1800-2996999

3 of 3

Report No. T/20180330/2121

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:
A /
Sgt 2 CAI JINQUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/03/2018 22:02

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
N2168



SN 11

