

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	10/04/2018 07:28
Date Of Accident	08/04/2018 17:30
Exact Location Of Accident	MANDAI LANE OUTSIDE OF MANDAI CREMATORIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1614L
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	TAN KENG ANN
NRIC No	S1504045I
Date Of Birth	21/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	124 04-103 SERANGOON NORTH AVENUE 1
Postcode	550124
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 (70 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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : -- GENDER: : FEMALE
Passenger 3	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]	TAMPINES E NPP
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	SBH233D
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 RHT REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KENG ANN

Approximate Age 57

Injuries Sustain NECK

Injured person in which vehicle? SHC1614L

Were seat belts worn? YES

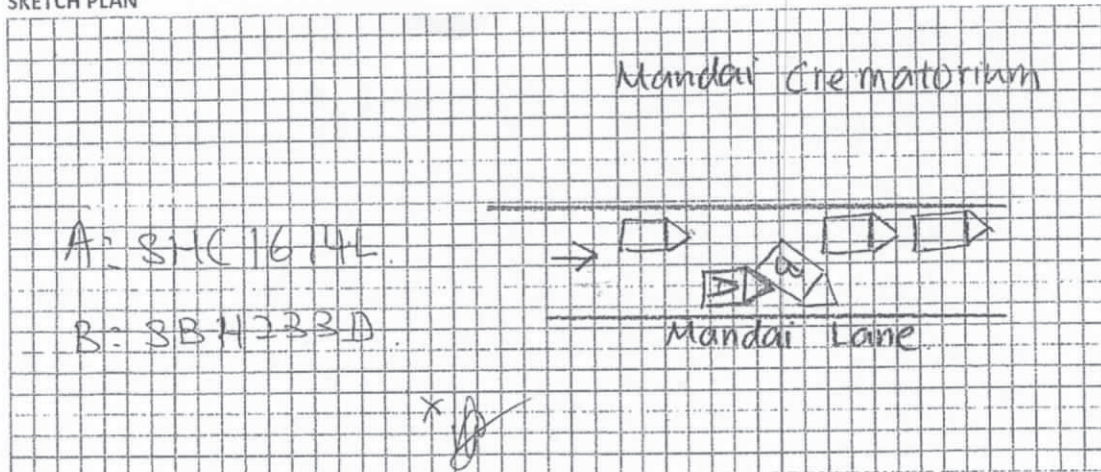
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

DECLARATION

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

FURT TRANSPORTATION PTE LTD
Policyholder's Signature
CO REG. NO. 199303821R
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 91418.



**SINGAPORE
POLICE FORCE**



T/20180409/2121

1 of 3

Report No. T/20180409/2121

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 15:36	Vide Report No.:	Station Diary No.: 35
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN KENG ANN	Address: APT BLK 124 SERANGOON NORTH AVENUE 1 #04-103 SINGAPORE 550124		
ID Type / ID No.: NRIC NO / S15040451	Contact No.:	Mobile: 91062065	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 21/09/1961	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 MANDAI ROAD				
Mandai Lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SBH233D	Car				Slightly Damaged	0
SHC1614L	Car				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180409/2121

2 of 3

Report No. T/20180409/2121

CONTINUATION OF REPORT

Driver			
Name	TAN KENG ANN	ID No.	S15040451
Related Vehicle	SHC1614L (Car)	Contact No.	91062065
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	09/04/2018	Date Discharge	09/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 08/04/2018 at about 1730hrs, was driving my taxi (SHC1614L) along Mandai Lane heading towards Mandai Crematorium with 3 passengers. At the time, there was queue of vehicles and traffic was moving slowly.

Suddenly, the vehicle ahead of me (SBH233D) engaged in the reverse gear and tried to manouvre into a parking space. While doing so, the rear portion of the vehicle collided into the front portion of my taxi causing damage to the front bumper.

At the time of accident, no one appeared to be injured. I took down the registration number of the vehicle and sent my passengers to their destination.

The following day on 09/04/2018, I felt some discomfort due to the accident and decided to consult a doctor where I was given 3 days medical leave.

I wish to add that I have a front facing camera in my taxi which was operational during the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180409/2121

Report No. T/20180409/2121

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:

G /


Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

 **SINGAPORE
POLICE FORCE**
Contact No.: 65476179

Authentication Stamp

Signature Of Informant:

Date/Time:

09/04/2018 15:36

Classification Of Case:



