

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	23/04/2018 07:33
Date Of Accident	22/04/2018 01:55
Exact Location Of Accident	BUKIT TIMAH ROAD TWDS UPP BT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC824D
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	SEAH SOO KHOON
NRIC No	S1289607G
Date Of Birth	07/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	755 JURONG WEST ST 74 #02-56
Postcode	640755
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?	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)	2
Passenger 1	NAME: : -
	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]	NANYANG NPC
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	SJX5708P
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

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

Refer Police Report

7/20180422/2018

(See attach)

A)SHC824 D

B)STX5708P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20180422/2018

DECLARATION

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

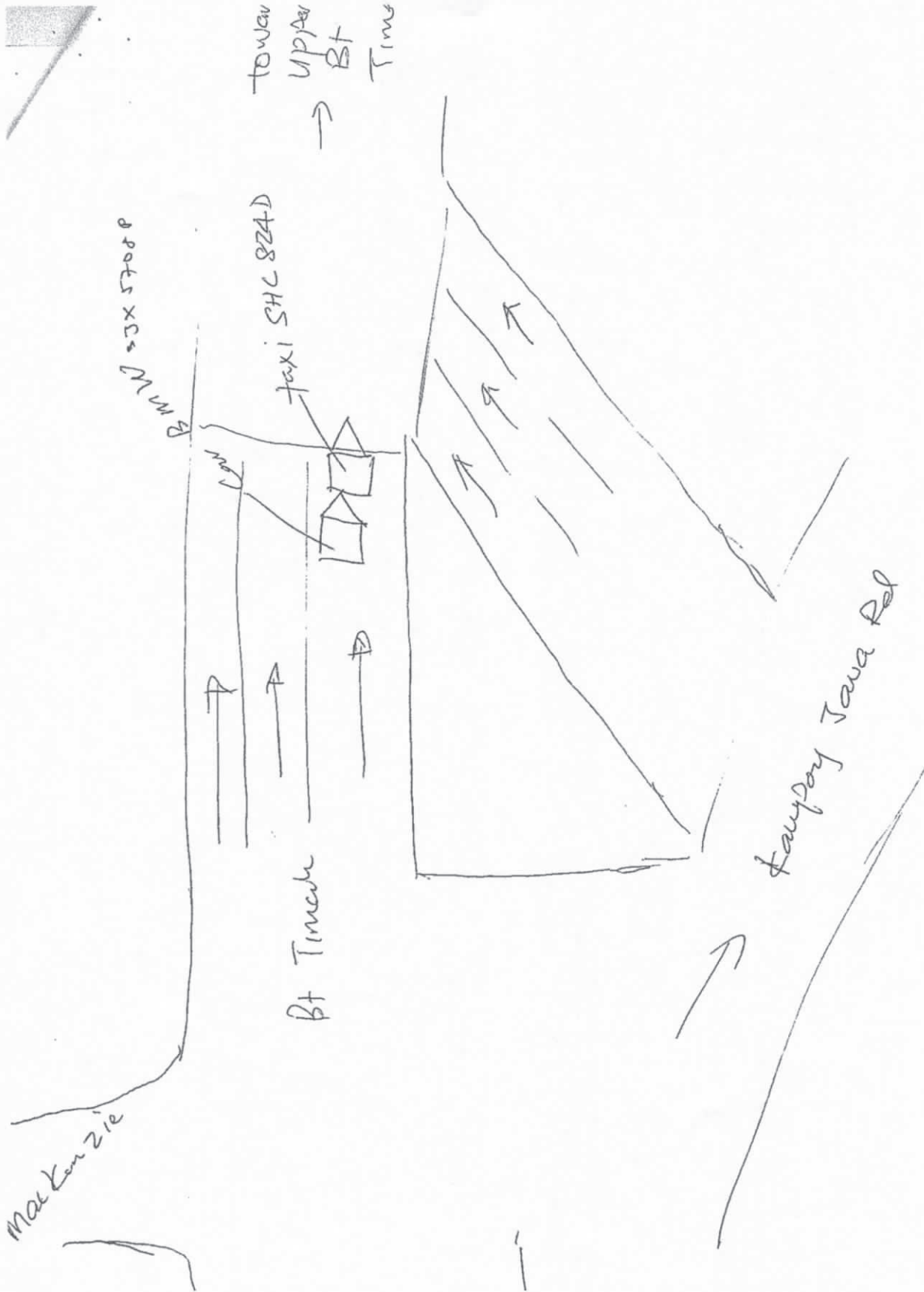
CITYCAB PTE LTD
CO. REG. NO. 199502839C

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

S R Moorthy
CSO



Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180422/2018

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Report No. T/20180422/2018

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2018 05:33	Vide Report No.: E/20180422/0022	Station Diary No.: 29
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Informant's Particulars			
Name of Informant: SEAH SOO KHOON		Address: APT BLK 755 JURONG WEST STREET 74 #02-56 SINGAPORE 640755	
ID Type / ID No.: NRIC NO / S1289607G		Contact No.: Home/Office: Mobile: 91036622	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 07/05/1958	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2018 01:55	Type of Location: merging lanes
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHC824D	Car				Slightly Damaged	1

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180422/2018

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180422/2018

CONTINUATION OF REPORT

Driver			
Name	SEAH SOO KHOON	ID No.	S1289607G
Related Vehicle	NIL	Contact No.	91036622
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 22/04/2018 at about 0155hrs, I was driving my vehicle, V1) yellow coloured city cab taxi with registration plate number SHC824D, on Bukit Timah Road travelling towards Upper Bukit Timah Road. I was travelling on the first lane and as I was approaching the traffic light at the junction, the traffic light turned amber. Thus, I stepped on my brakes to stop. Suddenly, I felt a bump from the rear of my vehicle. I then stepped out of my vehicle to make a check.

When I stepped out of my vehicle, v2) dark coloured bmw, the driver of the V2 that hit onto my rear also came out to make a check on his vehicle. The driver then told me that his vehicle is badly damaged whereas my vehicle is slightly damaged. I then start taking pictures of the position of the vehicles and coincidentally traffic police was just behind us. The police van tried to block the vehicle but the vehicle still managed to drive off hence the other traffic police gave chase. One of the traffic police instructed me to move my vehicle to the first stop when the traffic light was red.

Damages on vehicle:

- 1) minor scratches
- 2) slightly dented
- 3) bumper undercarriage cover dislocated

I wish to state that traffic police was at scene. I wish to also state that I had one passenger with me however the passenger paid me \$10 and left the scene. I am unsure if my passenger suffered any injuries as I had no chance to check with him.

vide E/20180422/0022
in charge of case: Francis Tay
Contact No: 6547 6229



**SINGAPORE
POLICE FORCE**



T/20180422/2018

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3
Report No. T/20180422/2018

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:
J/
Sgt 3 NUR AZIMA BINTE ABDUL AZIZ

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213



Authentication Stamp

NP168

Signature :

SN 127

Signature Of Informant:

Date/Time:
22/04/2018 05:33

Classification Of Case:

GET UP TO \$9 CASHBACK A

Till 30 Apr 2018 | ocbc.com/payanyone

