

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 | 30/04/2018 08:46 |
| Date Of Accident | 28/04/2018 00:15 |
| Exact Location Of Accident | CROSS ST TWDS UPPER CROSS ST DIRECTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH8712J |
| 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 | 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 | 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 | YEO ENG MENG |
| NRIC No | S1163864C |
| Date Of Birth | 17/05/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/10/1978 |
| Driving Experience | 39 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | 110 #12-170 BUKIT PURMEI ROAD |
| Postcode | 090110 |
| 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 |
| 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) | 1 |

Details of Police Action

| | |
|---|---------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | BOON TECK 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 | SLF4842L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KONG WAI LUP |
| NRIC/Passport Number | S1244165G |
| Contact Number | 92700480 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT RHT |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------|
| Name | YEO ENG MENG |
| Approximate Age | |
| Injuries Sustain | NECK,BACK,SHOULDER,GIDDY |
| Injured person in which vehicle? | SH8712J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |



**SINGAPORE
POLICE FORCE**



T/20180428/2127

1 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180428/2127

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/04/2018 17:01 | Vide Report No.: | Station Diary No.: 18 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: YEO ENG MENG | | Address: APT BLK 110 BUKIT PURMEI ROAD #12-170 SINGAPORE 090110 | |
| ID Type / ID No.: NRIC NO / S1163864C | | Contact No.: | Mobile: 938521863 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 61 | Date of Birth: 17/05/1956 | Type of Informant: Driver |
| Race: Chinese | | Language: English | 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: 28/04/2018 00:15 | Type of Location: Straight Road |
| Location: Along Road 1 CROSS STREET | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Light | |
| 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 |
| SH8712J | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | Slightly Damaged | 0 |
| SLF4842L | Car | HONDA | VEZEL HYBRID 1.5X A | Red | Slightly Damaged | 0 |



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Tel No: 1800-2549999

Report No. T/20180428/2127

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | YEO ENG MENG | ID No. | S1163864C |
| Related Vehicle | SH8712J (Car) | Contact No. | 938521863 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 28/04/2018 | Date Discharge | 28/04/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 28/04/2018, at about 0015hrs, I was travelling along the utmost right lane of Cross Road. Suddenly, I felt something collided at the passenger side of my vehicle. Thus, I alighted and noted that it was a vehicle bearing registration plate number SLF4842L. I wish to state that I did not notice the vehicle signaling into my lane. Both parties made a check on each other and we affirmed that no one was injured. Thus, we exchanged particulars and continued on our journey. I wish to state that my vehicle suffered a dent on my passenger side front door. My vehicle's vanguard was also dented. At that point of time, I did not sense anything amiss regarding my health as I was in a state of shock.

The following day in the morning, I woke up and experienced giddiness. At the same time, my right shoulder, neck and middle back area experienced soreness and pain. Thus, I decided to head to Mount Alvernia Hospital for a check and was given 5 days outpatient medical leave. I am lodging this report for insurance claim purposes.



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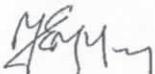
Report No. T/20180428/2127

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: E / Sgt 2 DOUGLAS GOH JIALE  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 28/04/2018 17:01 |
| Officer In Charge Of Case: TP / AET / Sgt 2 YS Contact No.: 65476325  | Classification Of Case: |