

## 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             | 02/05/2018 09:28                 |
| Date Of Accident           | 01/05/2018 00:05                 |
| Exact Location Of Accident | PAN ISLAND EXPRESSWAY TWDS TUAS. |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHA9150R                   |
| <b>Insured/Policyholder</b> |                            |
| 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       | JIM HOCK SWEE         |
| NRIC No              | S0206509F             |
| Date Of Birth        | 01/12/1952            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 25/10/1972            |
| Driving Experience   | 45 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        |                       |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | 859A #13-597 TAMPINES AVENUE 5 |
| Postcode  | 521859                         |
| 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?  | YES                         |
| 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]               | TP HQ |
| 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 | FBL8563C   |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       |            |
| Vehicle Category            | MOTORCYCLE |
| Name of Driver              |            |
| NRIC/Passport Number        |            |
| Contact Number              |            |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |

Nature Of Damage FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name RIDER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBL8563C

Were seat belts worn?

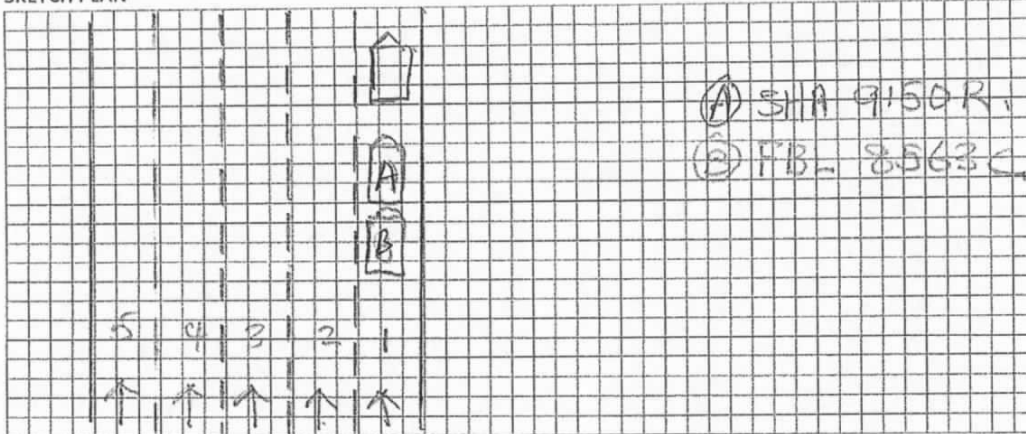
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180501/2054

## DECLARATION

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

CITYCAB PTE LTD  
O. REG. NO. 199502839C

Policyholder's Signature  
Date & Time:

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

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

21/5/18

Jackson Hong  
Dash Coor

Bokar

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180501/2054

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180501/2054

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>01/05/2018 13:53 | Vide Report No.:<br>E/20180501/0110 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|  |  |                              |                              |
|--|--|------------------------------|------------------------------|
| Name of Informant:<br>JIM HOCK SWEE      | Address:<br>859A TAMPINES AVE 5 #13-597 HDB-TAMPINES<br>SINGAPORE 521859 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S0206509F | Contact No.:<br>Home/Office: Mobile: 97357210                            |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:   |                              |                              |
| Sex:<br>Male                             | Age:<br>65   | Date of Birth:<br>01/12/1952 | Type of Informant:<br>Driver |
| Race:<br>Chinese                         | Language:<br>English   |                              | Institution / School Name:   |
| Occupation:<br>Taxi driver               | Driving Licence Information:<br>Class: 3 Date of Expiry:                 |                              |                              |

**General Information of the Accident**

|  |                              |                                    |  |                                    |
|--|------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>01/05/2018 00:00 | Type of Location:<br>Straight Road |
| Location:<br><br>PAN ISLAND EXPRESSWAY<br><br>ALONG PIE > TUAS |                              |                                    |  |                                    |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way                                       |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                              |                                    | Anyone conveyed by ambulance:<br>Yes       |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make    | Model                                       | Color  | Condition | No of Passenger |
|-------------|------------|---------|---|--------|-----------|-----------------|
| FBL8563C    | Motorcycle | HONDA   | CB400SF<br>MANUAL                           | Black  |           | 0               |
| SHA9150R    | Car        | HYUNDAI | I40 1.7 CRDI<br>F/L AT ABS<br>AIRBAG<br>4DR | Yellow |           | 1               |



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Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180501/2054

2 of 2

Report No. T/20180501/2054

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,

I WAS TRAVELLING ALONG PIE > TUAS, ON THE RIGHT OF 5 LANES. A VEHICLE INFRONT OF ME WAS SAME SPEED WITH ME. SUDDENLY FEEL AN IMPACT FROM MY REAR OF MY VEHICLE. A MOTORCYCLE OF (FBL8563C) HAS COLLIDED ONTO MY LEFT REAR PORTION. HE WAS CONVEYED BY AMBULANCE.



SINGAPORE  
POLICE FORCE

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Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180501/2054

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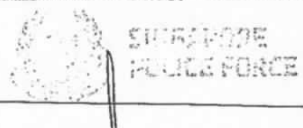
Report No. T/20180501/2054

## 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>TP /<br>MUHAMMAD HAZIQ BIN SAIFUDDIN                     | Signature Of Informant:<br>  |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>01/05/2018 13:53  |
| Officer In Charge Of Case:<br>TP / GIT /<br>SI MOHAMMED FADZLY BIN ABDUL AZIZ<br>Contact No.: 65472078 | Classification Of Case:<br> |
| Authentication Stamp<br>NP168  |   |