

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	06/06/2018 16:24
Date Of Accident	06/06/2018 05:30
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4164T
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	NG THAI ENG
NRIC No	S0155131J
Date Of Birth	20/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1973
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82826913
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	114 BUKIT PURMEI ROAD #07-233
Postcode	090114
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)	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]	CHANGKAT 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	SJG8767M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ENG KEONG RICHARD

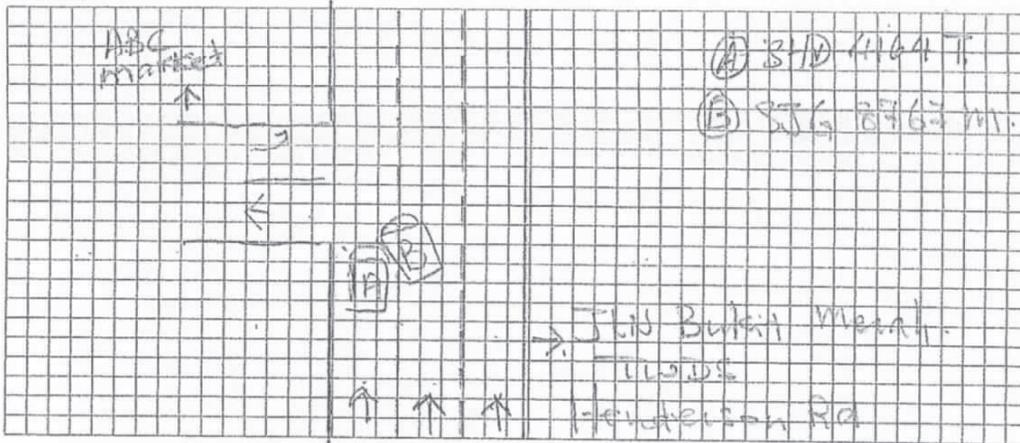
NRIC/Passport Number	S7324434Z
Contact Number	88083690
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG THAI ENG
Approximate Age	67
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD4164T
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

Refer: Police Report attach T/20180606/2099

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

6/6/18
Jackson Henry
CSO

Reporting Centre Personnel's Signature

Name:



**SINGAPORE
POLICE FORCE**



T/20180606/2099

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180606/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2018 13:34	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NG THAI ENG		Address: APT BLK 114 BUKIT PURMEI ROAD #07-233 SINGAPORE 090114	
ID Type / ID No.: NRIC NO / S0155131J		Contact No.: Home/Office: Mobile: 82826913	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 20/12/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2018 05:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Towards city				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHD4164T	Car					3
SJG8767M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180606/2099

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180606/2099

CONTINUATION OF REPORT

Driver			
Name	NG THAI ENG	ID No.	S0155131J
Related Vehicle	SHD4164T (Car)	Contact No.	82826913
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/06/2018	Date Discharge	06/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	lee eng keong Richard	ID No.	S7324434Z
Related Vehicle	SJG8767M (Car)	Contact No.	88083690
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 06/06/2018 at 0530hrs as I was about to move off along Jalan Bukit Merah when suddenly a gold color vehicle (SJG8767M) cut onto my lane abruptly from my right . I tried to perform emergency brake however as it was too sudden I was unable to brake in time as such I collided head on to the left side of gold color vehicle . After the collision we then come out of our vehicle to check for damages and exchange particulars. I have an in car camera which capture the whole incident



SINGAPORE
POLICE FORCE



T/20180606/2099

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20180606/2099

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 YEO HAO KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2018 13:34
Officer In Charge Of Case: TP / SINGAPORE POLICE FORCE SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp SIGNATURE	