

## 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	07/06/2018 14:20
Date Of Accident	07/06/2018 08:20
Exact Location Of Accident	QUEEN ST X MIDDLE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4255P
<b>Insured/Policyholder</b>	
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	GOH YEOW KHENG
NRIC No	S7720143B
Date Of Birth	22/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82223368
Fax Number	
Contact Number	
EEmail Address	ANTIQUEHUNTER68@GMAIL.COM

Address	299 #02-459 PUNGGOL CENTRAL
Postcode	820299
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]	CHANGI 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

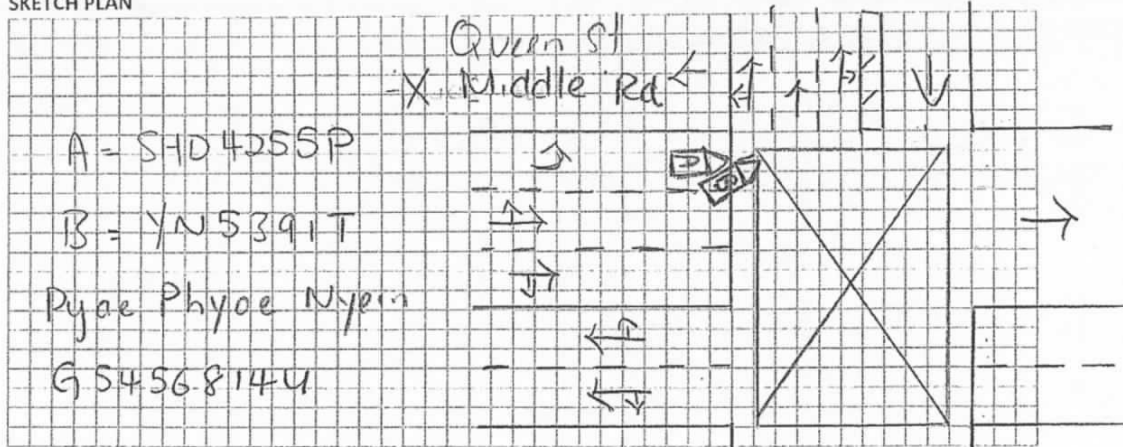
Vehicle Registration Number	YN5391T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PYAE PHYOE NYEIN
NRIC/Passport Number	G5456814U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GOH YEOW KHENG
Approximate Age	41
Injuries Sustain	RHT SIDE OF BODY
Injured person in which vehicle?	SHD4255P
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 to Report No. T/20180607/2048

## 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)

Reporting Centre Personnel's Signature

Name:

Teo Yen Yee



**SINGAPORE  
POLICE FORCE**



T/20180607/2048

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180607/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2018 11:26	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: GOH YEOW KHENG			Address: APT BLK 299 PUNGGOL CENTRAL #02-459 SINGAPORE 820299		
ID Type / ID No.: NRIC NO / S7720143B			Contact No.: Home/Office: Mobile: 82223368		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 22/06/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/06/2018 08:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 QUEEN STREET MIDDLE ROAD X-Junction of Queen Street and Middle Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4255P	Car				Slightly Damaged	0
YN5391T	Lorry					0

**Details of Person Involved**

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



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Report No. T/20180607/2048

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	GOH YEOW KHENG	ID No.	S7720143B
Related Vehicle	SHD4255P (Car)	Contact No.	82223368
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/06/2018	Date Discharge	07/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver:</b>			
Name	PYAE PHYOE NYEIN	ID No.	G5456814U
Related Vehicle	YN5391T (Lorry)	Contact No.	NIL
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 07/06/2018 at about 0820hrs, I was driving my taxi (SHD 4255P) along Queen Street on the extreme left lane to turn left into Middle Road. There was a lorry (YN 5391T) on the right side of my taxi, on the center lane also turning left. When it was time to turn, the lorry just turned left and cut into my lane causing the lorry to side swipe my taxi on the right side. I immediately sounded my horn and the lorry stopped. However the right side of my taxi was already dented.

We exchanged particulars on the spot and left scene afterwards because we do not want to cause further obstruction to the road. I went to Y M Chan Clinic & Surgery due to some pain and discomfort on the right side of my body and was given 3days of MC from 07/06/2018 to 09/06/2018.



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Report No. T/20180607/2048

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 /  
Sgt 3 LIM TING RUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/06/2018 11:26

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp  
NP168

