

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 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	04/01/2013 13:26
Date Of Accident	03/01/2013 13:40
Exact Location Of Accident	PIE (TUAS) towards Airport

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5195C
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	TOYOTA
Model	CROWN-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH
Cover Note Number	

Driver

Name of Driver	SEE TOH YIP MENG
NRIC No	S1528545A
Date Of Birth	13/10/1962
Occupation	Outdoor
Date Of Driving Pass	19/12/1985
Driving Experience	27 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-82662771
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 153 GANGSA ROAD #20-235
Postcode	670153
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - Hirer
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Address	ROAD: 31 Yishun Central , POSTCODE: 768827 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20130103/4155

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YJ9860B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GOH MAS SHENG
NRIC/Passport Number	
Contact Number	96602802
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	SEE TOH YIP MENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5195C
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLAN

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Sketch Plan

Describe Circumstances of the Accident

PLS. REFER TO POLICE REPORT.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Police Report Pg.1

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20130103/4155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2013 18:23	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: SEE TOH YIP MENG			Address: APT BLK 153 GANGSA ROAD #20-325 SINGAPORE 670153		
ID Type / ID No.: NRIC NO / S1528545A			Contact No.: Home/Office: Mobile/Pager: 82662771		
Sex: Male	Age: 51	Date of Birth: 13/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 03/01/2013 13:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PIE(TUAS) TERMINAL 1 CHANGI AIRPORT After Toh Guan Fly Over				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SHC5195 C	Taxi	TOYOTA	Red	Seriously Damaged	0				
YJ9860B	Lorry		White		0				

Details of Person Involved

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

Police Report Pg.1

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CONTINUATION OF REPORT

Driver			
Name	SEE TOH YIP MENG		ID No. S1528545A
Related Vehicle	SHC5195C (Taxi)		Contact No. 82662771
Hospital/Clinic	National University Hospital		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/01/2013	Date Discharge	03/01/2013
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	Goh Mas Sheng		ID No. NIL
Related Vehicle	NIL		Contact No. 96602802
Hospital/Clinic	National University Hospital		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details. This report shall be signed by the informant.

On 03/01/2012 about 1340hrs, I was travelling at 1st lane along PIE towards Changi Airport to fetch my son. However after the Toh Guan Flyover, there is a lorry beside me on the 2nd lane suddenly cut into my lane in front of me as such I horn at the lorry and jammed brake but could not avoid the collision with the lorry as it was too near. I do not know which part of the lorry my taxi hit on to as I was shock and the lorry did not stop in the first place and continue driving. However I think I did grace thru the side railing on the expressway and the lorry eventually stopped for about 200m away and there is a witness came over to help me and called for the police. Ambulance arrived on scene and I was convey to the NUH and was given 3 days MC.

Police Report Pg.1

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Tel No: 1800-8529999



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Report No. T/20130103/4155

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: F / <i>Shih Wei</i> LEE SHAO WEI	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: /	Date: 03/01/2013 18:23
Officer In Charge Of Case: TP / Contact No.:	Classification Of Case:

Authentication Stamp
NP168

	SN 094
Signature : <i>[Signature]</i>	
Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



