

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 | 23/06/2018 07:40 |
| Date Of Accident | 22/06/2018 11:00 |
| Exact Location Of Accident | CHURCH ST TWDS MARINE BLVD B4 MARKET ST EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA5988S |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ANG BOON KIAN |
| NRIC No | S1426810C |
| Date Of Birth | 23/01/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/07/1983 |
| Driving Experience | 34 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98739469 |
| Fax Number | |
| Contact Number | |
| Email Address | DERRICK6723@GMAIL.COM |

| | |
|---|-------------------------------|
| Address | 170 #14-1491 HOUGANG AVENUE 1 |
| Postcode | 530170 |
| 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? | 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] | TAMPINES N 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 |

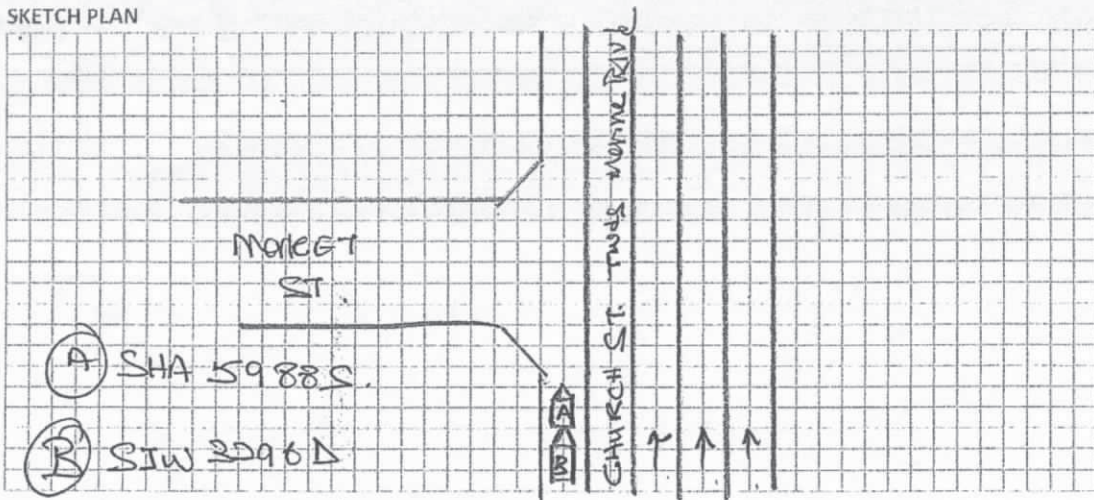
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SJW3296D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WONG CHEN HSI |
| NRIC/Passport Number | S7640869F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------|
| Name | ANG BOON KIAN |
| Approximate Age | 58 |
| Injuries Sustain | NECK,BACK,HAND,LEG |
| Injured person in which vehicle? | SHA5988S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22 June 2018 @ 1100h I VEH A -
 WAS Driving along Church St towards Marne
 RIVE, BY Market St Exit. VEHICLE. in front
 Slow down I VEH A also slow down
 Stop. Suddenly VEH B From Rear hit VEH
 A Rear. at the point of accident
 VEH A NO Passengers.

DECLARATION

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

COMFORT TRANSPORTATION
 CC REG NO. 19200221R

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 Date & Time:



SINGAPORE
POLICE FORCE



T/20180622/2093

1 of 3

Report No. T/20180622/2093

Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE
520461

Tel No: 1800-7818999

*Need to
Submit police
Amend Copy*

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 22/06/2018 15:41 | Vide Report No.: | Station Diary No.: 28 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: ANG BOON KIAN | | | Address: APT BLK 170 HOUGANG AVENUE 1 #14-1491 SINGAPORE 530170 | |
| ID Type / ID No.: NRIC NO / S1426810C | | | Contact No.: Home/Office: Mobile: 98739469 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 58 | Date of Birth: 23/01/1960 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|----------------------|----------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 22/06/2018 11:00 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER PICKERING STREET | | | | |
| ALONG UPPER PICKERING STREET Church St | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Others | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|--|------|---------|-------|-------|-------------------|-----------------|
| SHA95896 SHA95896 | Car | HYUNDAI | | Blue | Seriously Damaged | 0 |
| SJW3296D | Car | HYUNDAI | | | Slightly Damaged | 0 |

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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T/20180622/2093

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180622/2093

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|------------------|--|
| Driver | | | |
| Name | ANG BOON KIAN | | ID No. S1426810C |
| Related Vehicle | SHA9588S (Car) | | Contact No. 98739469 |
| Hospital/Clinic | SUNSHINE CLINIC FAMILY PRACTICE & SURGERY | | Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | 22/06/2018 | Date Discharge | 22/06/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |
| Driver | | | |
| Name | WONG CHEN-HSI | | ID No. S7640869F |
| Related Vehicle | SJW3296D (Car) | | Contact No. 98479897 |
| 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 the above mentioned date, time and location, I was driving my vehicle, SHA5988S, along Upper Pickering street and there was a vehicle in front of mine which applied his brakes. I then applied my brakes too. The vehicle that was driving behind mine, SJW3296D, did not manage to brake on time thus collided to the rear of my vehicle. We then went out to take pictures of the accident and exchange particulars. Damages to my vehicle are dented rear portion and damages to the bonnet. There was no traffic police or ambulance at scene. I then went to Sunshine Clinic family practice & surgery and received 5 days of mc dated from the 22/06/18 till the 26/06/18. Injuries are neck sprain and back sprain and numbness on hands and legs. I would like to state that there is an in built vehicle camera in my vehicle which captured the accident.



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T/20180622/2093

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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180622/2093

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 2 ABDUL RAHMAN BIN MOHAMED ALI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 22/06/2018 15:41 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 | |