

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	28/07/2018 09:32
Date Of Accident	27/07/2018 21:40
Exact Location Of Accident	NEW UPP CHANGI ROAD TWDS GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2894M
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	REPORTING ONLY
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	WOON TAI SENG
NRIC No	S1205505F
Date Of Birth	15/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93961677
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	253 03-414 TAMPINES STREET 21
Postcode	521253
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	COLLIDED INTO MOTORCYCLIST
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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FT2803K
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	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
------	-------

Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FT2803K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

A: STIC 2894M	Mien Upper	
Unknown	Chang	
B: Motorcycle	Road	
	Towards	
	Greytang	
	Road	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/20180727/2163

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Loke Wei Yeng



**SINGAPORE
POLICE FORCE**



T/20180727/2163

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

1 of 3

Report No. T/20180727/2163

REPORT OF A TRAFFIC ACCIDENT

FT: 2803K

Date/Time Report Made: 27/07/2018 23:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WOON TAI SENG			Address: APT BLK 253 TAMPINES ST 21 #03-414 SINGAPORE 521253		
ID Type / ID No.: NRIC NO / S1205505F			Contact No.: Home/Office: 67819575 Mobile: 93961677		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 15/12/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2018 21:40	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD TWDS GEYLANG RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2894M	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180727/2163

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

2 of 3
Report No. T/20180727/2163

CONTINUATION OF REPORT

Driver			
Name	WOON TAI SENG	ID No.	S1205505F
Related Vehicle	NIL	Contact No.	67819575
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 AND LOCATION @ ABT 2140 HRS,

I WAS DRIVING MY TAXI (SHC2894M) ALONG NEW UPP CHANGI RD, THE ROAD CONSIST OF 3 LANES AND I WAS AT THE FIRST LANE. WHILE I WAS GOING STRAIGHT, I SIGNALLED AND FILTERED TO THE MIDDLE LANE. THE RIDER WAS AT THE BACK OF THE MIDDLE LANE, HE JAMMED BRAKED AND SKIDDED. IT WASNT A DIRECT HIT, HE SKIDDED AND WHILE HE FALL OFF FROM THE BIKE, THE BIKE HIT MY CAR. NO HEAVY DAMAGES BUT ONLY HAVE SLIGHT SCRATCHES ON MY CAR BUMPER.

AFTER THE HIT, I APPROACHED THE RIDER AND CHECKED ON HIM. I MOVED HIM AND HIS BIKE TO THE SIDE OF THE ROAD. HE NEEDED MEDICAL ATTENTION, ONE OF THE PASSERBY CALLED THE AMBULLANCE.

AMBULLANCE ARRIVED @ SCENE AND THE RIDER WAS BROUGHT TO CGH.

THE TRAFFIC POLICE TOOKED DOWN MY PARTICULARS AND THEY ASKED ME TO LODGE A POLICE ACCIDENT REPORT @ TRAFFIC POLICE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180727/2163

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

3 of 3
Report No. T/20180727/2163

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/07/2018 23:21

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MC0618097373 Vehicle Registration No : SNC 2894 M
Name (as shown in NRIC) : Woon Tai Sang NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27/7/18 Time of Accident : 2140h
Place of Accident : Highway 400, Changi, nt
Insurance Company : India International Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TP vehicle no FT 28031C

Policyholder / Driver's Signature
Date: 28/7/18

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