

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	07/08/2018 14:15
Date Of Accident	06/08/2018 23:30
Exact Location Of Accident	LENTOR AVE TWDS SLIP RD TO SLE /BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3412P
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	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	A J AZIZ BIN IDRIS ZAKIR
NRIC No	S1813544B
Date Of Birth	31/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86162424
Fax Number	
Contact Number	
EMail Address	AZIZZAKIR@YAHOO.COM

Address	539 02-121 WOODLANDS DRIVE 16
Postcode	730539
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]	BISHAN 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

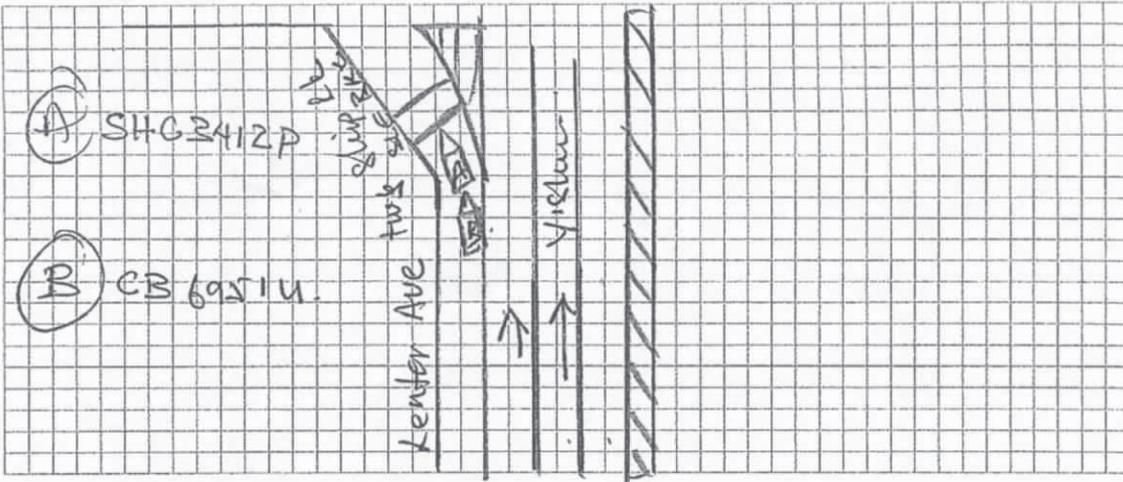
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6951U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	XU ZHENGWEI
NRIC/Passport Number	G648783M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	A J AZIZ BIN IDRIS ZAKIR
Approximate Age	51
Injuries Sustain	BACK
Injured person in which vehicle?	SHC3412P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached
T/2018 0807 / 2038

DECLARATION

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

COMFORT TRANSPORTATION PT

CO. REC. NO 199303821R

Policyholder's Signature

Date & Time:

[Signature]

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

Date & Time:

[Signature] 7/8

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180807/2038

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180807/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 11:12		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: A J AZIZ BIN IDRIS ZAKIR			Address: APT BLK 539 WOODLANDS DRIVE 16 #02-121 SINGAPORE 730539		
ID Type / ID No.: NRIC NO / S1813544B			Contact No.:		Mobile: 86162424
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 31/08/1967	Type of Informant: Driver		
Race: Indian		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 Others	Drink Drive: No	Date/Time of Accident: 06/08/2018 23:30	Type of Location:
Location: Along Road 1 LENTOR AVENUE LENTOR AVENUE SLIP ROAD TO SLE Lamp Post Number: 51				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6951U	Bus/Coach/Minibus					0
SHC3412P	Car	HYUNDAI	i40	Blue	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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Tel No: 1800-5529999

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Report No. T/20180807/20.

CONTINUATION OF REPORT

Driver			
Name	XU ZHENGWEI		ID No. G648783M
Related Vehicle	CB6951U (Bus/Coach/Minibus)		Contact No. 93909576
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
Driver			
Name	A J AZIZ BIN IDRIS ZAKIR		ID No. S1813544B
Related Vehicle	SHC3412P (Car)		Contact No. 86162424
Hospital/Clinic	WILLIAM VERHOEVEN ORTHOPAEDIC CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	07/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 06.08.2018 at about 11.30pm, I was driving my taxi (SHC3412P) along Lentor Avenue and was at the slip road wanting to enter into SLE. There was a pedestrian crossing there as such I slowed down and noticed a pedestrian wanting to cross as such I stopped when suddenly a bus (CB6951U) hit onto my vehicle from the rear.

I alighted from my taxi to make a check and discovered damages at the rear portion.

No Police or Ambulance was at scene. I felt pain today so I visited the clinic and was given 5 days of MC.

There is a company in-car camera in my taxi. That's all.



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Report No. T/20180807/2038

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: E / Sgt 2 REEMA KAUR SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2018 11:12
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  SINGAPORE POLICE FORCE <div style="float: right; margin-right: 10px;">SN 061</div> <div style="text-align: center; margin-top: 10px;">  SIGNATURE </div> </div>

