

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	03/09/2018 10:04
Date Of Accident	01/09/2018 17:15
Exact Location Of Accident	KEPPEL ROAD AT THE FIRST TRAFFIC LIGHT EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7523L
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	KOH THIAM SENG JAMES
NRIC No	S1791060D
Date Of Birth	19/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94592997
Fax Number	
Contact Number	
EMail Address	JAMES88KOH@GMAIL.COM

Address	230 #11-50 PASIR RIS STREET 21
Postcode	510230
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT 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	SLN7785G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH CHEE SIANG WAYNE
NRIC/Passport Number	S8030446C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH THIAM SENG JAMES

Approximate Age

51

Injuries Sustain

BACK,LEFT KNEE

Injured person in which vehicle?

SHA7523L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

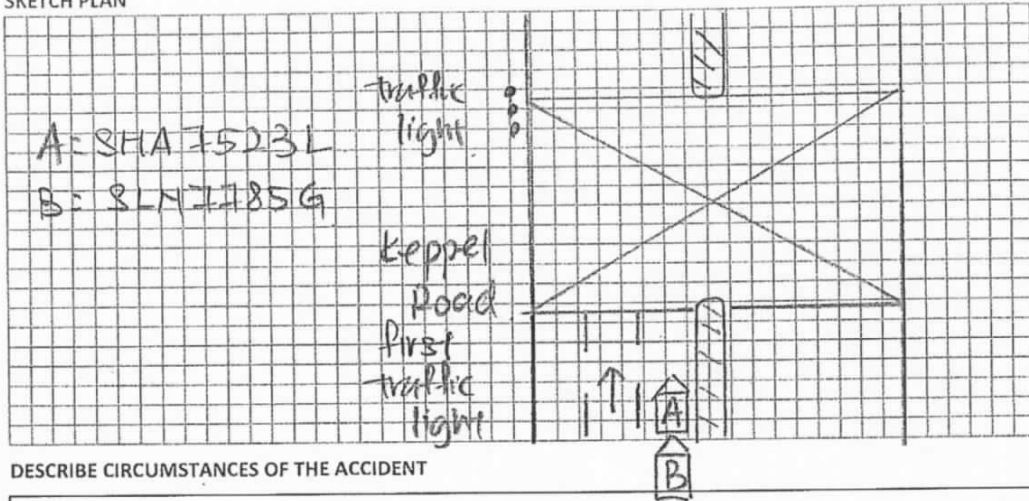
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180902/2035.


DECLARATION

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

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

Policyholder's Signature

Driver's Signature

 Loke Wei Yieng
Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



T/20180902/2035

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180902/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 12:25		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: KOH THIAM SENG			Address: APT BLK 230 PASIR RIS STREET 21 #11-50 SINGAPORE 510230		
ID Type / ID No.: NRIC NO / S1791060D			Contact No.: Home/Office: Mobile: 94592997		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 19/06/1967	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: 01/09/2018 17:15	Type of Location:
Location: Along Road 1 KEPPEL ROAD				
At the first Traffic Light of Keppel Rd Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SHA7523L	TAXI					1
SLN7785G	Car					0

Details of Person Involved

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



**SINGAPORE
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T/20180902/2035

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Report No. T/20180902/2035

CONTINUATION OF REPORT

Driver			
Name	KOH THIAM SENG	ID No.	S1791060D
Related Vehicle	SHA7523L (TAXI)	Contact No.	94592997
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY .	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/09/2018	Date Discharge	02/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	OH CHEE SIANG WAYNE	ID No.	S8030446C
Related Vehicle	SLN7785G (Car)	Contact No.	92236189
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 01/09/2018 at about 1715hrs, I was at MCE towards Keppel Road traffic light junction as it was red light. Before the traffic light turn green, a vehicle (SLN7785G) suddenly hit onto the rear of my taxi causing my taxi to move forward due to the hard impact. My taxi bumper was damaged. Particulars was exchanged.

On 02/09/2018 at about 1000hrs, I went to consult a doctor as I suffered from back pains and numbness on my left knee. I was given 3days MC.

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20180902/2035

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Report No. T/20180902/2035

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 SHAHIZWAN BIN SHAH BUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2018 12:25

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE