

## 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	01/10/2018 07:49
Date Of Accident	28/09/2018 19:30
Exact Location Of Accident	CHOA CHU KANG RD X JUNCTION OF UPP. BT. TIMAH RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3069H
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	PRIUS
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	NG NAM HAI
NRIC No	S1592978B
Date Of Birth	07/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1990
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81832159
Fax Number	
Contact Number	
EMail Address	NGNAMHAI6112@GMAIL.COM

Address	142 07-298 PETIR ROAD
Postcode	670142
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]	CHANGI 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	SJA4518Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD KAMAL BIN MUHAMMAD ERMAN
NRIC/Passport Number	S9234452E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NG NAM HAI
Approximate Age	55
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHA3069H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Refer to Attached Drawing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attached Police Report  
7/20180929/2038

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

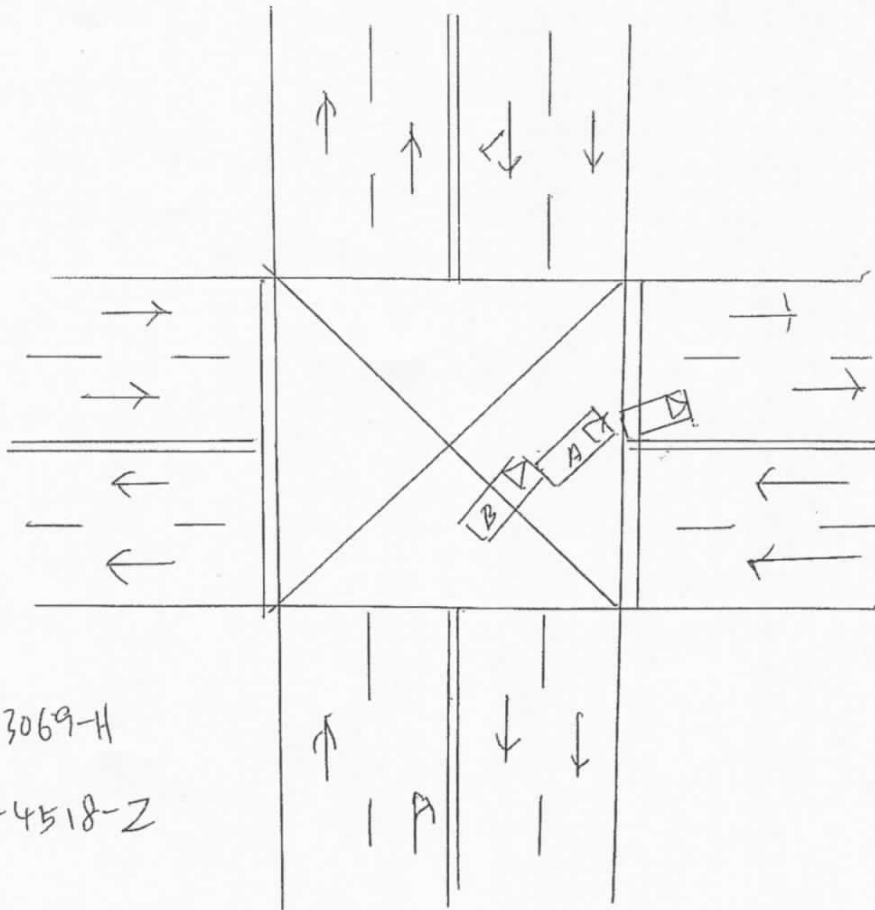
Policyholder's Signature

Driver's Signature

29/9/18  
Jackson Hong Jackson  
CSO

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2



A-SHA-3069-H

B-SJA-4518-Z



**SINGAPORE  
POLICE FORCE**



T/20180929/2038

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180929/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 11:04	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: NG NAM HAI		Address: APT BLK 142 PETIR ROAD #07-298 SINGAPORE 670142	
ID Type / ID No.: NRIC NO / S1592978B		Contact No.: Home/Office: Mobile: 81832159	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 07/12/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2018 19:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CHOA CHU KANG ROAD UPPER BUKIT TIMAH ROAD Cross-junction, right turn from road 1 to road 2				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHA3069H		TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		0
SJA4518Z				Red		0

Details of Person Involved	
Any Pedestrian Involved: No	
Use of Pedestrian Crossing: NA	



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Report No. T/20180929/2038

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG NAM HAI		ID No. S1592978B
Related Vehicle	SHA3069H		Contact No. 81832159
Hospital/Clinic	MEDILIFE CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	29/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Ahmad Kamal Bin Muhammad Erman		ID No. S9234452E
Related Vehicle	SJA4518Z		Contact No. NIL
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 28/9/2018, at about 7.30pm, I was driving my my taxi (SHA3069H) along Choa Chu Kang Rd when I made a right turn into Upp Bukit Timah Road, towards Bukit Timah. While making the right turn, a car in front of my taxi, slowed down. As such, I slowed down my taxi.

After I had decelerated my taxi, I suddenly felt a collision from the rear of the vehicle. I made a check and discovered that another car (SJA4518Z) driven by Mr Ahmad Kamal had collided with my taxi. The front of his car collided with the rear of my taxi, resulting in my rear bumper being dented and his front bumper being cracked.

At the time, there was no need for immediate medical assistance. We then exchanged particulars and carried on our journeys.

On 29/9/2018, I felt some neck and back stiffness. I then went to see a doctor at Medilife Clinic & Surgery and was given 3 days MC for my injuries.



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T/20180929/2038

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## 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 MUHAMMAD HARIZ SIM JIA JUN BIN  
MUHAMMAD HAFIZ SIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/09/2018 11:04

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp

M14-00