

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 liability.
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	01/11/2018 16:07
Date Of Accident	31/10/2018 19:10
Exact Location Of Accident	TAMPINES AVE 2 > AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1476T
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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	IONIQ HYBRID

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	WONG KONG CHOY WILSON
NRIC No	S7432166F
Date Of Birth	06/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96647925
Fax Number	
Contact Number	
EMail Address	06LIBRAN@GMAIL.COM

Address	213 #03-79 MARSILING CRESCENT
Postcode	730213
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG E 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	SKS8954P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU WEE YEN
NRIC/Passport Number	S9142410Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG KONG CHOY WILSON

Approximate Age

44

Injuries Sustain

NECK,BACK,SHOULDER

Injured person in which vehicle?

SHC1476T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

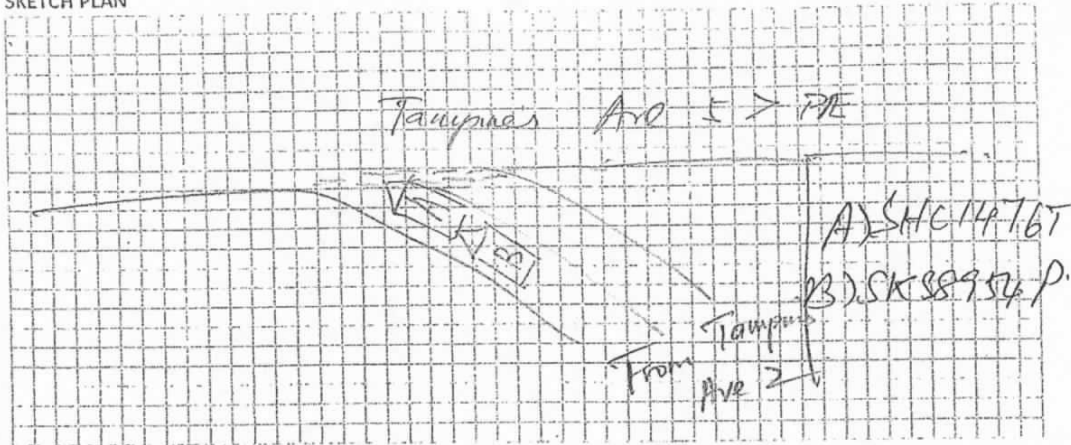
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20181101/2001

DECLARATION

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

COMFORT TRANSPORTATION
CO. REG. NO. 1997-1-0000

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20181101/2001

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20181101/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2018 00:20	Vide Report No.:	Station Diary No.: 5
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Informant's Particulars

Name of Informant: WONG KONG CHOY WILSON			Address: APT BLK 213 MARSILING CRESCENT #03-79 SINGAPORE 730213		
ID Type / ID No.: NRIC NO / S7432166F			Contact No.: Home/Office: Mobile: 96647925		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/10/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: 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: 31/10/2018 19:10	Type of Location: slip road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 2 PAN ISLAND EXPRESSWAY slip road towards PIE Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1476T	TAXI	HYUNDAI	IONIC	Blue	Slightly Damaged	1
SKS8954P	Car	TOYOTA		Brown	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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Report No. T/20181101/2001

CONTINUATION OF REPORT

Driver			
Name	WONG KONG CHOY WILSON		ID No. S7432166F
Related Vehicle	SHC1476T (TAXI)		Contact No. 96647925
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	31/10/2018	Date Discharge	31/10/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LAU WEE YEN		ID No. S9142410Z
Related Vehicle	SKS8954P (Car)		Contact No. 92773222
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 place, I was driving my taxi bearing registration number SHC1476T (comfort) into the sliproad towards PIE Tuas. I stopped at the white line to give way to vehicle from major road. While waiting, suddenly a car hit the rear bumper of my taxi and caused my taxi to move forward. The impact was so hard. I had a female malay passenger seated behind my driver seat. I felt pain on my neck and shoulder.

I exchange particular with the car's driver. The is a dent on my rear bumper. I will be sending my vehicle to the workshop. My female passenger informed me that she will update me if she seek medical attention. The car's driver did not complain of any pain. I went to see the doctor and was given 7 days MC.



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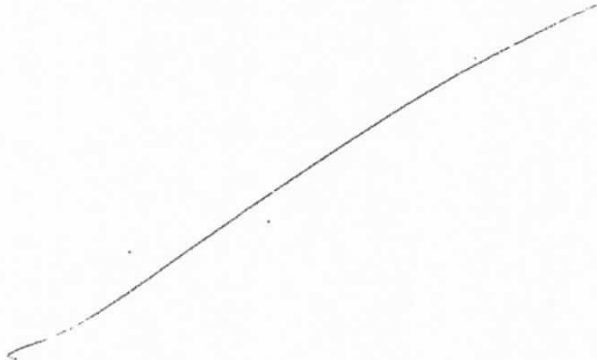
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Report No. T/20181101/2001

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: D / Sgt 2 RAZIMAN BIN RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2018 00:20
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204	
Authentication Stamp NP168	