

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	12/11/2018 07:20
Date Of Accident	10/11/2018 11:00
Exact Location Of Accident	ALONG JURONG WEST ST 64
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2387R
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TEO KHIAN BUCK
NRIC No	S1228937E
Date Of Birth	28/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96350360
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	160B 11-119 PUNGGOL CENTRAL
Postcode	822160
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]	PASIR RIS 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

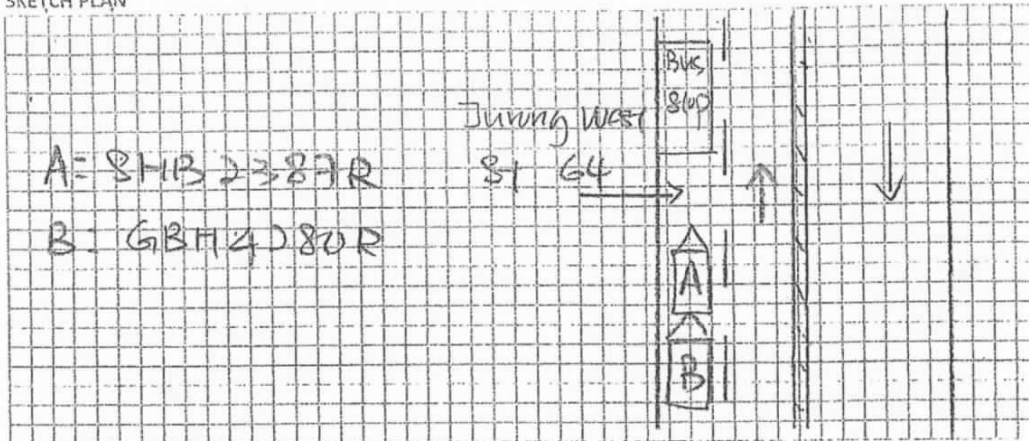
Vehicle Registration Number	GBH4280R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VELLY JUNIAT RUSDY ASAN
NRIC/Passport Number	S8178799I
Contact Number	81388847
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO KHIAN BUCK
Approximate Age	61
Injuries Sustain	NECK
Injured person in which vehicle?	SHB2387R
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/20181111 / 2036.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 1995028390

Policyholder's Signature
Date & Time:

x

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

Koke Wei Yieng

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181111/2036

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20181111/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2018 10:42		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: TEO KHIAN BUCK			Address: APT BLK 160B PUNGGOL CENTRAL #11-119 SINGAPORE 822160		
ID Type / ID No.: NRIC NO / S1228937E			Contact No.: Home/Office: Mobile: 96350360		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 28/02/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2018 11:00	Type of Location:
Location: Along Road 1 JURONG WEST STREET 64 Along Jurong West St 64 bus stop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		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
GBH4280R	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Slightly Damaged	1
SHB2387R	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181111/2036

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20181111/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO KHIAN BUCK	ID No.	S1228937E
Related Vehicle	SHB2387R (Car)	Contact No.	96350360
Hospital/Clinic	Raffles Medical Center	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2018	Date Discharge	11/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Velly Juniat Rusdy Asan	ID No.	S8178799I
Related Vehicle	NIL	Contact No.	81388847
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 10/11/2018, at about 11am, I was driving along Jurong West St 64 to see if I could pick up any passenger along the way. I stopped behind a bus near to the bus stop along Jurong West St 64 and suddenly a white van hit onto the rear of my car. I then immediately got off my car and make a check on my car also the driver and passenger of the white van.

We exchanged particulars by the road side and he told me that he actually stopped his van in time but the van still moved forward thus hitting onto my car.

Both driver and his passenger was not injured however I suffered neck pain and was given 3 days of MC by Raffles Medical Center.

There was no police or ambulance at scene.



**SINGAPORE
POLICE FORCE**



T/20181111/2036

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3


Report No. T/20181111/2036

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 GHAN XIANG DA <i>he</i> <i>Jeei Zar</i>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2018 10:42
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	