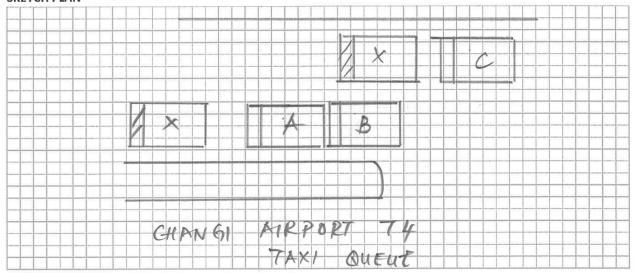
## **SKETCH PLAN**



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE GIRCOMOTATIONS OF THE ASSISTANCE
A: 2418 88374
B: SHC 5547X
C: WITNESS=

## **DECLARATION**

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

12 NOV 2018

Policyholder's Signature Date & Time: (1

Driver's Signature

(If driver is not the policyholder)
Date & Time:

457001613C

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## Describe Circumstance of the Accident.

ON 10/11/2018 @ 2225HRS, I WAS DRIVING MY TAXI (SHB 8837 U), ALONG THE TAXI QUEUE @ CHANGI AIRPORT T4.

WHILE STATIONARY @ THE QUEUE, SUDDENLY I FELT AN IMPACT FROM THE REAR AND WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SHC 5547 X – TRANSCAB TAXI) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

MR LOH – DRIVER OF VEHICLE C, WILLING TO BE MY EYE WITNESS.

AS A RESULT, I SEEK FOR MEDICAL TREATMENT @ CLINIC & HAD 2 DAYS OF MEDICAL TREATMENT. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.

\*VIDEO FOOTAGE CAPTURED.

