

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

D: SHD 1569D
D = C = () > 2 /
B: CB 64774

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature

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

2 0 DEC 2018 (

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 20/12/2018 @ 0520HRS, I WAS DRIVING MY TAXI (SHD 1569 D), TRAVELLING ALONG THE TRAFFIC LIGHT JUNCTION OF TAMPINES AVE 5 & TAMPINES AVE 1 & AVE 2 WITH A PASSENGER ONBOARD, IN THE LEFT LANE.

I STOPPED MY TAXI AS TRAFFIC LIGHT WAS RED AT THE POINT OF TIME.

WHILE STATIONARY FOR MORE THAN 10SECONDS, SUDDENLY I FELT AN IMPACT FROM THE REAR.

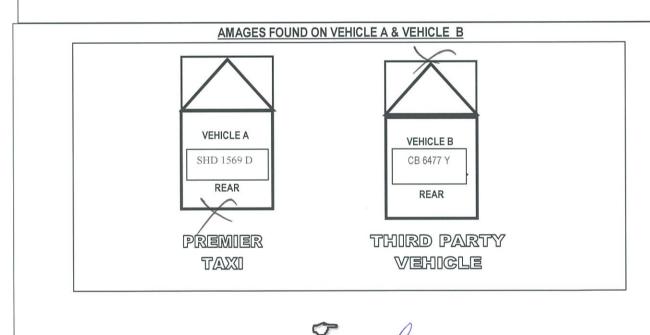
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (CB 6477 Y - PTE BUS) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

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

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

VEHICLE B HAD SOME WORKERS ONBOARD.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.



Driver's Signature & NRIC Number @ 9:21:53 AM

(attended by