

## 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	18/01/2019 16:21
Date Of Accident	17/01/2019 18:20
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8566P
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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	TOYOTA
Model	PRIUS HYBRID 4G
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	SIM SWEE HONG @NG SWEE HONG
NRIC No	S1577964J
Date Of Birth	04/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96573588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 484A CHOA CHU KANG AVE 5 #02-24
Postcode	681484
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 109 TAMPINES STREET 11 #01-261 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b> 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190118/2082

#### 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	SKT3911R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ANG WEI JIE ( HONG WEIJIE)
NRIC/Passport Number	S8841213C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCV6919J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON CHYE
NRIC/Passport Number	S1664255Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SIM SWEE HONG @NG SWEE HONG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SH8566P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report @  
7/2019 0118/2082

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 190003621R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 18 JAN 2019



**SINGAPORE  
POLICE FORCE**



T/20190118/2082

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20190118/2082

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2019 12:48	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars				
Name of Informant: SIM SWEE HONG			Address: APT BLK 484A CHOA CHU KANG AVENUE 5 #02-24 SINGAPORE 681484	
ID Type / ID No.: NRIC NO / S1577964J			Contact No.: Home/Office: Mobile: 96573588	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 55	Date of Birth: 04/09/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi 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: 17/01/2019 18:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Lane 1				
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
SCV6919J	Car (F)	Tan Boon chye	(S16GA2SSZ)		Slightly Damaged	0
SH8566P	Car (R)				Slightly Damaged	2
SKT3911R	Car (R & F)	Nag Wei die	(S884T213C)		Slightly Damaged	0

(HONDA)

(Hong Wei die)



**SINGAPORE  
POLICE FORCE**



T/20190118/2082

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-201  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190118/2082

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SIM SWEE HONG	ID No.	S1577964J
Related Vehicle	SH8566P (Car)	Contact No.	96573588
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/01/2019	Date Discharge	18/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above date, time and location, I was driving my Comfort Taxi Registration: SH8566P on lane 1 when a car in front applied brake to slow down and I followed, however while slowing down, a car registration SKT3911R hit onto the rear of my taxi causing slight damage to rear bumper. There was also another car registration: SCV8919J that hit the rear of the SKT3911R car.

I sustained back and neck pain due to the impact of the accident. I went to Sunshine Clinic Family practice and surgery on 18/01/2019, and I was given 5 days MC.  
MC number: MC116534



**SINGAPORE  
POLICE FORCE**



T/20190118/2082

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190118/2082

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 /  
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/01/2019 12:48

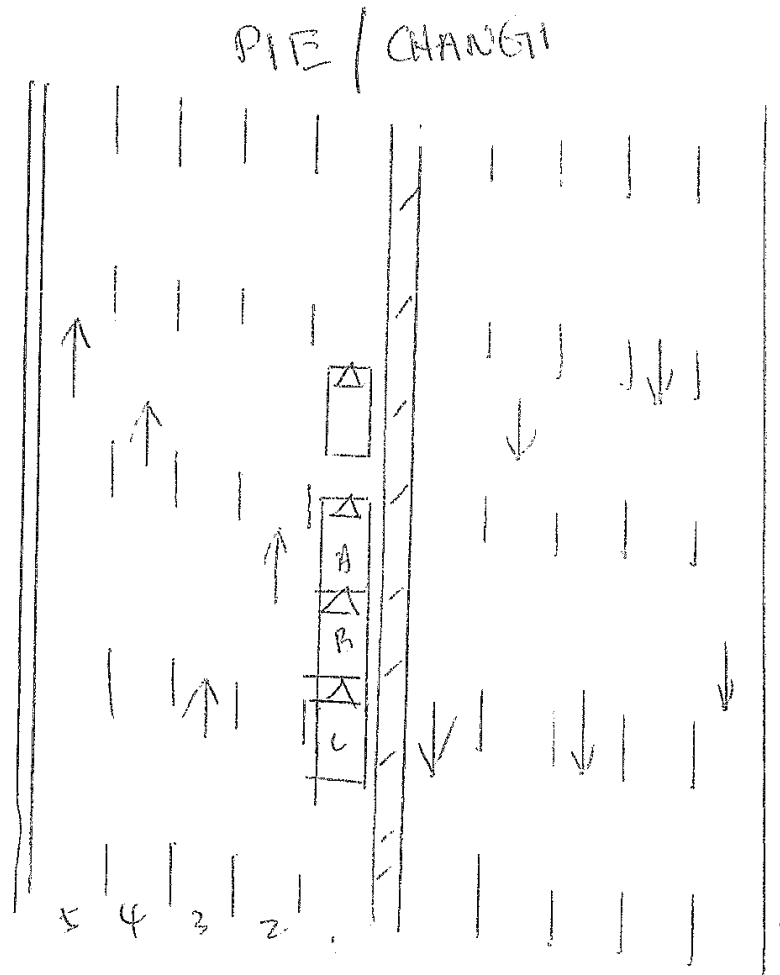
Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No: 65476436

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE





A - SH-8566 P

B - SKT-3911-R

C - SCV-6919-J

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





SCENE



SCENE



## SCENE





## SCENE



SCENE



SCENE

