

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	13/03/2019 13:39
Date Of Accident	13/03/2019 10:30
Exact Location Of Accident	CHANGI RD (NEAR GEYLANG SERAI MARKET)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7803L
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	PEH NAM HUAT
NRIC No	S0878120F
Date Of Birth	29/09/1945
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1966
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97332283
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	109 #02-78 ALJUNIED CRESCENT
Postcode	380109
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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]	CHANGKAT NPP
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	GBF7484K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

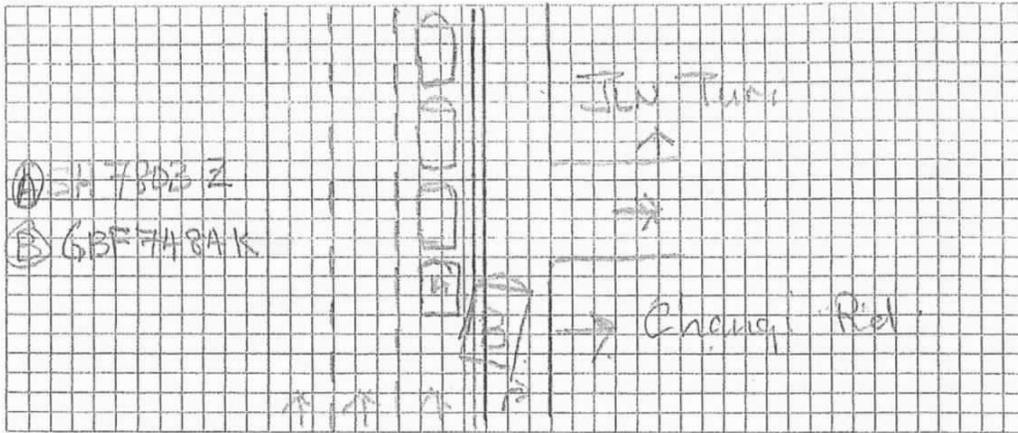
Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached.

T/20190313/2050

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

13/3/19
Jackson Heng
CSO

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20190313/2050

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

1 of 3

Report No. T/20190313/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2019 12:14		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: PEH NAM HUAT			Address: APT BLK 109 ALJUNIED CRESCENT #02-78 SINGAPORE 380109		
ID Type / ID No.: NRIC NO / S0878120F			Contact No.: Home/Office: Mobile: 97332283		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 29/09/1945	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 CHANGI ROAD				
Traffic light before junction of Jln Turi and Lor 101 Changi				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
GBF7484K						0
SH7803L		HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Black		1



**SINGAPORE
POLICE FORCE**



T/20190313/2050

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

2 of 3

Report No. T/20190313/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH NAM HUAT	ID No.	S0878120F
Related Vehicle	SH7803L	Contact No.	97332283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Ng Eng Siong	ID No.	NIL
Related Vehicle	SH7803L	Contact No.	81112143
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 13/3/2019, at about 10.30am I was driving my taxi (SH7803L) along Changi Rd with one male passenger. I then stopped at a traffic light before the junction of Jln Turi and Lor 101 Changi due to a red light. At the time I was on the 2nd lane.

While at the red light, I heard a sudden bang from the back of my taxi. I saw that a white lorry had hit my taxi from behind.

After the traffic light turned green, I then saw that the lorry had filtered to the left and turned into Jln Turi. I noticed that the lorry had a registration plate (GBF7484K). As there were other vehicles on the road, I was unable to filter across the lanes and turn into Jln Turi.

At the point in time, my passenger and myself were not injured. I wish to state that my taxi had cameras installed and it had captured video footage of the collision.



SINGAPORE
POLICE FORCE



T/20190313/2050

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

3 of 3

Report No. T/20190313/2050

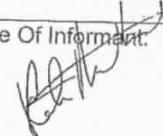
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

13/03/2019 12:14

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 MUHAMMAD HARIZ SIM JIA JUN BIN MUHAMMAD HAFIZ SIM	Signature Of Informant. 
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2019 12:14
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	