

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	13/05/2019 14:02
Date Of Accident	11/05/2019 16:35
Exact Location Of Accident	PIE TWDS TUAS AFTER KALLANG BAHRU FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9976A
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	SONATA
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	MOHAMAD YATIM BIN MOHAMED HAMZAH
NRIC No	S6812676B
Date Of Birth	04/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/08/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86093930
Fax Number	
Contact Number	
Email Address	BARTHAMZAH@GMAIL.COM

Address	29 08-733 LORONG 5 TOA PAYOH
Postcode	310029
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	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 [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	GBH3797Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAN WU PING
NRIC/Passport Number	G7706676X
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMAD YATIM BIN MOHAMED HAMZAH

Approximate Age

51

Injuries Sustain

NECK, SHOULDER

Injured person in which vehicle?

SHA9976A

Were seat belts worn?

YES

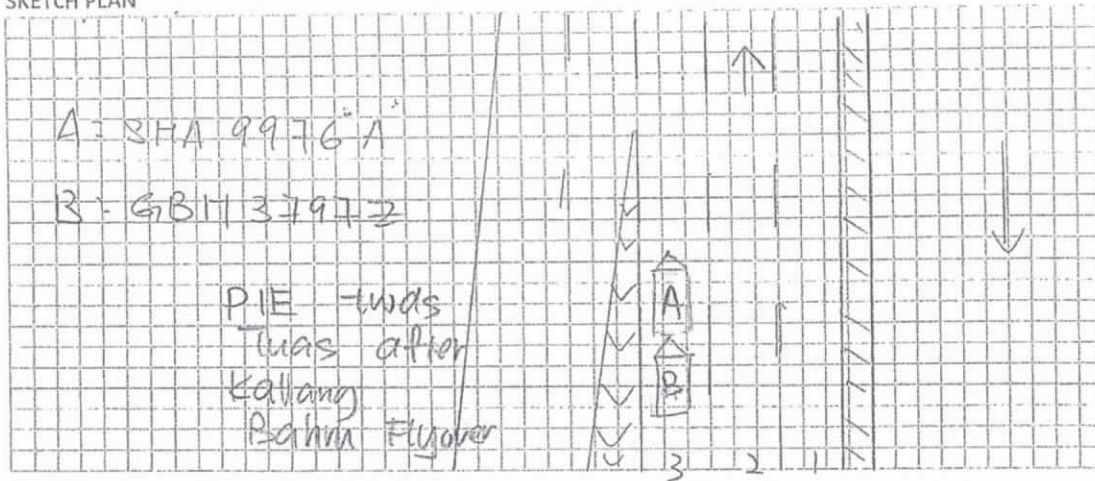
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report
T/20190513/2043.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502830

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

Loke Wei Yeng

12/5/19



**SINGAPORE
POLICE FORCE**



T/20190513/2043

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/20190513/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 12:14	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: MOHAMAD YATIM BIN MOHAMED HAMZAH		Address: APT BLK 158 LORONG 1 TOA PAYOH #08-1522 SINGAPORE 310158	
ID Type / ID No.: NRIC NO / S6812676B		Contact No.: Home/Office: Mobile: 86093930	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 04/04/1968	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2019 16:15	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY)				
Just after Kallang Bahru Flyover (Beside Kallang Basin Swimming Complex)				
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 Passenger
GBH3797Z	Van	TOYOTA		Silver	Slightly Damaged	0
SHA9976A	Car	HYUNDAI	SONATA	Yellow	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20190513/2043

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

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Report No. T/20190513/2043

CONTINUATION OF REPORT

Driver			
Name	SHAN WU PING		ID No. G7706676X
Related Vehicle	GBH3797Z.(Van)		Contact No. NIL
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
Driver			
Name	MOHAMAD YATIM BIN MOHAMED HAMZAH		ID No. S6812676B
Related Vehicle	SHA9976A (Car)		Contact No. 86093930
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/05/2019 at about 4:15pm, I was ferrying a passenger in my taxi (SHA7796A) along PIE Expressway heading towards CTE Expressway. I was traveling at the left most lane (3rd Lane) safely behind another vehicle at about 70km/h. Suddenly without warning, when I just crossed over Kallang Bharu Flyover, my vehicle was knocked quite hard from the rear. I did not see what happened but after the knock I looked behind with the rear view mirror and saw a silver van behind me. I slowed down and stopped my vehicle safely at the road margin to prevent jam for other vehicles and the van stopped on the lane beside my vehicle.

I asked my passenger if she was injured first and she informed that she was fine and did not need medical assistance. I then came out of my vehicle to meet up with the driver of the silver van (GBA3797Z). We both exchanged particulars and he wanted to settle the accident privately however, I declined as I had a passenger with me. I checked on my vehicle and saw that it was damaged at the rear bumper with a dent and the bumper already moved out of position and almost falling off. I then decided to bring the accident up to my company. I checked with my passenger if she would like to lodge a report and she informed that she did not want to.

On 12/05/2019, I was feeling discomfort around my neck and head area hence I decided to see the doctor. I was then given 3 days medical leave and thus went to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



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Report No. T/20190513/2043

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

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 LECK WEN HAO, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/05/2019 12:14

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

