

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	06/06/2019 13:53
Date Of Accident	05/06/2019 17:50
Exact Location Of Accident	LOWER DELTA ROAD X TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1585Y
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	ONG KIAN CHUAN
NRIC No	S1232833H
Date Of Birth	12/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97854721
Fax Number	
Contact Number	
Email Address	KIANCHUAN_ONG@YAHOO.COM

Address	421 #09-371 CLEMENTI AVENUE 1
Postcode	120421
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 - CROSS JUNCTION
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?	YES
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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]	CLEMENTI 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	GX5752X
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

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PASSENGER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHA1585Y

Were seat belts worn?

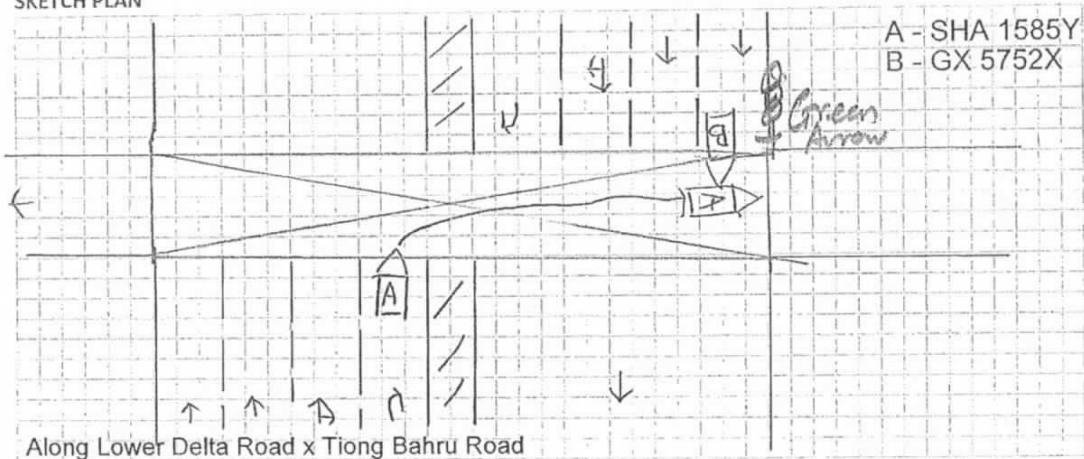
Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20190605/2106

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)

Reporting Centre Personnel's Signature
Name: Abby


S R Moorthy
CSO
Centre Personnel's Signat



**SINGAPORE
POLICE FORCE**



T/20190605/2106

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190605/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2019 21:42	Vide Report No.: A/20190605/0109	Station Diary No.: 139
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Informant's Particulars			
Name of Informant: ONG KIAN CHUAN		Address: APT BLK 421 CLEMENTI AVENUE 1 #09-371 SINGAPORE 120421	
ID Type / ID No.: NRIC NO / S1232833H		Contact No.: Home/Office: Mobile: 97854721	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: . 61	Date of Birth: 12/09/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/06/2019 17:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LOWER DELTA ROAD TIONG BAHRU ROAD Lower Delta Rd towards Kampong Bahru Rd at the junction of Tiong Bahru Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX5752X	Lorry					0
SHA1585Y	taxi	HYUNDAI	i40	Blue	Seriously Damaged	2

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



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T/20190605/2106

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Report No. T/20190605/2106

CONTINUATION OF REPORT

Driver			
Name	ONG KIAN CHUAN		ID No. S1232833H
Related Vehicle	SHA1585Y (taxi)		Contact No. 97854721
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/6/2019 at about 5.50pm I was driving my taxi, SHA1585Y along Lower Delta Rd (towards Kampong Bahru Rd). I had 2 passengers inside my taxi, one male and one female, both were Malays and were seated at the rear. I had intended to turn right into Tong Bahru Rd at the junction.

I was at the right turning pocket waiting for the traffic. When the green turning right arrow appears, I slowly drove forward. However before I could finish my turn, a lorry from the opposite direction, from the extreme left lane, did not stop and hit onto my taxi. The front of the lorry hit the left portion of my taxi. I then drove to the side of the road. However the lorry driver did not stop but drove off and left the accident scene.

Traffic police and ambulance came to the accident scene.

The female passenger inside my taxi told me that she was injured and she was conveyed to hospital by the ambulance. The traffic police also found a witness and took his particulars. I do not have the particulars of the female passenger but the male passenger is Sulaiman Bin Bahari HP: 93579045.

There is an in-car camera inside my taxi and I had given the SD/memory card to the traffic police officer. I was told to lodge a police report regarding this accident. I wish to state that the lorry that hit my taxi was driven by an Indian man. The lorry number is GX5752X and the lorry is blue in colour.



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T/20190605/2106

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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: D / SI SUHAIMI BIN NGAPI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 21:42
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168	SN 37