

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 16:06
Date Of Accident	05/06/2019 01:35
Exact Location Of Accident	PIE(TUAS) BF PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6629S
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	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	EU PUAY KNG
NRIC No	S1732684H
Date Of Birth	09/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93751878
Fax Number	
Contact Number	
EEmail Address	EPUAYKNG@YAHOO.COM

Address	14 #03-2819 EUNOS CRESCENT
Postcode	400014
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

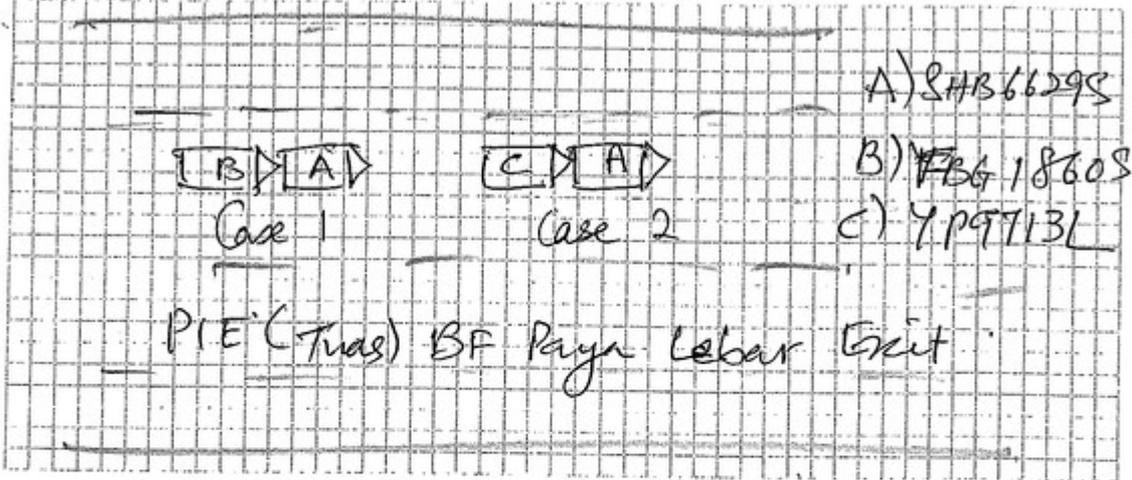
Vehicle Registration Number	FBG1860S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	FBG1860S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report/20190605/2016.

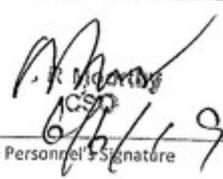
DECLARATION

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

COMFORT TRANSPORTATION P.T.E.L

Policyholder's Signature: 199303021R
Date & Time:


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


Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20190605/2016

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190605/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2019 05:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: EU PUAY KNG		Address: APT BLK 14 EUNOS CRESCENT #03-2819 SINGAPORE 400014	
ID Type / ID No.: NRIC NO / S1732684H		Contact No.: Home/Office: Mobile: 93751878	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 09/07/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/06/2019 01:35	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TWDS TUAS BEF PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1860S	Motorcycle					1
SHB6629S	Car				Slightly Damaged	0
YP9713L	Lorry				No Damage	1



**SINGAPORE
POLICE FORCE**



T/20190605/2016

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Report No. T/20190605/2016

Police Station Of Origin:
Traffic Police
100 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name		ID No.	S1732684H
EU PUAY KNG		Contact No.	93751878
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY TAXI ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 3 OF 4. THE OTHER BIKE RIDER WAS ON THE SAME LANE. VEHICLES WERE MOVING SLOWLY DUE TO THE HEAVY TRAFFIC CONDITION. SUDDENLY I FELT AN IMPACT FROM THE BACK OF MY VEHICLE. I STOPPED MY TAXI AND WENT DOWN TO CHECK.

A MOTORIST COLLIDED ON MY TAXI. THE RIDER WAS CONSCIOUS AND HIS BIKE WAS LANDED ON THE GROUND. HE SUSTAINED INJURY AND THE AMBULANCE WAS CALLED DOWN TO THE ACCIDENT SPOT. MY TAXI HAS SLIGHT DAMAGES MEANWHILE WAITING FOR THE POLICE AND THE AMBULANCE, I WAS STANDING AT THE ROAD SIDE. MY TAXI WAS STATIONERY PARKED ON LANE 3 WITH THE BREAK DOWN SIGNAL LIGHT ON.

SUDDENLY, I HEARD ANOTHER BANG SOUND AGAIN. THIS COLLISION WAS MADE BY ANOTHER LORRY DRIVER. HE HIT THE BACK SIDE OF MY TAXI. I APPROACHED THE LORRY DRIVER AND HE CAME DOWN FROM HIS VEHICLE. I ASKED THE DRIVER TO REVERSE BACK HIS LORRY BECAUSE I COULDN'T SEE THE DAMAGES AS THE LORRY WAS TOO NEAR TO MY TAXI.

HE WENT BACK TO HIS VEHICLE, HE REVERSED AND DROVE AWAY WITHOUT STOPPING.

I CHECKED MY TAXI, AND THERE IS SLIGHT DAMAGES CAUSED BY THE LORRY.

THATS ALL



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POLICE FORCE



T/20190605/2016

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Tel No: 65470000

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Report No. T/20190605/2016

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: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 05:11
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN	Classification Of Case: 

Accident Photo



Accident Photo



Accident Photo



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