

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	18/06/2019 16:33
Date Of Accident	17/06/2019 16:50
Exact Location Of Accident	T JUNC OF LORONG H TELOK KURAU AND TELOK LURAU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8456E
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	SEAH CHONG HUP
NRIC No	S1308060G
Date Of Birth	18/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81828083
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	505 06-68 WOODLANDS DRIVE 14
Postcode	730505
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	WET

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)	1

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	GBB1398L
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	SEAH CHONG HUP
Approximate Age	61
Injuries Sustain	BACK, SHOULDER
Injured person in which vehicle?	SHC8456E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**SINGAPORE
POLICE FORCE**



T/20190618/2101

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/20190618/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2019 15:27		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: SEAH CHONG HUP			Address: APT BLK 505 WOODLANDS DRIVE 14 #06-68 SINGAPORE 730505		
ID Type / ID No.: NRIC NO / S1308060G		Contact No.:		Mobile: 81828083	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 60	Date of Birth: 18/08/1958	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2019 16:50	Type of Location: Straight Road
Location: Along Road 1 TELOK KURAU ROAD LORONG H TELOK KURAU TELOK KURAU ROAD HEADING TWRDS LORONG H TELOK KURAU				
Weather: Clear		Road Surface: SLIGHTLY WET		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBB1398L	Van	TOYOTA		Silver	Slightly Damaged	0
SHC8456E	Car	HYUNDAI	I-40	Blue	Slightly Damaged	0

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



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

Report No. T/20190618/2101

CONTINUATION OF REPORT

Driver			
Name	SEAH CHONG HUP	ID No.	S1308060G
Related Vehicle	SHC8456E (Car)	Contact No.	81828083
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/06/2019	Date Discharge	18/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 17/06/2019 at about 4.50pm, I was driving along Telok Kurau Road and wanting to turn in to Lorong H Telok Kurau. As I have already signaled to turn right, there was a van bearing plate number GBB1398L. Suddenly the van collided on to my vehicle. I got down and take photos of the incident. TP and ambulance at scene. Paramedics made a check on me however I was not conveyed to hospital. No injuries on the other driver. There were dents on the rear bumper of my vehicle due to the collision from the van. I asked the driver how it happened, he told me that he tried to brake however there was not enough time for him to brake. I did not manage to take the driver particulars. TP officer informed me that my vehicle has to be towed away.

On the 18/6/2019, I felt pain on the back and my shoulder and had gone to Mount Alvernia Hospital. I got x-rayed with regards to my back and neck. I had gotten MC for 5 days due to the pain. I am lodging this report for my taxi company Comfort.



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Report No. T/20190618/2101

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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 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2019 15:27
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	





