

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	28/06/2019 07:16
Date Of Accident	27/06/2019 11:00
Exact Location Of Accident	VICTORIA ST TWDS KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6805P
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	MERCEDES-BENZ
Model	MERC
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	SAM KIN CHONG (CEN JIANZHONG)
NRIC No	S7248625J
Date Of Birth	29/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97857728
Fax Number	
Contact Number	
EEmail Address	SAMKINCHONG@YAHOO.COM.SG

Address	491C #11-216TAMPINES STREET 45
Postcode	522491
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N 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	GBE8134U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEONG CHAK WAH
NRIC/Passport Number	S7070826D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SAM KIN CHONG (CEN JIANZHONG)

Approximate Age

47

Injuries Sustain

NECK,BACK

Injured person in which vehicle?

SHD6805P

Were seat belts worn?

YES

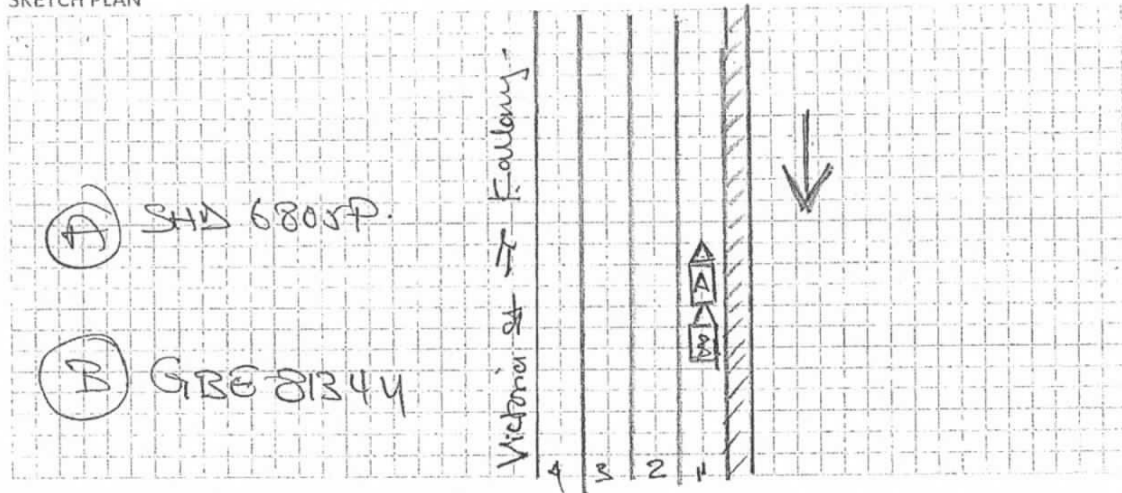
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police
Report: T/20190627/2092.

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature


Driver's Signature


Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



T/20190627/2093

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190627/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2019 15:26		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: SAM KIN CHONG			Address: APT BLK 491C TAMPINES STREET 45 #11-216 SINGAPORE 522491		
ID Type / ID No.: NRIC NO / S7248625J			Contact No.: Home/Office: Mobile: 97857728		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 29/12/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2019 11:00	Type of Location: Straight Road	
Location: Along Road 1 VICTORIA STREET just after X-junction between Victoria Street and Rochor Road					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8134U	Van				Slightly Damaged	0
SHD6805P	TAXI				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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Report No. T/20190627/2093

CONTINUATION OF REPORT

Driver			
Name	CHEONG CHAK WAH	ID No.	S7070826D
Related Vehicle	GBE8134U (Van)	Contact No.	98574589
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	SAM KIN CHONG	ID No.	S7248625J
Related Vehicle	SHD6805P (TAXI)	Contact No.	97857728
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/06/2019	Date Discharge	27/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 27/6/2019 at about 1100hrs, I was driving my taxi bearing vehicle no.SHD6805P with one male passenger along Victoria Street towards Ophir Road. However, just after driving past the X-junction between Victoria Street and Rochor Road, there was a long queue of vehicles wanting to turn right to Ophir Road at the next junction. While my vehicle was waiting and stationary in the queue, all of a sudden, I felt an impact from my rear. I exit to check and realised that there is a white van bearing vehicle no.GBE8134U that had hit into my taxi's rear.

As a result of the accident, there is a dent at the rear portion of my taxi and the boot could not be closed properly.

As no one was visibly injured at that point of time, we exchanged particulars and continued on our way.

On the same day at about 1445hrs, I felt pain at my neck and lower back and went to W Y Teh Family Clinic and was given 3 days MC from 27/6/2019 till 29/6/2019.



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Report No. T/20190627/2093

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 3 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/06/2019 15:26

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt ONG YONG HOON
Contact No.: 65476436



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

MD160