

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	03/09/2019 09:48
Date Of Accident	02/09/2019 16:50
Exact Location Of Accident	91 WHAMPOA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7947Y
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	NO
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	GOH SIN CHOON
NRIC No	S0162683C
Date Of Birth	16/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96577582
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	406 11-1302 YISHUN AVENUE 6
Postcode	760406
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN N NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

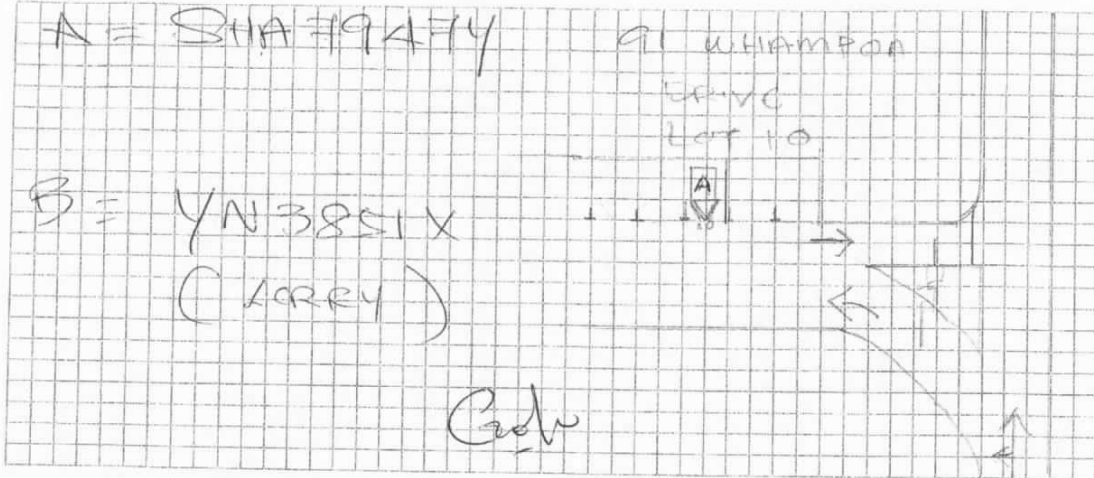
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3851X
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	NOT SURE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

① TI 20190902 / 2184

DECLARATION

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

OMFORT TRANSPORTATION PTE LTD
Goh

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 03 SEP 2019



**SINGAPORE
POLICE FORCE**



T/20190902/2184

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190902/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 19:38		Vide Report No.:		Station Diary No.: 261	
Informant's Particulars					
Name of Informant: GOH SIN CHOON			Address: APT BLK 406 YISHUN AVENUE 6 #11-1302 SINGAPORE 760406		
ID Type / ID No.: NRIC NO / S0162683C			Contact No.: Home/Office: Mobile: 96577582		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 16/08/1952	Type of Informant: Driver		
Race: Chinese			Language:		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:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/09/2019 16:50	Type of Location: Car Park
Location: Along Road 1 WHAMPOA DRIVE 91 Whampoa Drive, lot 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7947Y	TAXI				Seriously Damaged	0
YN3851X	Lorry					0

Details of Person Involved

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



**SINGAPORE
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T/20190902/2184

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Report No. T/20190902/2184

CONTINUATION OF REPORT

Driver			
Name	GOH SIN CHOON	ID No.	S0162683C
Related Vehicle	SHA7947Y (TAXI)	Contact No.	96577582
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	NIL	Degree of Injury	NIL

Brief Details.

On 02/09/2019 at about 1550hrs, I had parked my Comfort Taxi (SHA7947Y) at 91 Whampoa Hawker Centre, lot number 10. Everything is intact.

On the same day at about 1645hrs, I went back to my taxi and discovered my left rear passenger door dented and scratched. The door handle had also broken off. One of the stall owner (Yong Tau Ho) at the hawker centre had approached me informing me that he witnessed one white lorry bearing YN3851X had reversed and collided onto my taxi before leaving the scene without leaving any details. The stall owner only managed to take a photo of the lorry leaving the scene.

My taxi is installed with in-car camera however it was not activated as my engine is switched off.



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Tel No: 1800-8529999

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Report No. T/20190902/2184

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: L / Sr Staff Sgt LIM JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2019 19:38
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	

Signature:

Singapore Police Force