

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	18/09/2019 15:20
Date Of Accident	17/09/2019 23:45
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5276M
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	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHAN KHAI WOO
NRIC No	S0022640H
Date Of Birth	21/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96317742
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	199B 02-415 PUNGGOL FIELD
Postcode	822199
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]	HOUGANG 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	GBD3148T
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 CHAN KHAI WOO

Approximate Age 67

Injuries Sustain NECK,BACK,LEG

Injured person in which vehicle? SHA5276M

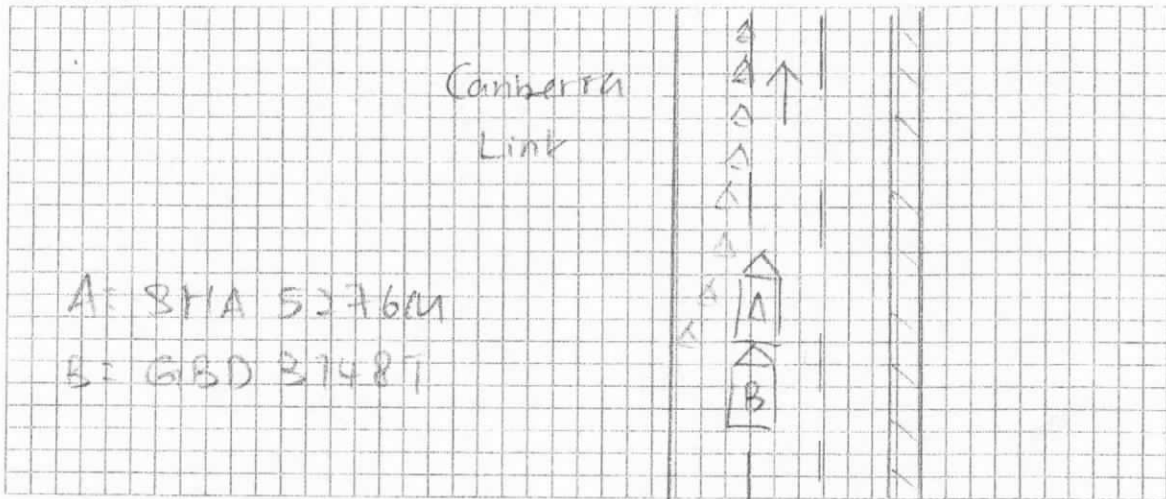
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report.

T/20190918/2076

DECLARATION

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

UMFORD TRANSPORTATION PTE LTD
CO. REG. NO. 199003321R

Policyholder's Signature _____ Date & Time: _____

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

Reporting Centre Personnel's Signature _____
Name: _____
NRIC/FIN No.: _____

18/9/19

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190918/2076

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190918/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 13:03		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: CHAN KHAI WOO			Address: APT BLK 199B PUNGGOL FIELD #02-415 SINGAPORE 822199		
ID Type / ID No.: NRIC NO / S0022640H			Contact No.: Home/Office: Mobile: 96317742		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 21/08/1952	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 CANBERRA LINK				
Straight road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBD3148T	Lorry	KIA	K2500 6M/T	Blue	Slightly Damaged	0
SHA5276M	COMFORT TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190918/2076

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190918/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN KHAI WOO	ID No.	S0022640H
Related Vehicle	SHA5276M (COMFORT TAXI)	Contact No.	96317742
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/09/2019	Date Discharge	18/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 17/09/2019 at about 2345hrs, I was driving my Comfort taxi SHA5276M with a passenger, Pratap Hp:91872699 along Canberra Link going towards Sembawang. While I was driving on the 3rd lane of the straight road on Canberra link, I spotted a cone on the road as such I signal to the right wanting to go to the center lane. After checking all was clear to change lane, I drove to the center lane and continued driving.

Subsequently, I felt a thud at the rear of my taxi. I was shock and I quickly stop the vehicle. I got out and discover a lorry GBD3148T had collided onto the rear of my taxi. I observed that my rear boot and bumper were dented due to the collision. My passenger also stepped out of the taxi and left in another taxi.

I observed that the lorry driver was a male Chinese subject. He did not provide his particulars to me. The driver just inform me to report to Insurance for claim. There is no CCTV at the rear of my taxi. This is the first time such incident happened. I suffered injury to my neck, back and leg. I went to A Life Clinic Pte Ltd and received 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20190918/2076

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190918/2076

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:
F /
Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/09/2019 13:03

Classification Of Case:

