

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	23/11/2019 11:22
Date Of Accident	22/11/2019 11:20
Exact Location Of Accident	JURONG WEST AVE 2 TWDS PIE X BULIM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6741P
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	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	CHUA CHE PHENG
NRIC No	S1315255A
Date Of Birth	26/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98255261
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	490B 08-187 TAMPINES STREET 45
Postcode	521490
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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	XD9730L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW JIAN XIANG

NRIC/Passport Number	S8903065Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA CHE PHENG
Approximate Age	61
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD6741P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PAX
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SHD6741P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20191122 / 2124

DECLARATION

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

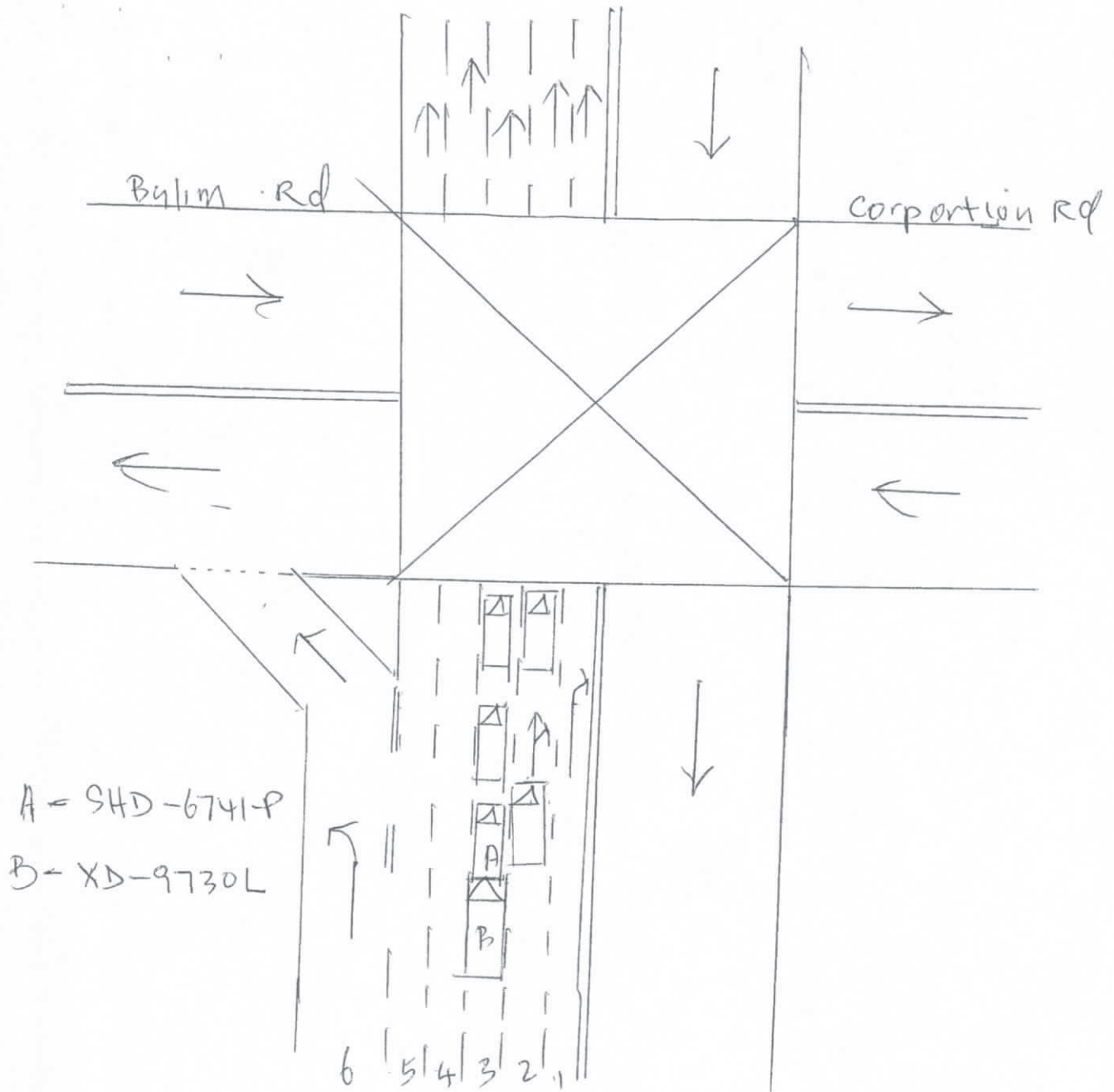
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/FIN No.:

Sketch Plan Pg. 2



Surong West Ave 2



**SINGAPORE
POLICE FORCE**



T/20191122/2124

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/20191122/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 16:33	Vide Report No.:	Station Diary No.: 32
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA CHE PHENG			Address: APT BLK 490B TAMPINES STREET 45 #08-187 SINGAPORE 521490		
ID Type / ID No.: NRIC NO / S1315255A			Contact No.: Home/Office: Mobile: 98255261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 26/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2019 11:20	Type of Location: X-Junction
Location: Along Road 1 JURONG WEST AVENUE 4 towards PIE - X junction of Corporation Rd and Bulim Ave				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		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
SHD6741P	M/Taxi				Slightly Damaged	3
XD9730L	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191122/2124

2 of 3

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

Report No. T/20191122/2124

CONTINUATION OF REPORT

Driver			
Name	CHUA CHE PHENG		ID No. S1315255A
Related Vehicle	SHD6741P (M/Taxi)		Contact No. 98255261
Hospital/Clinic	STREET 11 CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Low Jian Xiang		ID No. S8903065Z
Related Vehicle	XD9730L (Lorry)		Contact No. 0
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

Brief Details.

On 22 Nov 2019 @ 1122hrs, I was driving along Jurong West Ave 4 towards PIE at the Cros Junction of Bulmin Ave and Corportion Road on the third lane of a 6 lane road when a trailer hit me from the rear.

I have an in car camera.

My passengers were injured and I told them to seek medical attention.

I was given 3 days MC as the rear of my neck and back is feeling numb and uncomfortable.



**SINGAPORE
POLICE FORCE**



T/20191122/2124

3 of 3

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

Report No. T/20191122/2124

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 /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/11/2019 16:33

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

