

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 ability.
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 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	16/05/2011 10:29
Date Of Accident	15/05/2011 10:35
Exact Location Of Accident	Fort Canning Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7537S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Registration No	200303878k
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CROWN-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	Hire and reward
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-09015310MFSH
Cover Note Number	
Driver	
Name of Driver	WONG PAK KIONG
NRIC	S0025221B
Date Of Birth	25/05/1953
Occupation	Outdoor
Date Of Driving Pass	14/09/1971
Driving Experience	39 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-91051710
Fax Number	
Contact Number	
Email Address	
Address	BLK 51 Chin Swee Road #08-79
Postcode	160051
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - Hirer

Vehicle Registration Number of Driver's Own Vehicle (if applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)

Weather Conditions Clear

Road Surface Dry

Other Information

Was any body injured in the Accident? Yes

Was any other material or property damaged? Yes

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Rocher N.p.c

Police Station Address ROAD: 11 Kampong Kapur Road , POSTCODE: 208678 , COUNTRY: Singapore

Police Station Contact TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Please refer to police report.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA9716Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name WONG PAK KIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB7537S

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? No

Address

Postcode

SKETCH PLAN

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Sketch Plan

Describe Circumstances of the Accident

Refer to police report

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Police report Pg.1

Police Station Of Origin:
 Rochor N.P.C
 11 Kampong Kapur Road SINGAPORE 208678
 Tel No: 1800-2949999



T/20110515/9035

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Report No. T/20110515/9035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2011 14:58		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: WONG PAK KIONG			Address: APT BLK 51 CHIN SWEE ROAD #08-79 SINGAPORE 160051		
ID Type / ID No.: NRIC NO / S0025221B			Contact No.: Home/Office: Mobile/Pager: 91051710		
Sex: Male	Age: 58	Date of Birth: 25/05/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 15/05/2011 10:35	Type of Location: Y-Junction
Location: Junction of Road 1 and Road 2 FORT CANNING ROAD CLEMENCEAU AVENUE along road 1 junction road 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: One 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	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SHB7537 S	Car	TOYOTA	Red	Slightly Damaged	1				
SKA9716 Z	Car		Black	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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Report No. T/20110515/9035

CONTINUATION OF REPORT

Driver			
Name	WONG PAK KIONG	ID No.	S0025221B
Related Vehicle	SHB7537S (Car)	Contact No.	91051710
Hospital/Clinic	Tan Tock Seng Hospital	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/05/2011	Date Discharge	15/05/2011
No. of Days granted Medical Leave (MC)	03	Degree of Injury	NIL

Brief Details. This report shall be signed by the informant.

I am working as a taxi driver for taxi company namely 'TransCab' vehicle no: SHB7537S. On the 15/5/2011 @ 1030hrs, I had drove my taxi to the 'Mustafa Centre' taxi-stand located at Syed Alwi Rd, and had picked up one male indian passenger who had then told me to bring him to Bukit Ho Swee Rd (behing Tiong Bahru Plaza). I was driving my taxi along Fort Canning Rd (one way) when I had slowed down upon reaching a junction heading towards Clemenceau Avenue. I had then came to a stop on the junction to see if there was any oncoming traffic.

Just as I was about to move my taxi, suddenly a black-colored car veh no:SKA9716, had banged me from behind causing my vehicle to jerk and move to the front a bit. Due to the incident, I had snapped my neck backwards to the back of my seat due to the other car banging and felt dizziness afterwards. No one was injured however my taxi had sustained slight damage due to the incident. My vehicle rear had sustained slight damage(slight dents) while the other car had sustained slight minor scratches on its front.

I wish to state that the other car had no passenger and the driver was not injured. Later on, I had then drove and brought my passenger to his destination afterwhich I had then went on to proceed to the nearest hospital to seek medical treatment as I had felt dizziness and is having a headache after the incident but I do not have any visible injuries. I was later given three days of MC by Tan Tock Seng Hospital afterwards. As such I am lodging this report so that I could submit it to my insurance company for insurance claims and also to claim insurance for my medical fee as well. That is all.

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE 208678
Tel No: 1800-2949999



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Report No. T/20110515/9035

CONTINUATION OF REPORT

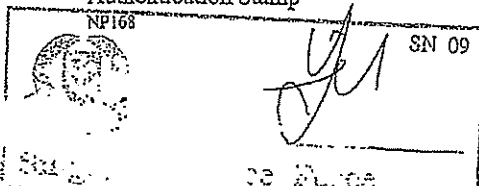
Sketch Plan

No Sketch Plan Drawn

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: A/ HAFIDZ BIN HAMZAH	Signature Of Informant:
Signature Of Interpreter: 	Date: 15/05/2011 14:58
Officer In Charge Of Case: TP / Contact No.:	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo

