

## 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	04/06/2020 13:08
Date Of Accident	04/06/2020 07:30
Exact Location Of Accident	ALONG JURONG WEST ST 91
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7535K
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#### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@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	YAP HO LAI
NRIC No	SXXXX680E
Date Of Birth	24/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1970
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97825547
Fax Number	
Contact Number	
Email Address	HOLAIYAP@YAHOO.COM

Address	332 07-1378 YISHUN RING ROAD
Postcode	760332
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES 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	FBF3822U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	YAP HO LAI
Approximate Age	68
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SH7535K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



SKETCH PLAN

As for attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As for Police Report (2)  
7/20200604/2011

DECLARATION

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

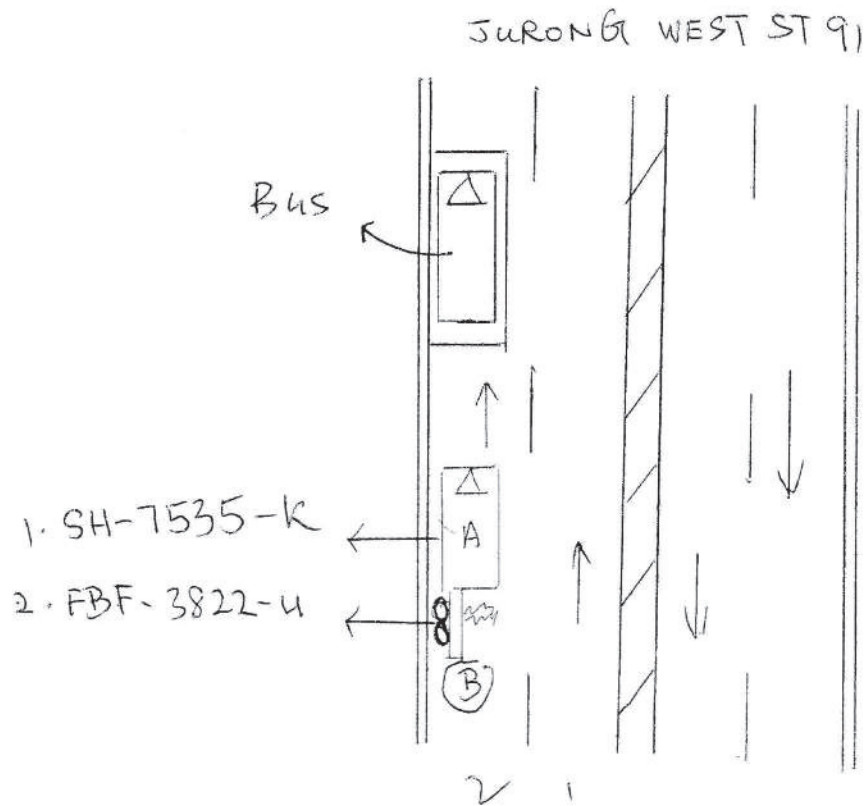
COMFORT TRANSPORTATION PTE LTD  
POLICY NO. 199304621R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name: 04 JUN 2020  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20200604/2011

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20200604/2011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2020 10:21	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: YAP HO LAI			Address: APT BLK 332 YISHUN RING ROAD #07-1378 SINGAPORE 760332		
ID Type / ID No.: NRIC NO / S0978680E			Contact No.: Home/Office: Mobile: 97825547		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 24/11/1952	Type of Informant: Driver		
Race: Chinese			Language:		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: 04/06/2020 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG WEST STREET 91 JURONG WEST STREET 92				
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
FBF3822U	Motorcycle					0
SH7535K	TAXI					0

**Details of Person Involved**

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





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T/20200604/2011

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20200604/2011

## CONTINUATION OF REPORT

Driver			
Name	YAP HO LAI		ID No. S0978680E
Related Vehicle	SH7535K (TAXI)		Contact No. 97825547
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	04/06/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 04/06/20, at about 0730hrs, while travelling on lane 2 along Jurong West Street 91, as the bus in front of me came to a stop at the bus stop, I stopped behind it as well. While stationary, all of a sudden, I felt an impact from the back. I realized that there was a motorcycle which collided with the rear of my vehicle. There are damages to the left rear bumper and tail light. The motorcyclist was on the ground and there were passers-by there to assist. When I asked if he needed ambulance, he informed he does not require. He refused to provide his particulars to me as well. As such, I just took photos and move off

I would like to add that there are no ambulance or traffic police at scene. After the accident, I felt discomfort around my back and neck area. As such, I consulted a medical practitioner and was given 3 days medical certificate.

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**SINGAPORE  
POLICE FORCE**



T/20200604/2011

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20200604/2011

## 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 JONATHAN LIM XIONG HAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2020 10:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

