

## 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             | 22/06/2020 13:35               |
| Date Of Accident           | 20/06/2020 09:20               |
| Exact Location Of Accident | LOYANG AVE X PASIR RIS DRIVE 3 |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH9545T                        |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No                   | 199303821R                     |
| Email Address               | FLEETSAFETY@CDGTAXI.COM.SG     |
| Mobile Phone No             |                                |
| Alternative Phone No        | OFFICE-65508768                |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | PRIUS       |
| 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       | CHENG KWEE MOW         |
| NRIC No              | S0603838G              |
| Date Of Birth        | 11/11/1953             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 14/07/1978             |
| Driving Experience   | 41 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97964023   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | CHENGKWEEMOW@GMAIL.COM |

|   |                                |
|---|--------------------------------|
| Address   | 409 07-16 BEDOK NORTH AVENUE 2 |
| Postcode  | 460409                         |
| 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 | RAINING                  |
| Road Surface       | WET                      |

#### 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?  | YES                         |
| 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: : -<br>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]               | BEDOK N NPC |
| Was notice of intended Prosecution given? | NO          |
| If Yes, against whom?                     |             |

#### Circumstances of Accident

SEE POLICE REPORT.(POUND)

#### 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 | PC2270T            |
| 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 CHENG KWEE MOW

Approximate Age 67

Injuries Sustain NECK,BACK,DIZZY

Injured person in which vehicle? SH9545T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name NECK,BACK,DIZZY

Approximate Age

Injuries Sustain NECK,BACK

Injured person in which vehicle? SH9545T

Were seat belts worn?

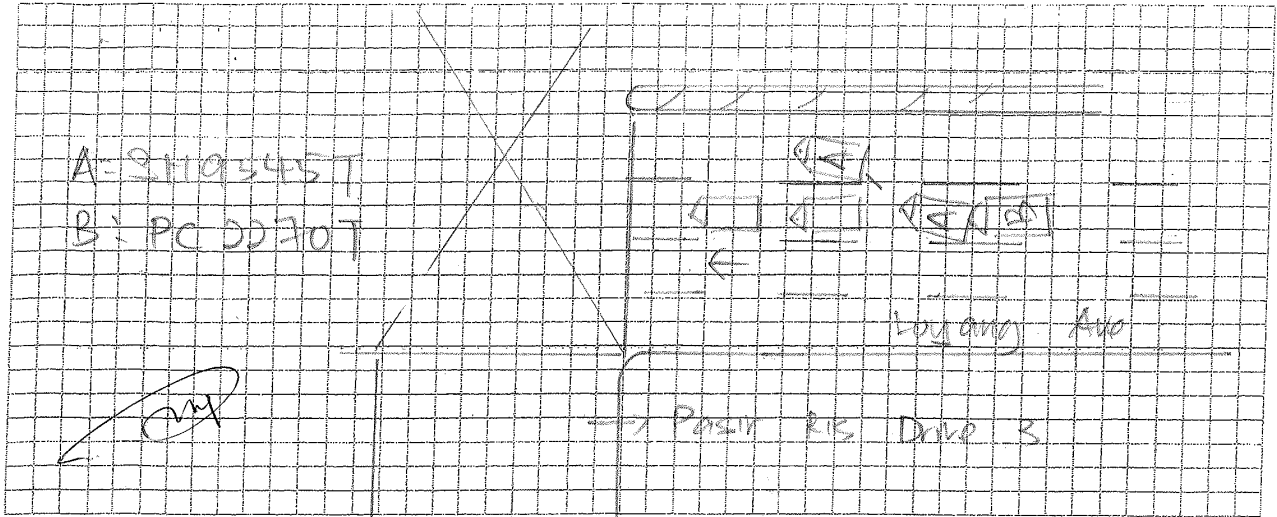
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20200621/2013

## DECLARATION

/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:  
NRIC/FIN No.:

*[Signature]*  
22/6/2020  
Lok Wei Yeng



**SINGAPORE  
POLICE FORCE**



T/20200621/2013

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20200621/2013

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |   |                              |                          |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made:<br>21/06/2020 11:15 |            | Vide Report No.:  |                              | Station Diary No.:<br>13 |
| <b>Informant's Particulars</b>             |            |   |                              |                          |
| Name of Informant:<br>CHENG KWEE MOW       |            | Address:<br>APT BLK 409 BEDOK NORTH AVENUE 2 #07-16<br>SINGAPORE 460409 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S0603838G   |            | Contact No.:<br>Home/Office: Mobile: 97964023                           |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                              |                          |
| Sex:<br>Male                               | Age:<br>66 | Date of Birth:<br>11/11/1953  | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:<br>English  | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 3 Date of Expiry:                |                              |                          |

**General Information of the Accident**

|  |                                 |   |   |   |
|--|---------------------------------|---|---|---|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>20/06/2020 09:20 | Type of Location:<br>X-Junction         |
| Location:<br>Junction of Road 1 and Road 2<br>LOYANG AVENUE<br>PASIR RIS DRIVE 3<br>Before junction of Loyang Avenue and Pasir Ris Drive 3, towards Changi |                                 |   |   |   |
| Weather:<br>Drizzling  |                                 | Road Surface:<br>Wet                        |   | Road Speed Limit:                       |
| Traffic Flow:  |                                 | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Light                |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                                 |   |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model | Color | Condition            | No of Passenger |
|-------------|------|--------|-------|-------|----------------------|-----------------|
| SH9545T     | Car  | TOYOTA | PRIUS | Blue  | Seriously<br>Damaged | 1               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200621/2013

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20200621/2013

**CONTINUATION OF REPORT**

| Driver                            |                         |  |                                 |
|-----------------------------------|-------------------------|--|---------------------------------|
| Name                              | CHENG KWEE MOW          | ID No.                                 | S0603838G                       |
| Related Vehicle                   | SH9545T (Car)           | Contact No.                            | 97964023                        |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 20/06/2020              | Date Discharge                         | 20/06/2020                      |
| No. of Days granted Medical Leave | 08                      | Degree of Injury                       | Serious                         |

**Brief Details.**

On 20/06/2020 at about 920am, I was sending one male passenger to Changi Coast Drive, quarantine facility. I was driving my blue taxi SH9545T along Loyang Avenue towards Changi. Approaching the junction of Loyang Avenue and Pasir ris drive 3, the traffic light turned red and I stopped my vehicle on lane 3 of the 4 lane road. As I saw that lane 2 was clear, I checked my blindspot and switched to lane 2. After switching to lane 2, as I was about to come to a stop at the junction, there was a huge impact from the rear. My taxi skidded to lane 1 (turning right lane). I felt dizzy and pain at my back. I was unable to get out of my taxi as I felt the dizziness overwhelm me. I called for police assistance and requested for ambulance. Ambulance arrived and assisted me out of my taxi. Subsequently, I was conveyed to Changi General Hospital and given 8 days of MC. I was also given panadols to help with my back pain. I am unsure of the damage but I saw through the side mirror and rear view mirror that my rear windscreen and rear bumper is damaged.



**SINGAPORE  
POLICE FORCE**



T/20200621/2013

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20200621/2013

**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:<br>G /<br>Sgt 3 MUHAMMAD SHAHZELEEMI BIN<br>MOHAMAD DANEL        |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN<br>Contact No: 65476206 |

Authentication Stamp  
NP168

|                                |
|--------------------------------|
| Signature Of Informant:        |
| Date/Time:<br>21/06/2020 11:15 |
| Classification Of Case:        |

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : WED 620053160 Vehicle Registration No: 549845T  
Name (as shown in NRIC) : Cheng Kwee Maw NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 2016120 Time of Accident : 09207.  
Place of Accident : Loyang MC  
Insurance Company : India International Insurance PTE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Date of accident was 2016120  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 22/6/20

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : med 620053160 Vehicle Registration No: 549848T  
Name (as shown in NRIC) : Cheng Kwee Mow NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 2016120 Time of Accident : 0920 Y.  
Place of Accident : Loyang Ave  
Insurance Company: India International Insurance PTE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Enclosed photo of accident scene

Policyholder / Driver's Signature  
Date: 23/6/20

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_