

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	28/09/2020 12:00
Date Of Accident	25/09/2020 22:05
Exact Location Of Accident	SERANGOON AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6200H
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	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	LEE WENG THONG WILLIAM
NRIC No	SXXXX824Z
Date Of Birth	26/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98244223
Fax Number	
Contact Number	
EEmail Address	LEE_WILLIAM@HOTMAIL.COM

Address	135 #03-90 EDGEDALE PLAINS
Postcode	820135
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 - MAJOR/MINOR RD
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?	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]	TRAFFIC POLICE
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

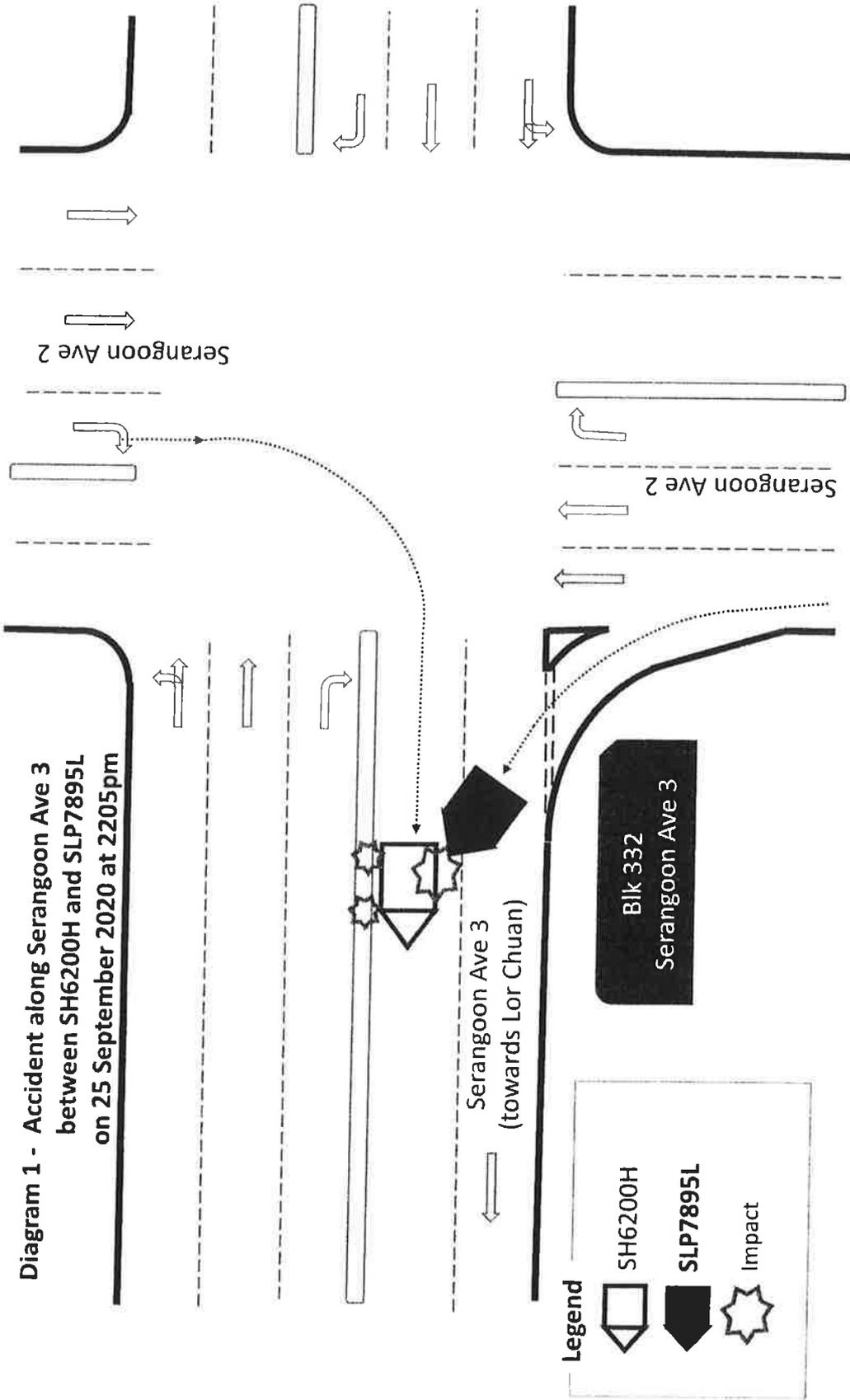
Vehicle Registration Number	SLP7895L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GUOK LI-LIN
NRIC/Passport Number	SXXXX250J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties DIVIDER/KERB
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE WENG THONG WILLIAM
Approximate Age 60
Injuries Sustain NECK
Injured person in which vehicle? SH6200H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode





**SINGAPORE
POLICE FORCE**



T/20200927/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200927/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE WENG THONG, WILLIAM	ID No.	S1418824Z
Related Vehicle	SH6200H (Car)	Contact No.	98244223
Hospital/Clinic	A & A CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/09/2020	Date	26/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	GUOK LI-LIN	ID No.	S6975250J
Related Vehicle	SLP7895L (Car)	Contact No.	90293660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

The accident happened along Serangoon Avenue 3 (towards Lor Chuan and adjacent to Blk 332) on 25 September 2020 at 10:05pm. It involved my taxi SH6200H and Citroen DS4 with vehicle registration number SLP7895L.

I was waiting to turn right into Serangoon Ave 3 at its junction with Serangoon Ave 2. When the lights changed in my favour, I proceeded to turn right into lane 1 of Serangoon Ave 3. The road was wet and slippery. I was driving with extra care and caution at 30 km/h against the road limit of 40km/h.

SLP7895L, driven by Ms Guok Li-Lin of NRIC 6975250J, was on the sliproad coming from the opposite side of Serangoon Ave 2. There was a Give Way double broken white lines road marking before the sliproad merges with Serangoon Ave 3. She drove out without checking if traffic was clear. She also failed to keep to the left lane as she merged into the main road. Consequently, SLP7895L hit the rear left side of my taxi.

The impact forced my taxi sideways towards the road divider and my 2 right-side wheels grazed the kerb. As a result of her reckless driving, my taxi suffered damages as follows:-

- a) Big area of dents and scratches on rear left passenger door
- b) Dents and Scratches on arch & fender panel
- c) Scratches on lower section body skirting panel



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Report No. T/20200927/7019

CONTINUATION OF REPORT

- d)Scratches on corner of wheel arch-bumper panel
- e)Scratches to 3 wheel rims

I suffered stiff neck and muscle ache on the collar-bone area the next morning. Upon seeking medical treatment (please see notes on the clinic), I was given 3 days medical certificate of leave. As such, I am compelled to make this Traffic Police report online. I have video footages (total 6MB) as evidence but due to this system not accepting video file format, I have enclosed only the following 3 allowed files:

- 1) AccidentDiagram.jpg - plan drawing of the accident scene (107KB)
- 2) Damages_SH6200H.pdf (412 KB)
- 3) MedicalCertificate.pdf - medical certificate and prescribed pain relief medications (265 KB)

Notes on Clinic:

This clinic is not available as option to be selected in the dropdown list. In order to proceed to the rest of the report, I have no choice but to select one random clinic. Herein is the actual clinic's details:

Name: Edgedale Medical Clinic
Address: 122A Edgedale Plains #01-187 S(821122)
Tel: 66352272
Co Reg No: 201609711W



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Report No. T/20200927/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 27/09/2020 23:46
Classification Of Case: