

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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 Submission Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

01/12/2020 14:09 (SGT) 30/11/2020 03:10 (SGT)

84 Tampines Rd, Singapore 535109 TAMPINES ST 84, JUNYUAN SEC SCH

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3008T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sq (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Hyundai

140

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

First Capital

ThirdPartyFireTheft

Yes

D-18088936MFSH

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

Accident report SC1I20C1000L

LIM GEE YONG SXXXX803E

07/06/1971 Outdoor

Page 1 of 22

ED: 1988

Date Of Driving Pass 09/11/1993 Driving experience 27 YEARS Gender Male Mobile Number (Phone) +65-96731694 Alt. Phone Number **Email Address** fleetsafety@cdgtaxi.com.sg Address 30 10-794 NEW UPPER CHANGI ROAD Address complement Postcode 461030 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT JNT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female PASSENGER 2 Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACH ATTACHMENT(S) Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY (IN

Yes

No

No

Was there any audio recorded?

Was there any video captured by Car Camera?

020

12

:45

Vehicle Registration Number	SLJ2985A
Vehicle Manufacturer	Science acceptance of the control of
Vehicle Model	
Vehicle Variant	w
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	<u>2</u>
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT LEFT
No. Of Passenger (Including Driver)	- I NI CEL I

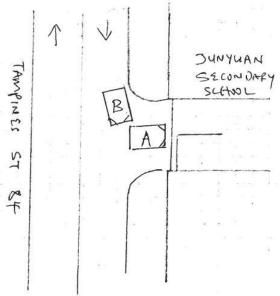
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JNT

SKETCH PLAN

A-SHD 3008 T B-SLJ 2985 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

4	Police	report	7/20201130/00217	,

DECLARATION

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

COMFORT TRANSPORTATION PTE LIL CO REG NO 19930.1821R

Policyholder's Signature Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:
30' ((. 2020

111000

Reporting Centre Personnel's Signature Name: Larry Ng

NRIC/Fin No .:





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 3 Report No. T/20201130/2021

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Time Report Made: 30/11/2020 09:28		Made:	Vide Report No.: G/20201130/0062	Station Diary No.: 48
Informa	nt's Partic	ulars		
	f Informant: E YONG		Address: APT BLK 30 NEW UPPER C SINGAPORE 461030	HANGI ROAD #10-794
ID Type / ID No.: NRIC NO / S7118803E			Contact No.: Home/Office: Mobile: 96731694	
National SINGAR	ity: PORE CITIZ	ΈN	Email:	
Sex: Male	Age: 49	Date of Birth: 07/06/1971	Type of Informant:	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2020 03:10	Type of Location: Straight Road	
Location: TAMPINES S	TREET 84				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:	Tr	Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		nyone conveyed by nbulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD3008T Car						
0.1000001	Can		1	1	Seriously	2
01 100054	-				Damaged	
SLJ2985A	Car	1				0

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Tarabati Grossing, NA



Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

2 of 3 Report No. T/20201130/2021

CONTINUATION OF REPORT

Driver		Land As The Land				The second of the second of the second of
Name	LIM GEE YONG		ID No).	S7118803E	
Related Vehicle	SHD3008T (Car)			Conta	act No.	96731694
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days granted Medical Leave NIL		Degree of		NIL		

Brief Details.

On 30/11/2020 at about 0310hrs, I was driving my taxi along Tampines Street 84, my taxi SHD3008T was stopped outside of Jun Yuan secondary school. Suddenly a car SLJ2985A collided on to the rear of my taxi, at the point of time my wife and my daughter was inside the taxi. I came down to speak to the driver and he seems drunk, and I called for police for assistance. Traffic police came shortly after and they did a test on the driver. Subsequently he was brought away by traffic police. I was advised to lodge a police report. No injuries sustained during the accident.





Police Station Of Origin Bedok North N P C 30 Bedok North Road SINGAPORE 489676 Tel No. 1800-2449999 3 of 3 Report No. T/20/2011/30/2021

CONTINUATION OF REPORT

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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 GOH SZE HAO, VALENTINE	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time 30/11/2020 09 28
Officer In Charge Of Case TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No. 65476246	Classification Of Case
Authentication Stamp	