

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 Actual 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 First Submission	27/08/2024 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	27/08/2024 10:40 (SGT)
Exact Location of Accident	Margaret Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4168T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97777766
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX2 KONA 1.6 GDI HEV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHBB811VSU079680
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	TAY THIAM HENG
NRIC No	SXXXX461F
Date Of Birth	01/10/1962
Occupation	Outdoor
Driving Pass Date	20/09/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777766
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 701 TAMPINES STREET 71 # 10 - 10
Address complement	-
Postcode	520701
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

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 27.08.2024 AT ABOUT 1040HRS ,VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOS TAKEN. PARTICULARS EXCHANGED. NO INJURY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6182T
Vehicle Manufacturer	Citroen
Vehicle Model	BERLINGO LWB 1.6L EHD ETG6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH TECK KEONG
Contact Number	(Phone) +65-98781636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 27.08.2024 AT ABOUT 1040HRS ,VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOs TAKEN. PARTICILARS EXCHANGED. NO INJURY.

Declaration

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



Policyholder's Signature / Date &
Time

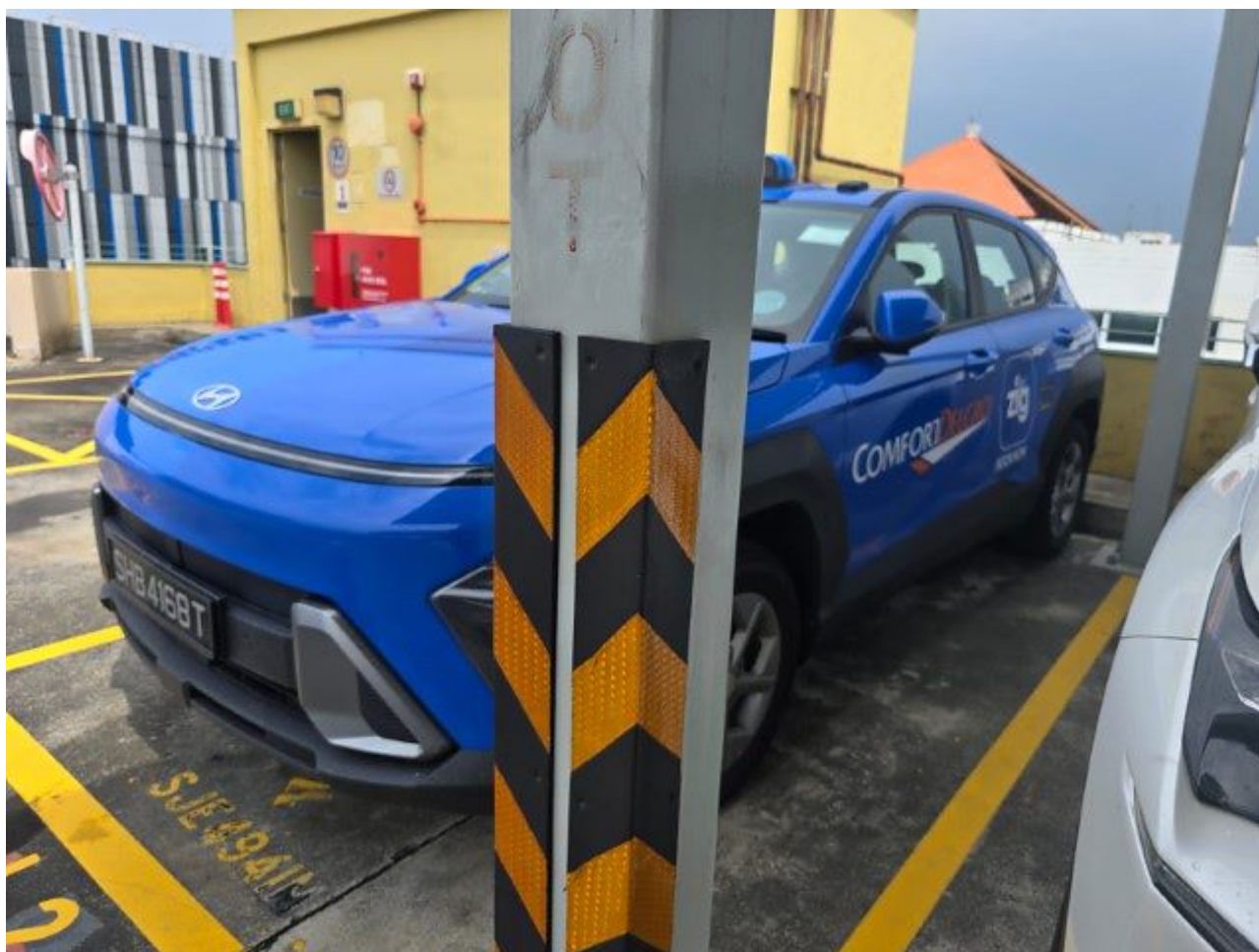
Driver's Signature (If driver is not the policyholder) / Date
& Time 27.08.2024. 1245HRS



Witnessed by Reporting Centre
Personnel



















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1K248R000D Vehicle Registration No: SHB4168T

Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 27/08/2024 Time of Accident: 10:40

Place of Accident: Margaret Dr,

Insurance Company: MS First Capital Insurance 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:

UPDATE CLAIM STATUS



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 27.08.2024