

## 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 .....	04/10/2024 10:10 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/10/2024 14:10 (SGT)
Exact Location of Accident .....	Sims PI, Singapore
Additional Location Information .....	TOWARDS SIMS CLOSE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SH7765M
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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) +65-91003488
Alternative Phone No .....	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	HYBRID 1.8 CVT
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 .....	1798
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKB3FU403561136
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 .....	TEO AH HUAT
NRIC No .....	SXXXX577E
Date Of Birth .....	11/07/1968
Occupation .....	Outdoor
Driving Pass Date .....	20/10/1988
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91003488
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 53 SIMS PLACE #12-168
Address complement .....	-
Postcode .....	380053
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 .....	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 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 03.10.2024 AT ABOUT 1410HRS VEHICLE A SH7765M WAS ALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS CLOSE. VEHICLE B GBK9634E WHICH STATIONARY ON THE LEFT, SWERVED RIGHT WHEN VEH A WAS DRIVING PASS. VEHICLE B RIGHT FRONT SIDE SWIPE VEH A BOTH LEFT DOORS AND LEFT REAR. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

#### 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 .....	GBK9634E
Vehicle Manufacturer .....	Fiat
Vehicle Model .....	FIORINO CARGO 1.3MTA E6 GLAZED
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SELVASEKARAN PRAKASH
Passport No/FIN .....	GXXXXX305N
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



## Describe Circumstances of the Accident

ON 03.10.2024 AT ABOUT 1410HRS VEHICLE A SH7765M WAS ALONG SIMS PLACE IN THE DIRECTION TOWARDS SIMS CLOSE. VEHICLE B GBK9634E WHICH STATIONARY ON THE LEFT, SWERVED RIGHT WHEN VEH A WAS DRIVING PASS. VEHICLE B RIGHT FRONT SIDE SWIPE VEH A BOTH LEFT DOORS AND LEFT REAR. NO ONE IS INJURED. SCENE PHOTOS TAKEN. PARTICULARS TAKEN. NO HANDPHONE EXCHANGED.

## Declaration

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 03.10.2024. 1545HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

