

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	04/12/2024 11:36 (SGT)
Reported by	Actual Driver
Date of Accident	03/12/2024 19:00 (SGT)
Exact Location of Accident	N Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3085U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-85937291
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	1.7 CRDI F/L AT ABS AIRBAG 4DR
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1685
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	KMHLB41UMGU093466
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 KIAU YING
NRIC No	S1290413D
Date Of Birth	10/08/1958
Occupation	Outdoor
Driving Pass Date	10/05/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85937291
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 630 PASIR RIS DRIVE 3 # 12 - 364
Address complement	-
Postcode	510630
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 03.12.2024 AT ABOUT 1900HRS ,VEHICLE A SHD3085U WAS ALONG NORTH BRIDGE ROAD. NEAR INTERCONTINENTAL HOTEL JUNCTION OF MIDDLE ROAD, VEHICLE B SMY8208E FILTERED RIGHT WHEN VEHICLE A WAS ALMOST INTO THE 2ND LANE. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRONT. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT BUKIT MERAH. SCENE PHOTO TAKENS. PARTICULARS 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	SMY8208E
Vehicle Manufacturer	Toyota
Vehicle Model	YARIS CROSS HYBRID ACTIVE (AT) (2WD)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SARAH T
Contact Number	(Phone) +65-96773457
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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An aerial view of a road intersection. A blue car labeled 'A' and a white car labeled 'B' are positioned in the center of the intersection. The road is labeled 'N Bridge Rd' in two locations. Other vehicles visible include a red car, a white van, and a large orange truck. The road has multiple lanes with white dashed lines and a solid white line. There are green trees and grassy areas on the sides of the road.

Describe Circumstances of the Accident

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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

Witnessed by Reporting Centre Personnel



















