SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Banart	17/11/2017 10:26								
Date Of Report Date Of Accident	16/11/2017 18:20								
Exact Location Of Accident	OPEN SPACE CAR PARK NEAR BLK 328 OFF HOUGANG AVE 5								
Country/State of Loss	SINGAPORE DETAILS OF OWN VEHICLE								
	The state of the s								
Vehicle Registration Number	SHA2487R								
Insured/Policyholder									
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD								
Co Reg No	199303821R								
Email Address	FLEETSAFETY@CDGTAXI.COM.SG								
Mobile Phone No									
Alternative Phone No	OFFICE-65508768								
Vehicle Particulars									
Manufacturer	HYUNDAI								
Model	SONATA								
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								
f No, Please state action to be taken	THIRD PARTY								
/ehicle Category	TAXI								
nsurance Company									
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD								
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT								
Fleet Policy	YES								
Policy Number	D-15072701MFSH								
Cover Note Number									
Driver									
Name of Driver	GOH ENG HWEE								
NRIC No	S1746335G								
Date Of Birth	20/06/1966								
Occupation	OUTDOOR								
Date Of Driving Pass	22/01/1987								
Driving Experience	30 YEARS AND 9 MONTHS								
Gender	MALE								
Mobile Number									
Fax Number									
Contact Number									
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ENGHWEEGOH@HOTMAIL.COM

Address

537 06-4066 ANG MO KIO AVENUE 5

Postcode

560537

Was driver an employee of the Insured's Company

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

SIDESWIPE (TP roverse)

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

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)

2

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

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

SJA9006B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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											Tin				155			17/1					NRIC/F		0.:								

Sketch Plan Pg. 2

On 16 Nov 2017 at about 18:20 hrs I was slowly driving along the open space car park

driveway heading towards Blk 334 off Hougang Ave 5 to alight my passenger near the block

Describe Circumstances of the Accident

shelter.		
mener.		
Along the way I saw a Toyo	ta Camry car SJA9006R slow down and st	op hence I slow down and
stop behind the car. My ta	i is about one car length away from the c	ar. Suddenly the car
reversed towards the empt	y car park lot(268A). Upon seeing this, I in	mmediately honk at the
car repeatedly but to no av	ail. In the process the left hand side front	of the car slightly hit
and grazed the front right p	ortion of my taxi.	
Enclosed is a video footage	to support my claims.	
No injury at the point of th	accident.	
Declaration		
/We declare the foregoing parti	culars are true in every respect.	
CO REG NO 1993U	DN PTE LTD 821R	17/11/51
olicyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnesses by Reporting
ime	& Time	Centre Personnel