

## 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 Authorised 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 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 Report	11/12/2017 08:00
Date Of Accident	09/12/2017 21:45
Exact Location Of Accident	PIE TWDS AIRPORT ALONG PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2846M
<b>Insured/Policyholder</b>	
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	I40
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance 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	LIM CHENG HAI
NRIC No	S1649045H
Date Of Birth	29/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LIMAHHAI08@GMAIL.COM

Address	752 #02-206 YISHUN STREET 72
Postcode	760752
Was driver an employee of the Insured's Company	NO
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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	SLM2378L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG ENG HOE
NRIC/Passport Number	S7311684H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ1752Z
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number GY7001L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SHC8447G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address



### Sketch Plan Pg. 1

### SKETCH PLAN

P/E TWO'S AIRPORT  
ALONG PAYH LEBAR FL/OUVR.

A: 84A 2846M  
B: SLM 2378L  
ONG ENG HOB →  
11C 57311684H  
C: 85Q 1752Z →  
D: GY 7001L → [E] [D] [C] [B] [A]  
E: 84C 8447G  
COMFORT  
← ← ←

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per attached

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 COMFORT TRANSPORTATION PTE LTD  
 CC REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

18/09/17

Reporting Centre Personnel's Signature

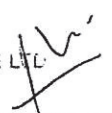
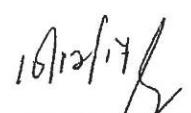
Name:

**Sketch Plan Pg. 2**

<b>Describe Circumstances of the Accident</b>
On 09 Dec 2017 at about 21:45 hrs I was driving straight on Lane 1 along PIE leading towards
the direction of the Airport.
Somewhere along the Paya Lebar Flyover the front car braked abruptly and stopped. I
immediately followed suit. Fortunately I was able to brake in time.
However a few seconds later a car SLM2378L came from behind collided onto the Rear
Portion of my taxi.
Shortly after I found that there are 05 vehicles(including my taxi) are involved in this Chain
Collision Accident.
They are as follow:-
A) SHA2846M
B) SLM2378L
C) SJQ1752Z
D) GY7001L
E) SHC8447G(Comfort Taxi)
01 passenger on board my taxi. No injury at the point of the accident.

**Declaration**

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

<p>COMFORT TRANSPORTATION PTE LTD CO REG NO 199303821R</p> <p>_____ Policyholder's Signature/Date &amp; Time</p>	 <p>_____ Driver's Signature(If driver is not the policyholder)/Date &amp; Time</p>	 <p>_____ Witnessed by Reporting Centre Personnel</p>
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