

## 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	12/01/2018 10:07
Date Of Accident	11/01/2018 16:15
Exact Location Of Accident	LOR 6 TOA PAYOH(TWDS LOR 1 TOA PAYOH)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2362S
<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	TOYOTA
Model	PRIUS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LIM HOCK LYE
NRIC No	S0199583I
Date Of Birth	10/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1978
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	WILLIAMLIMHL@YAHOO.COM.SG

Address	18 09-2893 EUNOS CRESCENT
Postcode	400018
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : - GENDER: : MALE

#### 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

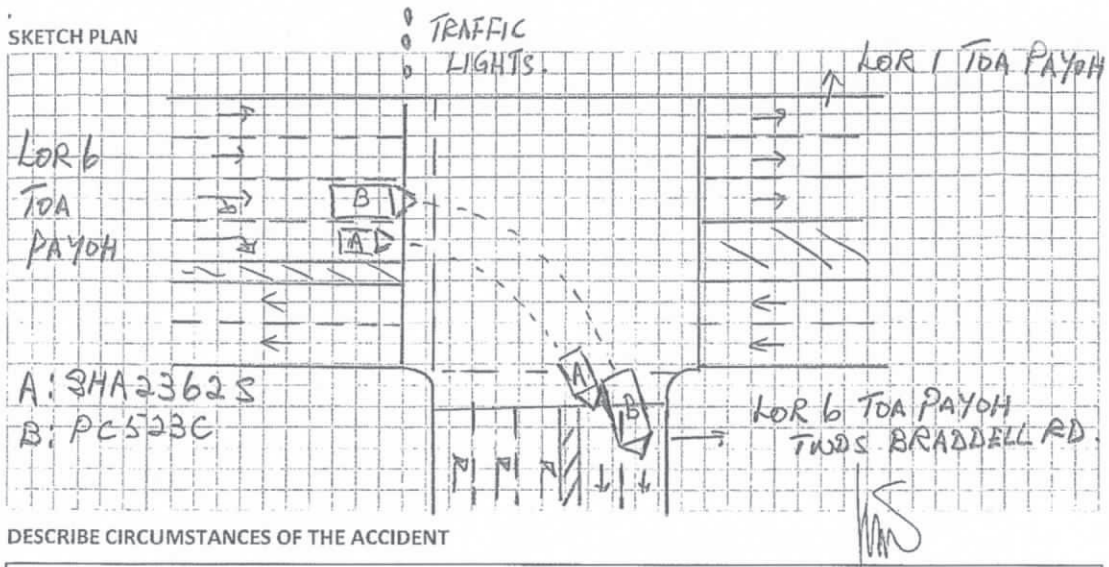
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC523C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT REAR

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303921R

Policyholder's Signature  
Date & Time:

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



12/01/18  
Reporting Centre Personnel's Signature  
Name:

Sketch Plan Pg. 2

Describe Circumstances of the Accident
On 11 Jan 2017 at about 16:15 hrs I was driving on the rightmost lane along Lor 6 Toa Payoh
heading towards the direction of Lor 6 Toa Payoh henceforth to Braddell Rd.
As I approached the traffic junction of Lor 6 Toa Payoh and Lor 1 Toa Payoh I reduced my taxi
speed at the same time switched on my right hand signal lights. Upon reaching the junction
I saw the Green Arrow Lights is on hence I further reduced my taxi speed to negotiate the
right turn. Shortly after I make a right turn towards the right lane along Lor 6 Toa Payoh(see
video footage) At the point of entering into the lane proper suddenly a bus PC523C coming
from my left while in the midst of negotiating the right turn cut sharply into my lane. Upon
seeing this, I immediately braked and stopped at the same time honked at the bus repeatedly
to alert the driver of the bus the imminent danger of a collision but the bus continued to make
the right turn. In the process the right hand side rear of the bus grazed the left hand side front
of my taxi thus damaging the left hand side front fender in the process.
01 male passenger on board my taxi. No injury at the point of the accident.
Enclosed is a video footage to support my claims.

Declaration

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

<p>COMFORT TRANSPORTATION PTE LTD CO REG NO. 189303821R</p> <p>_____ Policyholder's Signature/Date &amp; Time</p>	 <p>_____ Driver's Signature(If driver is not the policyholder)/Date &amp; Time</p>	<p>12/01/18</p>  <p>_____ Witnessed by Reporting Centre Personnel</p>
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