

## 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 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	31/01/2018 10:54
Date Of Accident	30/01/2018 18:10
Exact Location Of Accident	BALESTIER RD TWDS MOULMEIN B4 JUNCTION OF PEGU RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3220B
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	PEH CHEE LEONG (BAI ZHILONG)
NRIC No	S7246995Z
Date Of Birth	14/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	987B 02-41 BUANGKOK GREEN
Postcode	532987
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

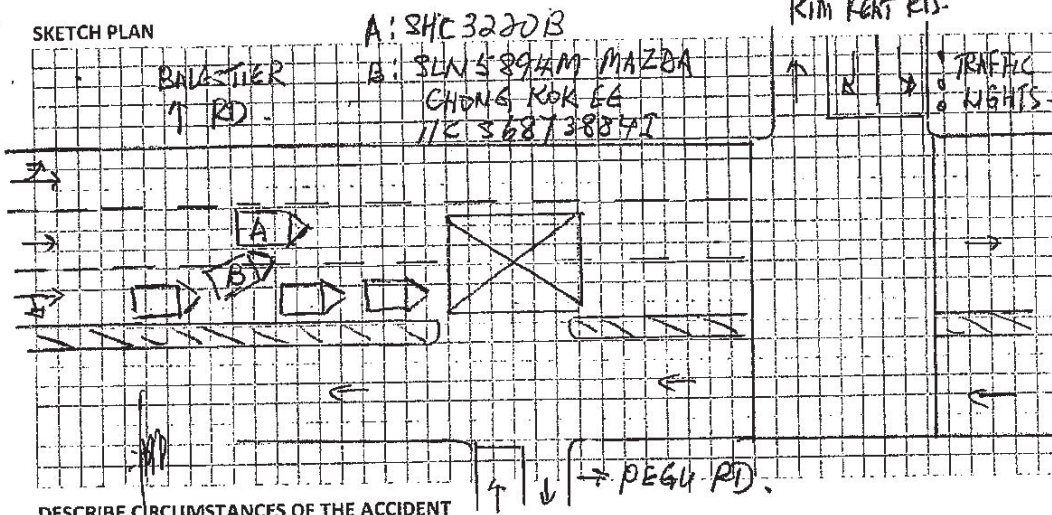
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5894M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KOK EE
NRIC/Passport Number	S6873884I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



As per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan Pg. 2

**Describe Circumstances of the Accident**

On 30 Jan 2018 at about 18:10 hrs after picking up my passenger along Balestier I slowly proceeded to drive straight heading towards the direction of Moulmein

I noticed the car in front of my taxi slowed down hence I slowed down at the same time switched on my right hand signal lights and checked for the traffic from my right. After ensuring it is clear and safe I slowly proceeded to filter to my right towards the center lane.

When my taxi is almost into the lane proper suddenly a stationary car SLN5894M on my right along the rightmost lane before the Pegu Rd junction filtered out to its left in a careless manner thus encroached into my lane.

As a result of the driver's carelessness and failed to keep a proper lookout for my taxi caused this accident to happen.

In the process, the left hand side front of the car hit and grazed the right hand side rear door towards the right hand side rear including the right hand side rear wheel of my 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.**

COMFORT TRANSPORTATION PTE. L.  
CO REG. NO. 199303821R

Policyholder's Signature/Date &amp; Time

Driver's Signature (If driver is not the policyholder)/Date  
& Time

31/01/18 

Witnessed by Reporting  
Centre Personnel