

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 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 Report	17/10/2018 10:02
Date Of Accident	16/10/2018 18:20
Exact Location Of Accident	CAPITOL GREEN LOBBY DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8006X
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	MERCEDES-BENZ
Model	MERC
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	TING POH KONG
NRIC No	S1537050E
Date Of Birth	22/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90730280
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	986B #08-60 BUNGKOK CRESCEN
Postcode	532986
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	CLEAR
Road Surface	DRY

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)	1

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	PC2470H
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

Capitol Green
Lobby Pick Up Point

A: SMC 8006X

B: PC 2470H

Diagram illustrating the lobby pick-up point area, showing two locations (A and B) and a path leading to a pick-up point (W) near a building corner.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature _____

GO. REG. NO. 199303821R

Driver's Signature

Loke Wei Yiong

Reporting Centre Personnel's Signature

Describe Circumstances of the Accident.

On 16/10/2018 at about 1820hrs, I was drove into Capitol green lobby pick up point.

The traffic was moderate and I was moving slow. When I approaching the bend road, I saw

Veh B stopped on left moving forward without checking that I was on right lane.

I immediately braked to stopped my taxi to avoid collision upon seeing this however the said

vehicle keep moving on and it right rear portion grazed onto the left front of my stationary

taxi. No passenger on my board my taxi. No injury reported at the point of accident.

Enclosed footage to support my claim.

Declaration

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

COMFORT TRANSPORTATION PLE
CO. REG. NO. T9939321R
Policyholder's Signature/Date & Time Driver's Signature(If driver is not the policyholder)/Date & Time

Loke Wei Yeng

Witnessed by Reporting
Centre Personnel



