SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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.	· · · · · · · · · · · · · · · · · · ·		
Children Control School Street	ACCIDENT STATEMENT		
Date Of Report	21/05/2019 16:55		
Date Of Accident	21/05/2019 13:05		
Exact Location Of Accident	ALONG SOPHIA RD		
Country/State of Loss	SINGAPORE		
Description of the second of t	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHD3931C		
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	IONIQ HYBRID		
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	KO TEEK HOCK		
NRIC No	S1853490H		
Date Of Birth	07/09/1957		
Occupation	OUTDOOR		
Date Of Driving Pass	21/02/1978		
Driving Experience	41 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-98798612		
Fax Number			

NOEMAIL

220A #08-54 BEDOK CENTRAL Address

461220 Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

2

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

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 SJT7078G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver CHEW PEI CHI NRIC/Passport Number S7811742G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRT No. Of Passenger (Including Driver)

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reporting definite a crooming 3 digital die	olicyholder's Si	gnature	Driver's Signature		Reporting Centre Per	sonnel's Signature

Sketch Plan Pg. 2

Describe Circumstances of	of the Accident.	
On the 21/05/2019 @ abo	out 13:05hrs, I was driving along Sophia Rd dir	ection.
The front vehicle slow do	wn and stop so I slow down and stop as well.	
Then suddenly there's an	impact from behind my taxi and found out a	vehicle SJT7078G
had collided onto my rea	r portion of my taxi.	
01 female passenger on b	oard my taxi.	
No injury at the point of a	accident.	
Declaration		
/We declare the foregoing par	ticulars are true in every respect.	
	/	
COMFORT TRANSPORT	RTATION PTI DUNI	Chia Wendy
olicyholder's Signature/Date & ime	Driver's Signature (If driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel
		o 1 MAY 2010