

## 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	20/08/2019 15:25
Date Of Accident	20/08/2019 13:05
Exact Location Of Accident	ALONG PASIR RIS DR 1 TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6771C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	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	NG THENG WEE
NRIC No	S0756347G
Date Of Birth	09/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1969
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397346
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	677D #09-752 PUNGGOL CENTRAL
Postcode	824677
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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

AS PER ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG202Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	NG THENG WEE
Approximate Age	71
Injuries Sustain	GIDDY
Injured person in which vehicle?	SHD6771C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan Pg. 1

## SKETCH PLAN

LOUANG AV

A = SMD6771C

B = GBG 2022

PACIR RIG DRIVE 2

PACIR RIG DR 1

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

GIARMAC SketchPlanForm\_V3

Olivia Wendy

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

20 AUG 2019

Describe Circumstances of the Accident.

On the 20/08/2019 @ about 13:05hrs, I was driving along Pasir Ris Dr 1 towards Loyang Ave direction with 01 male passenger on board my taxi.

I slow down and stop at the traffic light X-Junction of Pasir Ris Drive 2 when suddenly there's an impact from behind my taxi. I step out to checked and found out a vehicle of GBG202Z front portion collided onto my rear portion of my taxi.

I felt giddy after the impact and will consult doctor later.

## Declaration

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

604 EAST TRANSPORTATION PTE LTD

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

20 AUG 2019