## 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 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

	ACCIDENT STATEMENT
Date Of Report	28/01/2020 09:59
Date Of Accident	25/01/2020 02:30
Exact Location Of Accident	BEDOK NORTH RD TWDS NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7350B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

D-18088936MFSH Policy Number

Cover Note Number

Driver

SYED IDROS B SYED HAMID ALKAFF Name of Driver

SXXXX514F NRIC No 14/08/1955 Date Of Birth OUTDOOR Occupation 30/07/1984 Date Of Driving Pass

35 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-93699577 Mobile Number

Fax Number

Contact Number

**EMail Address** IDROSALKAFF@HOTMAIL.SG Address BLK 670C EDGEFIELD PLAINS #03-638

Postcode 823670

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

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

**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** 

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

CB7174P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

Name of Driver NU XIWEI

NRIC/Passport Number

Contact Number

Address

Postcode

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Insurance Company Name

NO

FRT Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

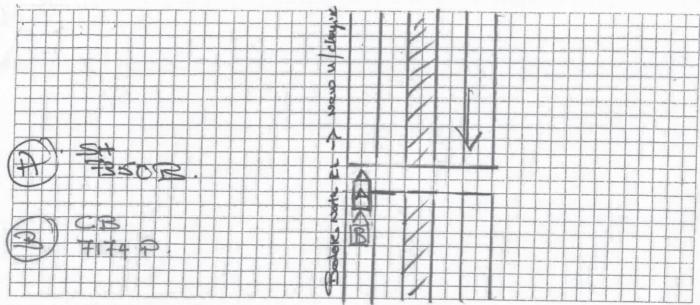
SYED IDROS B SYED HAMID ALKAFF

LEFT LEG PAIN .ON 3 DAYS MC .

SH7350B

YES

NO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON. 25 San 2000 @ 0230 hr. I WH (A
	Stow down and stop to Drap vert A PAR
	After broping I set @ alt to mou
	Suddenly Ver & from the Rear hit
	YRH (A) Rear. On the point of
	accident ver @ New PAR.
	I wished to add that the diver of CB 7174P
	Said that he had lost Controlled of him.
*	Veluch

## **DECLARATION**

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

COMFORT TRANSPORTATION PTE LTD .

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 .:

