

## 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             | 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                        |
| <b>Insured/Policyholder</b> |                                |
| 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  | 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       | SYED IDROS B SYED HAMID ALKAFF |
| NRIC No              | SXXXX514F                      |
| Date Of Birth        | 14/08/1955                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 30/07/1984                     |
| Driving Experience   | 35 YEARS AND 5 MONTHS          |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-93699577           |
| 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                         | 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)   | 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

PLS REFER TO ATTACHED

#### 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         | CB7174P                                       |
| Vehicle Make/Model/Colour           |   |
| Details Of Properties               |   |
| Vehicle Category                    | BUS   |
| Name of Driver                      | NU XIWEI                                      |
| NRIC/Passport Number                |   |
| Contact Number                      |   |
| Address                             |   |
| Postcode                            |   |
| Insurance Company Name              | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Nature Of Damage                    | FRT   |
| No. Of Passenger (Including Driver) |   |

#### DETAILS OF INJURED PERSON 1

|   |                                |
|---|--------------------------------|
| Name  | SYED IDROS B SYED HAMID ALKAFF |
| Approximate Age                                     | 65                             |
| Injuries Sustain                                    | LEFT LEG PAIN .ON 3 DAYS MC .  |
| Injured person in which vehicle?                    | SH7350B                        |
| Were seat belts worn?                               | YES                            |
| Was this injured conveyed to hospital by ambulance? | NO                             |
| Address   |                                |
| Postcode  |                                |



(A) 350R.

(B) CB 7174P.

Police note 21 → road is clayey

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 25 Jan 2020 @ 0230 hr I veh (A)

Slow down and stop to drop veh (A) park

After dropping I veh (A) abt to move

Suddenly veh (B) from the Rear hit

veh (A) Rear @ the point of

accident veh (A) no park.

I wished to add that the driver of CB 7174P  
said that he had lost control of his  
vehicle

### 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.:







