

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	06/06/2020 10:00
Date Of Accident	05/06/2020 18:05
Exact Location Of Accident	ESSO AT CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1128Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	LIM KAU HEYA
NRIC No	SXXXX235Z
Date Of Birth	15/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1976
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97225939
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 423 07-248 CHOA CHU KANG AVENUE 4
Postcode 680423
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 (including own vehicle) involved in the accident 2
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) 0

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.

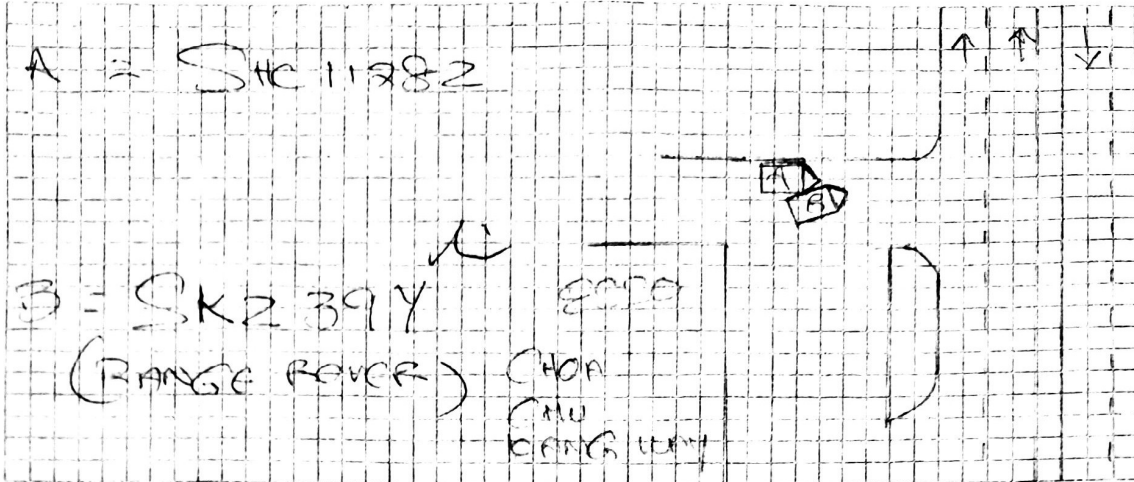
Attachment(s)

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 SKZ39Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage REAR LEFT DOOR
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 189003621P

Olivia Weng

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 06 JUN 2020
NRIC/FIN No.:

Describe Circumstances of the Accident.

On the 05/06/2020 at about 18:05hrs, I parked my taxi at Esso Choa Chu Kang Way to wipe my Taxi front windscreen.

As I was cleaning my taxi suddenly a vehicle of SKZ39Y drive out and grazed onto my taxi right front portion.

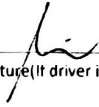
No injury at the point of accident.

Declaration

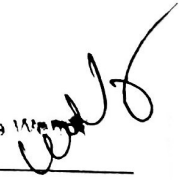
I/We declare the foregoing particulars are true in every respect.

UNIFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 1993036212

Policyholder's Signature/Date &
Time



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



Witnessed by Reporting
Centre Personnel

06 JUN 2020

