#### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/07/2020 12:45
Date Of Accident	30/07/2020 01:20
Exact Location Of Accident	DUNLOP ST X CLIVE ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7067U
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	ТОУОТА
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	REPORTING ONLY
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	NO DECK HEADO

Name of Driver

NG PECK HEANG

NRIC No

S0214814E

Date Of Birth

19/10/1954

Occupation

OUTDOOR

Date Of Driving Pass

07/05/1976

Driving Experience 44 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94303939

Fax Number

Contact Number

EMail Address NOEMAIL

Address 609 05-1153 ANG MO KIO AVE 4

Postcode 560609

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 - CROSS JUNCTION

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?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**Circumstances of Accident** 

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES

YES

-

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLI5698B

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 FRT RHT

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#### **DETAILS OF INJURED PERSON 1**

Name DRIVER

Approximate Age

Injuries Sustain CUT ON FACE Injured person in which vehicle? SLI5698B

Injured person in which vehicle? Were seat belts worn?

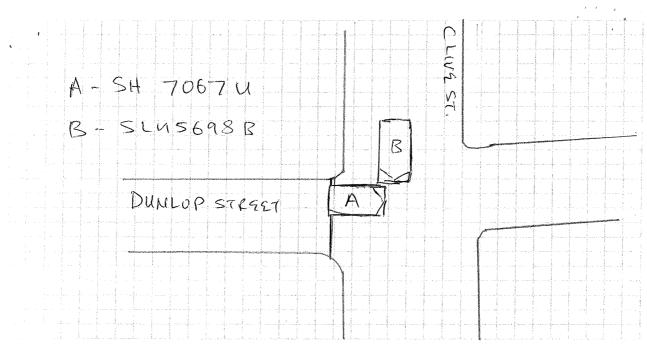
Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

of Stolemy withschool of

#### **DECLARATION**

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LA CO. REC. NO. 10930/321R

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time:

30-07.2020

(120m

1.20

Reporting Centre Personnel's Signature

Name:

Larry Ng

NRIC/Fin No.:

2

#### Sketch Plan Pg. 2

<b>Describe Circumstances of</b>	the Accident.	
On 30.07.2020, at about 01	L20hrs, I was driving my Comfort taxi, SH7067	U, along
Dunlop St with 1 male pax.	While approaching the cross junction with C	live St,
I was driving at about 35km	n/hr and cross the junction. I did not realise t	hat there was
a stop line on Dunlop St. V	While entering the cross junction, a private car	r, B, came
and hit my taxi. No injury t	to my pax. The male driver of B, had a cut on	his face.
An ambulance came and fe	tched B driver to a hospital. Traffic police als	o came and
removed the memory card	from my taxi's video camera. I was not injure	ed.
Weather was clear and ligh	t traffic. The area was quite dark.	
Declaration		
I/We declare the foregoing partic	culars are true in every respect.	
JMFORT TRANSPORTATI CO. REG. NO. 19930	ON PTE LIL 3821R	⊾aify Ng
Policyholder's Signature/Date & Time	Driver's Signature(If driver is not the policyholder)/Date & Time 30 ~ 07 ~ 2 0 20	Witnessed by Reporting Centre Personnel
	& Time 30 = 07 = 2020 ((20W)	







