

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	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	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	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	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
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

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	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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DRIVER
Approximate Age	
Injuries Sustain	CUT ON FACE
Injured person in which vehicle?	SLI5698B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

A - SH 7067 U

B - SLN5698 B

DUNLOP STREET

CLIVE ST.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statement attached *

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19232321R

Policyholder's Signature
Date & Time:

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

30-07-2020
(1200h)

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/Fin No.:

On 30.07.2020, at about 0120hrs, I was driving my Comfort taxi, SH7067U, along
Dunlop St with 1 male pax. While approaching the cross junction with Clive St,
I was driving at about 35km/hr and cross the junction. I did not realise that there was
a stop line on Dunlop St. While entering the cross junction, a private car, B, came
and hit my taxi. No injury to my pax. The male driver of B, had a cut on his face.
An ambulance came and fetched B driver to a hospital. Traffic police also came and
removed the memory card from my taxi's video camera. I was not injured.
Weather was clear and light traffic. The area was quite dark.

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

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Driver's Signature (If driver is not the policyholder)/Date & Time 9/27/2025

30.07.2020

1120ws

Witnessed by Reporting
Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

