### 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

1 1 2 1 2 W. H. C.	ACCIDENT STATEMENT	
	ACCIDENT STATEMENT	
Date Of Report	26/08/2020 14:21	
Date Of Accident	26/08/2020 12:50	
Exact Location Of Accident	HOLLAND RD BEFORE PIERCE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	C. 4 C 47 C 48
Vehicle Registration Number	SHA5730T	

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 HYUNDAI

Model IONIQ

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** 

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

NO

Fleet Policy YES

Policy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver YIP KWONG HENG

NRIC No SXXXX373Z Date Of Birth 10/02/1970 Occupation **OUTDOOR** Date Of Driving Pass 12/02/1991

**Driving Experience** 29 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96740317

Fax Number

Contact Number

EMail Address NOEMAIL Address 129A 08-638 CANBERRA STREET

Postcode 751129

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? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME:

.

GENDER: : FEMALE

**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:

50

Was there any audio recorded?

NO

FRT

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKN9219Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

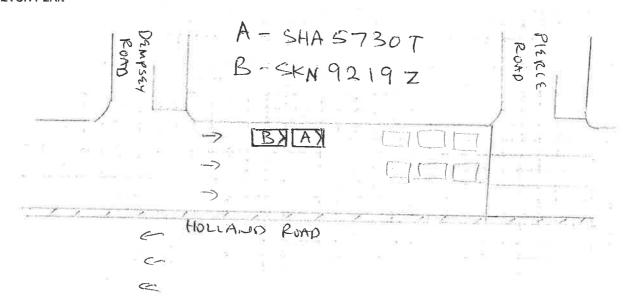
Insurance Company Name

Nature Of Damage

Page 2 of 12

No. Of Passenger (Including Driver)

### SKÉTCH PLAN



## **DECLARATION**

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

JMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

26.08.2000

( Levola

17

Reporting Centre Personnel's Signature

Name: NRIC/Fin No.: Larry Ng

# Sketch Plan Pg. 2

Describe Circumstances	of the Accident.	
On 26.08.2020, ata bout	t 1250hrs, I stopped my Comfort taxi, SHA5730	T, behind many
rehicles along Holland R	d due to red lights at the junction with Pierce	Rd.
Vhen the lights turned p	green, the front vehicles moved and just before	e I could move,
felt an impact from the	rear.	
private car, B, had hit i	my taxi rear. I have a video recording of the ac	cident impact.
notos taken after the ac	ccident.	
eather was clear and m	noderate traffic. No injury.	
<u>.</u>		
laration		
declare the foregoing part	iculars are true in every respect.	
MFORT TRANSPORTATION CO. REG. NO. 199303	ON PTE LTL OT	Larry Ng
holder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date & Time 76 . 08 - >>>>	Witnessed by Reportin
	~ · · · · · · · · · · · · · · · · · · ·	Centre Personnel

Page 5 of 12