

SINGAPORE ACCIDENT STATEMENT

NOTICE

Report correctly the details of the accident to speed up the claims process.
Form must be completed by the Policyholder and/or the Authorised Driver.
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
policy liability.
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
Any false reporting may be referred to the Police for investigation.
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.
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 05/10/2020 16:21
Date Of Accident 05/10/2020 09:50
Exact Location Of Accident KING GEORGE'S BUILDING CO
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6334E
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 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 INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number MCOM0015
Cover Note Number

Driver

Name of Driver OW KOK KEE
NRIC No SXXXX234D
Date Of Birth 15/11/1961
Occupation OUTDOOR
Date Of Driving Pass 10/04/1984
Driving Experience 36 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96649288
Fax Number
Contact Number
Email Address RAYMONDOW2009@GMAIL.COM

542 04-29 SERANGOONG NORTH AVE 4
550540

Is the driver an employee of the Insured's Company? NO
Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD (TO reverse)
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) 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

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 EB81X
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
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

PLAN

KING GEORGE'S BUILDING

A-SH 6334 E
B-EB 81X

KING GEORGE'S AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ Statist attached →

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:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time: 05.10.2020
1510h

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

Describe Circumstances of the Accident.

On 05.10.2020, at about 0950hrs, I was sending my pax to King George's Building.

After my pax had alighted, I proceeded towards the open carpark exit.

As I was driving slowly along the driveway, a parked car, B, suddenly started to reverse out of a parking lot. I sounded the horn and immediately braked and stopped.

But car B continued reversing and hit my taxi front left side.

After the accident, B male driver moved forward and stopped away from the scene.

I have a video recording of the accident. Photos taken after the accident.

No pax in my taxi and no injury.

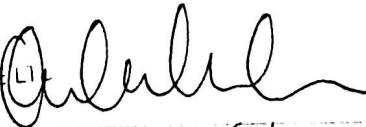
Weather was clear and no traffic.

Declaration

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

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

Policyholder's Signature/Date &
Time



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

05.10.2020

1510h

Larry Ng

Witnessed by Reporting
Centre Personnel

10.202
47:44

4:5

N