

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 19/10/2020 11:35
Date Of Accident 17/10/2020 12:20
Exact Location Of Accident SLE TOWARDS CITY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8162C
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 ISHAK BIN ROSDI
NRIC No SXXXX321B
Date Of Birth 07/12/1964
Occupation OUTDOOR
Date Of Driving Pass 14/05/1996
Driving Experience 24 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86014053
Fax Number
Contact Number
Email Address NOEMAIL

Address 437 #02-368 FAJAR ROAD
Postcode 670437
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 -
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 2
Was any body injured in the Accident? YES
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) 4
Passenger 1
NAME: : -
GENDER: : MALE
Passenger 2
NAME: : -
GENDER: : FEMALE
Passenger 3
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 SJW8439B
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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name ISHAK BIN ROSDI

Approximate Age 56

Injuries Sustain NECK, BACK

Injured person in which vehicle? SHC8162C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

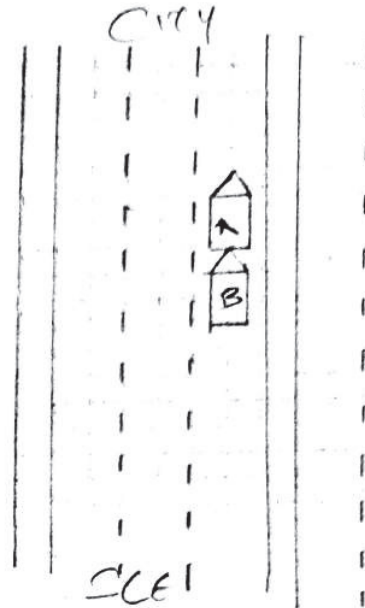
SKETCH PLAN

A = SHC 8162C

(Signature)

B = SJW 8439B

(Car)



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. 199303821R

Policyholder's Signature
Date & Time:

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

(Signature)
Reporting Centre Personnel's Signature
Name: Olivia Wendy
NRIC/Fin No.:

19 OCT 2020

Describe Circumstances of the Accident.

On the 17/10/2020 @ 12:20hrs, I was driving along SLE towards CITY direction with 3 passenger on board my taxi.

The front vehicle stop so I stop as well when suddenly there's an impact from behind my taxi. I step out to check and found out a vehicle of SJW8439B front portion had collided onto my taxi rear portion.

I felt slight neck and back pain from the impact and given 2 days MC from Our Family Physician Clinic & Surgery.

Declaration

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

COMFORT TRANSPORTATION PTE LTD.

CO. REG. NO. 199303821B

Time

& Time

Driver's signature (If driver is not the policyholder)/Date

Witnessed by Reporting

Centre Personnel
Olivia Wendy

19 OCT 2020