

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 21/10/2020 12:42
Date Of Accident 21/10/2020 09:25
Exact Location Of Accident SLIP RD FROM GEYLANG BAHRU TO BENDEMEER RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6502M
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 RAZALI B RADI
NRIC No SXXXX079J
Date Of Birth 28/05/1961
Occupation OUTDOOR
Date Of Driving Pass 09/02/1990
Driving Experience 30 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91449665
Fax Number
Contact Number
Email Address ASRIDA18@YAHOO.COM.SG

520462

an employee of the Insured's Company NO
 Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Registration Number of Driver's Own
 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) 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 SJN9401A
 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 NOT SURE
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

RAZALI B RADI

59

NECK

SHD6502M

YES

NO

Age

stain

erson in which vehicle?

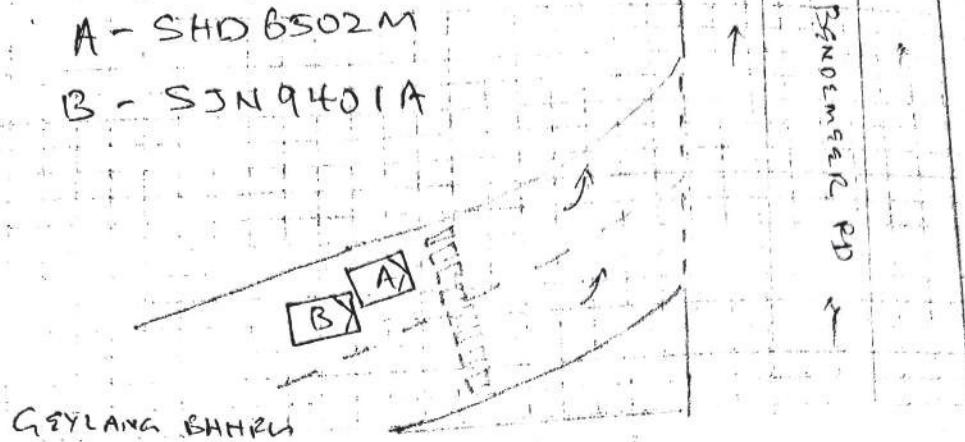
eat belts worn?

this injured conveyed to hospital by
ulance?

ddress

Postcode

CH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* statement 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21.10.2020
1135m

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

Describe Circumstances of the Accident.

On 21.10.2020, at about 0925hrs, I was driving my Comfort taxi, SHD6502M, along Geylang Bahru with no pax. When I was on the left lane along the slip road to Bendemeer Rd, I noticed there were 2 pedestrians and 1 cyclist crossing the zebra crossing. I braked and stopped. Right after I had stopped, I felt an impact from the rear. A private car, B, had hit my taxi rear. I went out to check and was talking to the male driver of B. I then went back to my taxi to take my handphone to take some photos but the car B was driven away by a male friend of B. B driver then ran away from the scene. After the accident, I feel pain in my neck and will consult a doctor later.

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

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



21.10.2020

1135m

Larry Ng

Witnessed by Reporting
Centre Personnel