

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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
state 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.
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 20/10/2020 15:30
Date Of Accident 20/10/2020 11:40
Exact Location Of Accident CTE (SLE)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SHB6616D
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? NO

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
Fleet Policy YES
Policy Number D-18088936MFSH
Cover Note Number

Driver

Name of Driver ROGER TAN KIM HENG (ROGER CHEN JINXING)
NRIC No SXXXX755B
Date Of Birth 20/02/1974
Occupation OUTDOOR
Date Of Driving Pass 23/03/1993
Driving Experience 27 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91785275
Fax Number
Contact Number
Email Address TANROGER1724@GMAIL.COM

182 07-319 RIVERVALE CRESCENT

540182

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 CHAIN COLLISION
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 3
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 GBH5832S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SMT7474K

PRIVATE CAR

REAR

Registration Number

Make/Model/Colour

Properties

Category

of Driver

Passport Number

Contact Number

Address

Postcode

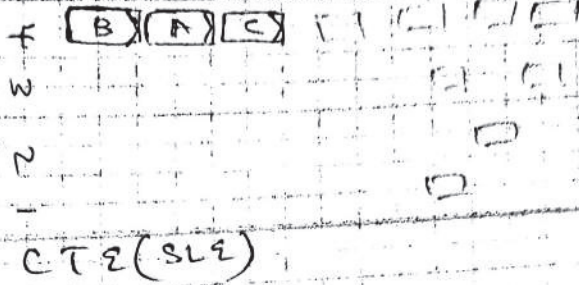
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PLAN

A-SHB 6616D
B-GBH 5832S
C-SMT 7474K



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: 20.10.2020

(1430h)

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

Describe Circumstances of the Accident.

On 20.10.2020, at about 1140hrs, I was driving my Comfort taxi, SHB6616B, on lane 4 along CTE towards SLE with no pax.

Somewhere near the end of the tunnel before the Moulmein exit, the front vehicles suddenly brake and stopped. I applied brake too and collided with the front car, C, and split second later, was hit by a van, B, from the rear.

No injury at the time of accident.


Photos taken at the scene.

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 20.10.2020

Larry Ng

Witnessed by Reporting
Centre Personnel