SC1I2121000G / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 01/02/2021 15:49 (SGT) SUBMITTED BY: Huang Xiao Yan VERSION: 1 (01/02/2021 15:49 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/02/2021 15:49 (SGT) 01/02/2021 12:15 (SGT) Singapore ANG MO KIO AVE 3 TWDS CTE(CITY) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA6928J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXXX21R fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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? Vehicle Category Hyundai loniq

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE HENG FATT SXXXX480H 05/03/1953 Outdoor



Date Of Driving Pass

Driving experience Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

21/06/1973

47 YEARS AND 8 MONTHS

Male

(Phone) +65-96213529

fleetsafety@cdgtaxi.com.sg BLK 51 COMMONWEALTH DRIVE

#10-522 141051 No

Other No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

Female

No

No

Yes

2

No

2

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number

SLL2414X Honda

Private car

Accident report SC1I2121000G

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Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

NTUC SLIGHT LEFT REAR SKETCH PLAN

A-SHA69			
B-SLL24	-14×		A /
TAX			
- [B]	Tanana T Tanana		7
ANG MO	KIO AVE		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Con 01.02.2021, at about 1215 hrs. I was dring my Comfort toxi, SHA 69283 on the extreme left lane along
Comfort toxi, SHA 69285, on the extreme left lane along
fende pax.
fertale fix.
Weather was clear and anodrate treffic.
Somewhere before the Ship road, a tris mony private and,
Somewhere before the Ship road, a fast many private a.B. suddenly cut into my lane from any right.
while cutting into my lone its left rear side but my teri right front side. B did not stop and contained drives.
Text cight trut side. B did not stop and continued
drag.
I chased B and marged to stop him olong the slip road.
I have a violeo recordy of the accident.

DECLARATION

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

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time: Driver's Signature
(if driver is not the policyholder)
Date & Time: 0(.02.262)

142 Dm

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.: