

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 Submission	09/02/2021 15:16 (SGT)
Date of Accident	08/02/2021 15:00 (SGT)
Exact Location of Accident	Benoi Rd, Singapore
Additional Location Information	BENOI RD TO AYE (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7883E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LEE THIAM TENG
NRIC No	SXXXX149D
Date Of Birth	01/08/1962
Occupation	Outdoor

Date Of Driving Pass	21/09/1982
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90907336
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	48 05-06 CARPMAEL ROAD
Address complement	-
Postcode	429974
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4491D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	not sure
	-

→ AY2 (city)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statement Attached *

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Date & Time: 01.02.2021
14 hrs

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

Larry Ng

Describe Circumstances of the Accident.

On 08.02.2021, at about 1500hrs, I was driving my Comfort taxi, SH7883E, from Benoi Rd towards the AYE(City) with 1 male pax.

Weather was clear and moderate traffic.

While driving along the slip road on the left lane, I noticed a lorry, B, which was on the right lane getting very close to my taxi. B then hit my taxi right rear side and continued driving. I stopped at the give way line, expecting B to stop but B did not stop. I then chased B for some distance.

B male driver offered to repair my taxi at his company workshop but I declined as this is a Comfort taxi, will let Comfort do the repairs.

No injury. I have a video recording showing that I was driving in my own lane when the accident happened.

Declaration

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

Policyholder's Signature/Date & Time

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

Larry Ng

Witnessed by Reporting Centre Personnel

09.02.2021

1702m



