

# 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	20/01/2022 15:34 (SGT)
Date of Accident	20/01/2022 10:20 (SGT)
Exact Location of Accident	64 Loyang Way, Singapore 508754
Additional Location Information	LOYANG WAY TURN RH TO LOYANG DR
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3065C
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	199303821R
Cover Note Number	-

### DRIVER

Name of Driver	CHUAH SHAU HOOW
NRIC No	SXXXX269A



Date Of Birth	11/04/1980
Occupation	Outdoor
Date Of Driving Pass	20/02/2013
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65508768
Alt. Phone Number	(Office) +65-65508768
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Address	BLK 546 HOUGANG ST 51
Address complement	#10-200
Postcode	530546
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	EMOLOYEE
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	Collision - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NA
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

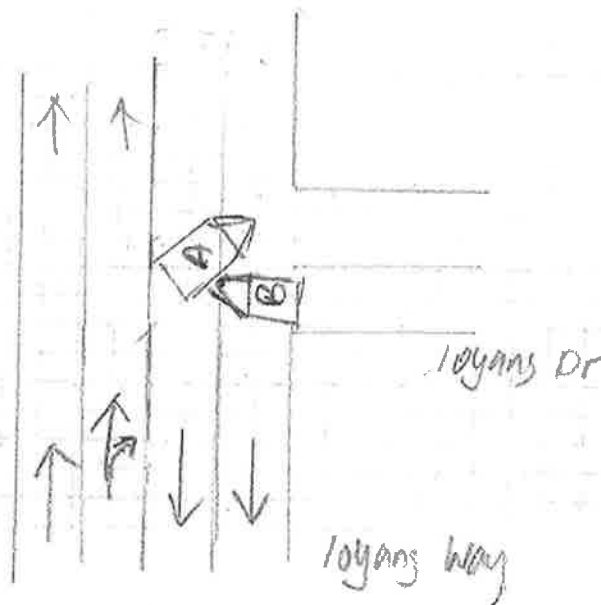
Vehicle Registration Number	GBA6301M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAYMOND TEO CHENG BOON
Contact Number	(Phone) +65-93889037
Address	-

Address complement	
Postcode	
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	0

SKETCH PLAN

A 3HD3065C  
(51155)

B GBA6301M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/01/22 @ about 1020 hrs. i was driving along  
Loyang way with taxi plate number 3HD3065C with phone plate  
number 51155. While when i make a right turn to Loyang,  
Drive. Vehicle B - GBA6301M from Loyang Dr. make a  
right turn and hit on my right rear portion. No one was  
injury at that time of accident, i have exchange particulars with  
the driver and take the scene.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 190003321R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Hong Leong Teck**  
NRIC/Fin No.: