

MCD818051170 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 18/04/2018 08:57
 SUBMITTED BY: Huang XiaoYan

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 ability.
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 18/04/2018 08:57
 Date Of Accident 17/04/2018 01:20
 Exact Location Of Accident SERANGOON RD X TOWNER RD / BOON KENG RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2219T
 Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 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 MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES

Policy Number D-18088937MFSH

Cover Note Number

Driver

Name of Driver TEO KOK WAH
 NRIC No S6846821C
 Date Of Birth 08/12/1968
 Occupation OUTDOOR
 Date Of Driving Pass 18/02/1989
 Driving Experience 29 YEARS AND 1 MONTH
 Gender MALE

Mobile Number

Fax Number

Contact Number

Email Address NOEMAIL

Address BLK 525 BEDOK NORTH STREET 3 #10-432
 Postcode 460252
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 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 involved in the accident
 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) 2
 Passenger 1
 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] CHANGKAT NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180417/2088

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3526P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver TEO HOR KIM
 NRIC/Passport Number S0315782B
 Contact Number 91019369
 Address
 Postcode
 Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

CONCRETE

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

Name

TEO KOK WAH

Approximate Age

49

Injuries Sustain

VARIOUS PAIN ON BODY. ON 3 DAYS MC.

Injured person in which vehicle?

SHB2219T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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6. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(Including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
O. REG. NO. 199502839G



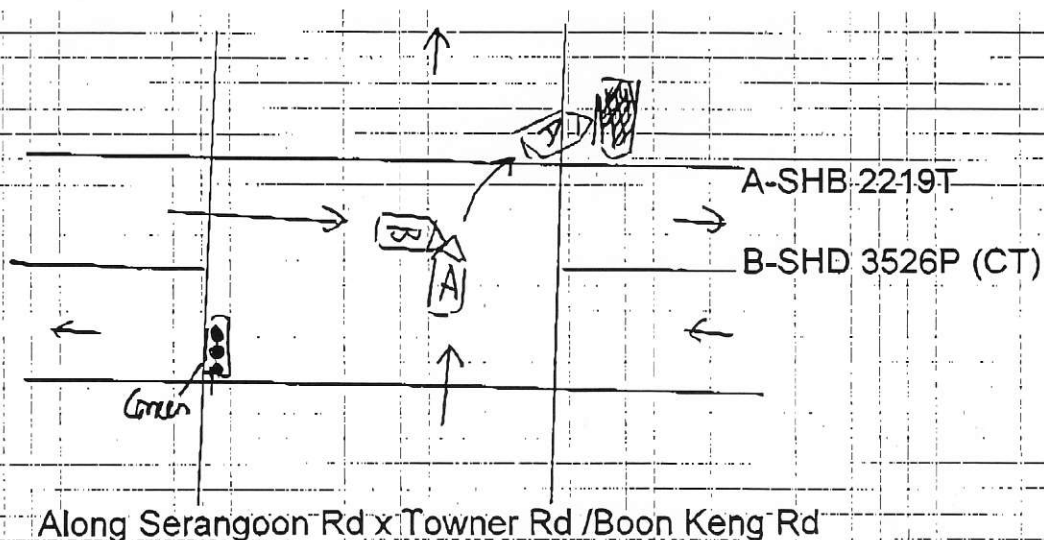
17/4/2018



Policyholder's Signature
Date & Time: 17/4/2018

Driver's Signature
(If driver is not the policyholder) @ 17:30hrs
Date & Time:

Reporting Centre Personnel's Signature
Name: Lisa Diong
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report no.:T/20180417/2088


The impact had caused my taxi (A) hit againts the concrete.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time: 17/4/2018

 17/4/2018
Driver's Signature @ 17:30hrs
(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name: Lisa Diong


**SINGAPORE
POLICE FORCE**


T/20180417/2088

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20180417/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2018 15:48		Vide Report No.: A/20180417/0014		Station Diary No.: 10	
Informants Particulars					
Name of Informant: TEO KOK WAH			Address: APT BLK 525 BEDOK NORTH STREET 3 #10-432 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S6846821C			Contact No.: Home/Office: Mobile: 83055601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 08/12/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2018 01:20	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB2219T	Car				Totally Damaged	1
SHD3526P	Car				Totally Damaged	0



**SINGAPORE
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T/20180417/2088

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20180417/2088

CONTINUATION OF REPORT

Brief Details.

On 17 April 2018 at about 1.17am, I was travelling along Serangoon Road towards Upper Serangoon Road with 1 passenger in my taxi (SHB2219T). Upon approaching the junction of Boon Keng Road, I proceeded straight ahead as the traffic light was green. Suddenly, another taxi (SHD3526P) hit onto the left front portion of my taxi at the middle of the junction. He was travelling at a very high speed. As a result of the impact, my taxi hit onto the pillar.

As a result of the accident, my car sustained a totally damaged bonnet and left portion of the taxi damaged as well.

Another driver helped to call the Police.

I had an in-car camera that was recording the incident at that point of time. I have passed the memory card to the traffic police officer who was at the scene.

I went to see a doctor at Tan Tock Seng Hospital and obtained a 3-day MC from 17 April 2018 to 19 April 2018. I have injuries on many various parts of my body.

**SINGAPORE
POLICE FORCE**

T/20180417/2088

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20180417/2088

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 WONG TARYN ESMERELDA XIN YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2018 15:48

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HU

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168

**SINGAPORE
POLICE FORCE**
SIGNATURE