MCD618063634 / ComfortPolGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 16/05/2018 10:55 SUBMITTED BY: Catherine Por May Juan

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 willful misrepresentation or witholding 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 svallable

	ACCIDENT STATEMENT
Date Of Report	16/05/2018 10:55
Date Of Accident	15/05/2018 20:00
Exact Location Of Accident	MARINE PARADE RD TWDS BEDOK SOUTH RD
Country/State of Loss	SINGAPORE
0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3969A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM,SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	

TAY YAK SIONG LARRY Name of Driver

NRIC No S1194366G Date Of Birth 24/02/1956 Occupation OUTDOOR Date Of Driving Pass 01/09/1977

40 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91442202 Mobile Number

Fax Number Contact Number

EMail Address LARRYYS.TAY@GMAIL,COM Address 766 #06-241 BEDOK RESERVOIR VIEW

Postcode 470766

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

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?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] MARINE PARADE NPC

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SKA1079G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver KENNETH MAH CHERN FENG

NRIC/Passport Number S9249626J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK7070B

Vahicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

SEAH HOON LAY (XIAO YUNLI) S7330550J NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

FRT & REAR Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKE7885K

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

CELESTINA NG MAY LING

NRIC/Passport Number

S7432109G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAY YAK SIONG LARRY

Approximate Age

NECK, BACK Injuries Sustain Injured person in which vehicle? SHC3969A

YES Were seat belts worn? Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name SEAH HOON LAY (XIAO YUNLI)

Approximate Age

NOT SURE Injuries Sustain SLK7070B Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for Investigation.
- 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:

- 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
- 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.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16,05,2018 @ 11:00 Hrs

Reporting Centre Personnel's Signature

Name: Rubbini NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Refer to Police Re	port no: T/20180516	5/2183.	
After the accident, I suffer	ed pain on my neck	and back.		

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: 16.05.2018 @ 11:00 Hrs

D

Reporting Centre Personnel's Signature Name: Rubbini

NRIC/FIN No .:





Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Police Station Of Origin:

1 of 4 Report No. T/20180515/2183

Tel No: 1800-4428999

Date/Tim 15/05/20	ne Report M 18 22:59	lade:	Vide Report No.: G/20180515/0206	Station Diary No. 77	
Informat	nt's Particu	lars			
	Informant: TAY YAK S	IONG	Address: APT BLK 766 BEDOK RE SINGAPORE 470766	ESERVOIR VIEW #06-241	
ID Type /	/ ID No.: D / S119436	66G	Contact No.; Home/Office: Mobile: 91442202		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 62	Date of Birth; 24/02/1956	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information	on: Date of Expiry:		

General Infor	nation of the Accident				
Tupe of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 20:00	Type of Location: Straight Road	
Along Road 1 MARINE PAR		LOK KURAU ROAI	D. TOWARDS BEDOK	SOUTH ROAD	
Weather: Clear		Road Surface; Dry		Road Speed Limit:	
1;		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: íng Vehicles - Head To R	lear	a	inyone conveyed by mbulance: 'es	

Details of V	ehicle Involved	1	South ten San A			
Vehicle No.	Туре		Model	Color	Condition	No of Passenger
SHC3969A	Car					0
SKA1079G	Car					0
SKE7885K	Car					0
SLK7070B	Car					1

7. C. V in that Rish



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Report No. T/2018-

,83

Details of Person Involved Any Pedestrian Involved: No Use of Pedestrian Crossing: NA No. of Pedestrians Injured: NIL Driver LARRY TAY YAK SIONG ID No. S1194366G Name Contact No. 91442202 Related Vehicle SHC3969A (Car) Class of Class: NIL NIL Hospital/Clinic Driving Date of Expiry: NIL Licence & **Expiry Date** Date Discharge | NIL Date Treatment NIL NIL Degree of Injury NIL No. of Days granted Medical Leave S9249626J KENNETH MAH CHERN FENG ID No. Name Related Vehicle SKA1079G (Car) Contact No. NIL Class: NIL Hospital/Clinic NIL Class of Driving Date of Expiry: N1. Licence & Expiry Date Date Discharge NIL Date Treatment NIL Degree of Injury | NIL No. of Days granted Medical Leave NIL Driver CELESTINA NG MAY LING ID No. S7432109G Name Related Vehicle SKE7885K (Car) Contact No. NIL Class: NIL Hospital/Clinic NIL Class of Driving Date of Expiry: NIL Licence & Expiry Date Date Discharge | NIL Date Treatment | NIL No. of Days granted Medical Leave NIL Degree of Injury | NIL





Police Station Of Origin: Marine Parade N.P.C .300 Marine Parade Road SINGAPORE 449296

3 of 4 Report No. T/20180515/2183

CONTINUATION OF REPORT Tel No: 1800-4428999

Name	SEAH HOON LAY	ID No.	S7330550J
Related Vehicle	SLK7070B (Car)	Contact No.	NIL
See Mal/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL

Brief Details.

11:57

. 11

On the above mentioned date place and time, I am travelling along Marine Parade Road in my vehicle, I stopped my vehicle behind 2 vehicle at the traffic light at the junction of Telok Kurau Road and Marine Parade Road as its light was red. Suddenly I felt an huge impact from the rear and my vehicle move *2. ward and bang onto the vehicle- SLK7070B infront of me and then the vehicle bang onto the vehicle nfront(SKE7885K), A vehicle of SKA1079G had bang onto my vehicle, we came down from the vehicle and I called for police assistance and we exchange particulars,

The driver of SLK7070B was conveyed to Changi Hospital as she inform that she hurt the neck.

There is in car camera in my taxi and the traffic police had taken the memory card from me for the lootage.



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

Report No. T/20180515/2463

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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 Rep G /	Signature Of Informant:	्राह्याः
Sgt 1 KHAIRUL HANIS BINTE RUSLI	# 1 man	1002 1002
Signature Of Interpreter: Not applicable	Date/Time:	Oils.
тот аррисарів	15/05/2018 22:59	
Officer In Charge Of Case:	Classification Of Case:	<u> </u>
TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN	NSYED	
ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp	SINGAPORE POLICE FORCE	
NP168	4-	1
L	SIGNATURE	St.