

ASS. ESC. BIE

REF

C/F 118009314/De

Department of Mathematics

2000

ASSIGNMENT (Office)

Type (Person):

Jaime Yong

FCI

DiceTime

26/10/2017

Estimated Cost:

Elliott

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No. \_\_\_\_\_

SLM10K

Insured

SHC 8317Z

at Workshop table

Tel



Policy No.

Claim No.

D17/9983M ju

Sum Insured

## Abstract

Make of Veh

(Client's Record)

DOA

22/10/2017

CA / REV / REP. / REV 24 HRS

H.G.D. Envermet

DisoTime

Person Contacted:

~~VALS N/OUT~~

DateTime

Action/Instruction: ( ) Estimate

SLM10K-X

3x R317Z-X

\$800 ✓

**Bryan Ang (LKKAUTO)**

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**From:** Joanne Yong Lai fong <Joanneyong@first-insurance.com.sg>  
**Sent:** Thursday, 26 October 2017 5:37 PM  
**To:** SUR; Bryan Ang (LKKAUTO)  
**Subject:** Our Ref: D17/9983M/jy Accident Involving SHC8317Z & SLM10K On 22.10.2017  
**Attachments:** SHC8317Z.pdf; SLM10K.pdf

**Importance:** High

Dear Sir,

Refer to the above matter.

Please conduct reconstruction for the above accident. Please find the attached GIA reports (SHC8317Z & SLM10K).

Please kindly acknowledge receipt.

Thank you

Regards,

Joanne Yong  
Motor Claim Department

**First Capital Insurance Limited**  
36 Robinson Road  
#16-01 City House  
Singapore 068877  
Tel: 6507 3846  
Fax: 6507 3849

Personal Data Protection Act 2012 ("PDPA"):  
Under the PDPA, there are various requirements that regulate the processing of your personal data.  
Please refer to [www.first-insurance.com.sg](http://www.first-insurance.com.sg) for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.  
If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.  
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

## 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 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	24/10/2017 13:50
Date Of Accident	22/10/2017 03:00
Exact Location Of Accident	YISHUN AVENUE 1 AT THE BUS STOP IN FRONT BLK 816
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8317Z
<b>Insured/Policyholder</b>	
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	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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

### Driver

Name of Driver	YAP HOCK CHUAN
NRIC No	S1565540B
Date Of Birth	14/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	534 #11-207 SERANGOON NORTH AVENUE 4
Postcode	550534
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT.(TP POUND)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM10K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	OVERALL BODYWORK
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
-----------------------------	--

Vehicle Make/Model/Colour	
Details Of Properties	BUS STAND
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

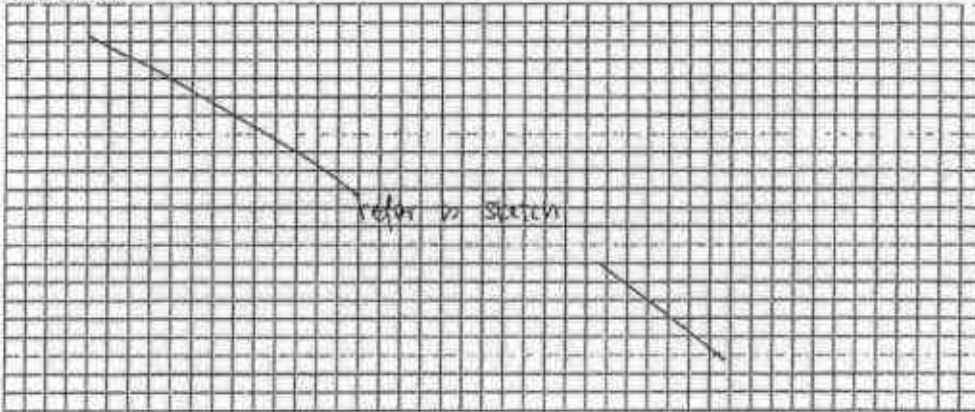
#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	YAP HOCK CHUAN
Approximate Age	56
Injuries Sustain	NECK,BACK,BODY,KNEE
Injured person in which vehicle?	SHC8317Z
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police Report  
(T/20171023/2074)

DECLARATION

CONVEYANCE TRANSPORTATION PTE LTD

383 SIN MING DRIVE  
SINGAPORE 675717

TEL: 6555 1185 FAX: 6552 7248

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

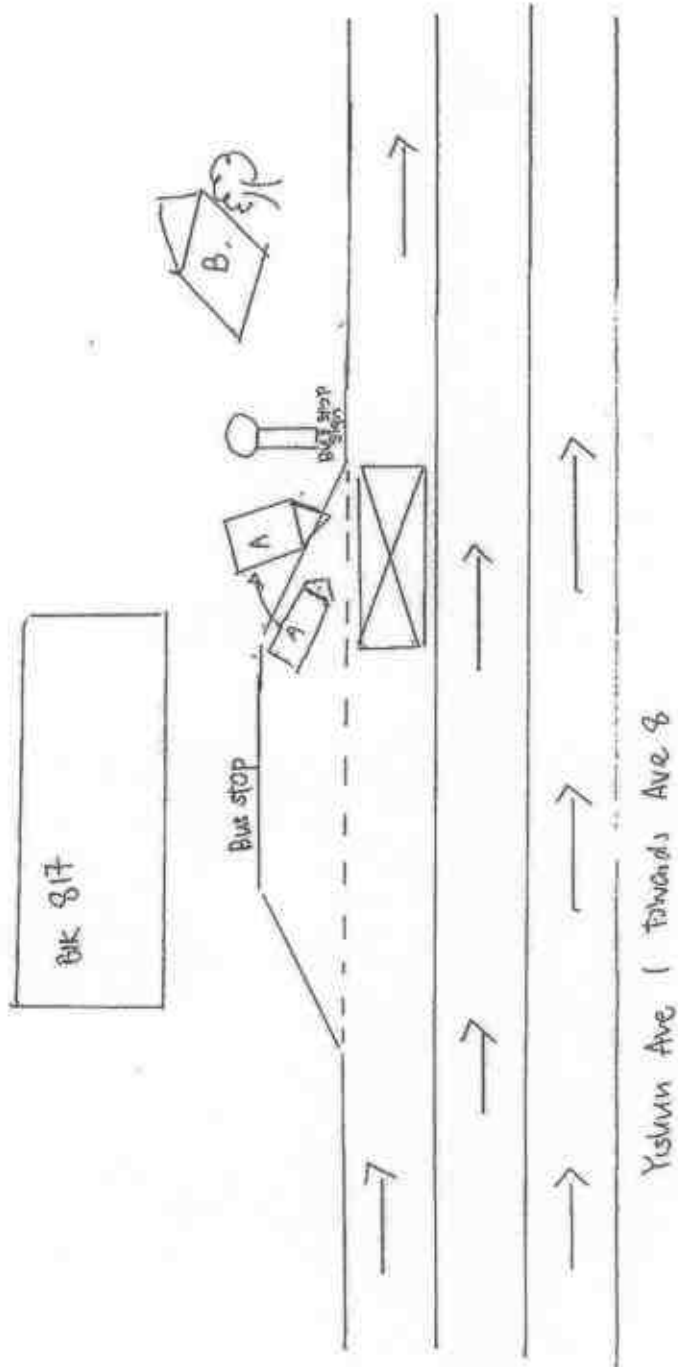
Reporting Centre Personnel's Signature

Name: Hannah Lim

24.10.2017

A-SHC83172  
B-SUM10K.

24.10.1017  
[Signature]





**SINGAPORE  
POLICE FORCE**



T/20171023/2074

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-6529999

1 of 3  
Report No. T/20171023/2074

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2017 14:24		Vide Report No.:		Station Diary No.: 80
<b>Informant's Particulars</b>				
Name of Informant: YAP HOCK CHUAN		Address: APT BLK 534 SERANGOON NORTH AVENUE 4 #11-207 SINGAPORE 550534		
ID Type / ID No.: NRIC NO / S1595540B		Contact No.: Home/Office: Mobile: 82368338		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 14/09/1961	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 22/10/2017 03:00	Type of Location: BUS STOP
Location: Along Road 1 YISHUN AVENUE 1  BUS STOP IN FRONT OF BLK 816 YISHUN				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No 165	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC8317Z	Car	HYUNDAI			Totally Damaged	0
SLM10K	Car				Totally Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20171023/2074

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529899

2 of 3  
Report No. T/20171023/2074

**CONTINUATION OF REPORT**

Driver			
Name	YAP HOCK CHUAN	ID No.	S15655408
Related Vehicle	SHC8317Z (Car)	Contact No.	82389338
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/10/2017	Date Discharge	23/10/2017
No. of Days granted Medical Leave	09	Degree of Injury	NIL

**Brief Details.**

On 22.10.17 at about 0300hrs, I parked my taxi SHC8317Z (Hyundai i40, Blue Comfort taxi) at the bus stop in front of Orchid Park Condominium. I turned off the ignition key and started counting my earning. As I was counting money inside my taxi, suddenly a great impact was felt from my right side of vehicle. My vehicle was forced forward causing my vehicle to collide onto the bus stop beam, collided onto the bus number stand and back onto the front part of the bus stop. I was in total shock after the accident and my vision was blurred. I believed that there was another road user who drove a black car that assisted me out of my vehicle. My vehicle was totally damaged due to the great impact. I then seen the vehicle that collided into my vehicle, a red McLaren MP4 registration no. SLM10K was also totally damaged on top of the grass verge near to my vehicle. There was ambulance at scene and I was conveyed to Khoo Teck Puat Hospital and spent overnight under observation. I am presently on 9 days hospitalization leave due to this accident. The hospital case notes stated that I sustained minor head injury, cervical strain and contusion (knee). Traffic Police officer Sofian Tel: 65476390/ 90174723 informed me to lodge this police report. My vehicle is presently at the Traffic Police compound. I do not have the details of the McLaren driver but I believe he is a male Indian in his 20s.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768627  
Tel No: 1800-8529999



T/20171023/2074

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Report No: T/20171023/2074

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: F / Staff Sgt GHAZALI BIN IBRAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2017 14:24
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp N°168 	

SKETCH PLAN

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 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. 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 lodging 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.

COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE  
SINGAPORE 075717

TEL: 0500 1180 FAX: 0482 2242  
Policyholder's Copy  
CO. REG. NO. 18303821H  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: HANNAH LWIN  
NRIC/FIN No.: