

MCD618092745 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 18/07/2018 14:02  
 SUBMITTED BY: Janet Lim Slang Gek

## 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 18/07/2018 14:02  
 Date Of Accident 18/07/2018 08:50  
 Exact Location Of Accident NICOLL DRIVE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6880U  
**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 SONATA-2.0 (A)  
 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**  
 Name of Driver LEE VICTOR  
 NRIC No S1482761G  
 Date Of Birth 12/07/1961  
 Occupation OUTDOOR  
 Date Of Driving Pass 22/11/1983  
 Driving Experience 34 YEARS AND 7 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97251178  
 Fax Number  
 Contact Number  
 EMail Address VICTORLEE2013@YAHOO.COM

Address BLK 604 ELIAS ROAD  
 #10-214  
 Postcode 510604  
 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 3  
 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  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO:

**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 SHA9731P  
 Vehicle Make/Model/Colour CITYCAB  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver CHOO PUAY CHENG  
 NRIC/Passport Number S1123292B  
 Contact Number  
 Address 97347322  
 Postcode  
 Insurance Company Name  
 Nature Of Damage FRONT  
 No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLQ9260A

**Vehicle Make/Model/Colour****Details Of Properties****Vehicle Category** PRIVATE CAR**Name of Driver** UNKNOWN**NRIC/Passport Number****Contact Number****Address****Postcode****Insurance Company Name****Nature Of Damage** REAR**No. Of Passenger (Including Driver)****DETAILS OF INJURED PERSON 1****Name** LEE VICTOR**Approximate Age****Injuries Sustain** HEAD, NECK, LEGS AND CHEST**Injured person in which vehicle?** SH6880U**Were seat belts worn?** YES**Was this injured conveyed to hospital by ambulance?** YES**Address****Postcode**

**SKETCH PLAN****IMPORTANT NOTICE**


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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 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.

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

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.07.2018 @ 14:00 Hrs

  
Reporting Centre Personnel's Signature  
Name: *Rubbini*  
NRIC/FIN No.:

### SKETCH PLAN

Along Nicoll Drive.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.07.2018 @ 14:00 Hrs

Reporting Centre Personnel's Signature  
Name: *Rubini*  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180718/2059

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180718/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 12:22		Vide Report No.:		Station Diary No.: 28	
<b>Informant's Particulars</b>					
Name of Informant: LEE VICTOR			Address: APT BLK 604 ELIAS ROAD #10-214 SINGAPORE 510604		
ID Type / ID No.: NRIC NO / S1482761G			Contact No.: Home/Office: Mobile: 97251178		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 12/07/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2018 08:50	Type of Location: Straight Road
Location: Along Road 1 NICOLL DRIVE  IN FRONT OF SAF FERRY TERMINAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6880U	Car					0
SHA9731P	Car					0
SLQ9260A	Car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE  
POLICE FORCE**

T/20180718/2059

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180718/2059

**CONTINUATION OF REPORT**

Driver			
Name	LEE VICTOR	ID No.	S1482761G
Related Vehicle	SH6880U (Car)	Contact No.	97251178
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 18/07/2018 at about 8.50am I was driving my taxi along Nicoll Drive (from Airport cargo complex towards Changi village) when suddenly Vehicle C (SLQ 9260A) made an illegal U-turn. I slowed my taxi down and came to a stop however the taxi behind me (Vehicle B - SHA 9731P) could not stop in time and collided into my rear. Ambulance arrived and conveyed me to hospital.



**SINGAPORE  
POLICE FORCE**

T/20180718/2059

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180718/2059

**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 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2018 12:22

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD618092745 Vehicle Registration No: SH 6880U  
Name(as shown in NRIC) : Lee Victor NRIC/FIN/Passport No : SH 6880U 514827619  
( Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 604 Elias Road # 10-214 Singapore( 510604 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9725 1178  
Email Address : victorlee2013@yahoo.com  
Date of Accident : 18/7/2018 Time of Accident : 08:50Hrs  
Place of Accident : Nicoll Drive  
Insurance Company: Ms First Capital Insurance Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upload video footage and damaged photos.

Policyholder / Driver's Signature  
Date: 19.07.2018

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: