

MCD618107361 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 20/08/2018 11:47  
 SUBMITTED BY: Janet Lim Siang 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 willful 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 20/08/2018 11:47  
 Date Of Accident 18/08/2018 12:05  
 Exact Location Of Accident CTE TOWARDS SLE BEFORE EXIT ANG MO KIO AVE 1  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9042U  
**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 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-18088937MFSH  
 Cover Note Number  
**Driver**  
 Name of Driver LIM CHOON FOOK  
 NRIC No S0008079I  
 Date Of Birth 14/08/1953  
 Occupation OUTDOOR  
 Date Of Driving Pass 13/10/1976  
 Driving Experience 41 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-81823387  
 Fax Number  
 Contact Number  
 Email Address GENELIMCHOONFOOK@YAHOO.COM

Address BLK 451 HOUGANG AVENUE 10  
#07-557  
Postcode 530451  
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 3  
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) 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 ATTACHED

**Attachment(s)**

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: -  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHB4327B  
Vehicle Make/Model/Colour HYUNDAI I40  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver YEOH LILY  
NRIC/Passport Number S6816174F  
Contact Number 97664558  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SGU9985E
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 RH
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LIM CHOON FOOK
Approximate Age	
Injuries Sustain	NECK, SHOULDER AND BACK
Injured person in which vehicle?	SHA9042U
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  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

Fauzy

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date and time, I was driving Veh A SHA 9042U on Lane 1 along CTE towards SLE before AMK Ave 1 Exit. Vehicle (C) SGU 9985E Infected cut me brake and came too a stop. Luckily I manage brake Intime. Suddenly I felt a great Impact from my rear which Cause my Vehicle to move Forward and Collided on the Veh (C) SGU 9985E. I alighted and realise Vehicle (B) SHB 4327B have Collided into my rear. I wish to state that I have Kept On my right fulllane and had Only Collided Onto Veh (C) SGU 9985E from the Impact that Veh (B) SHB 4327B Collided Onto my rear Causing my Vehicle Move Forward.

There is Video Footage On the Scene.  
No Pax On board at my taxi

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 189502839G

Policyholder's Signature  
Date & Time:

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

Fauzy

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