

MCD818127147 / ComforDelOro Engineering Pte Ltd - Loyalang
 ENTRY DATE & TIME: 01/10/2018 15:34
 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 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	01/10/2018 15:34
Date Of Accident	29/09/2018 00:05
Exact Location Of Accident	NICOLL HIGHWAY TWDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2020Z
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	LIM TECK CHUAN (LIN DECHUAN)
NRIC No	S8100185E
Date Of Birth	02/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90726822
Fax Number	
Contact Number	
Email Address	BEN_LTC@HOTMAIL.COM

Address BLK 418A FERNVALE LINK
#07-126
Postcode 791418
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? 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: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name UBI AVE 3
Police Station Address ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180929/7010

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 SHB4518S
Vehicle Make/Model/Colour HYUNDAI
Details Of Properties
Vehicle Category TAXI
Name of Driver R T KAARTIGAAVEN
NRIC/Passport Number S7145776A
Contact Number 85712274
Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKL9399Y

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO HOON CHONG

NRIC/Passport Number

S1225357E

Contact Number

93852163

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM TECK CHUAN (LIN DECHUAN)

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SHB2020Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

JOANNE (PAX)

Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

SHB2020Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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:

- (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.

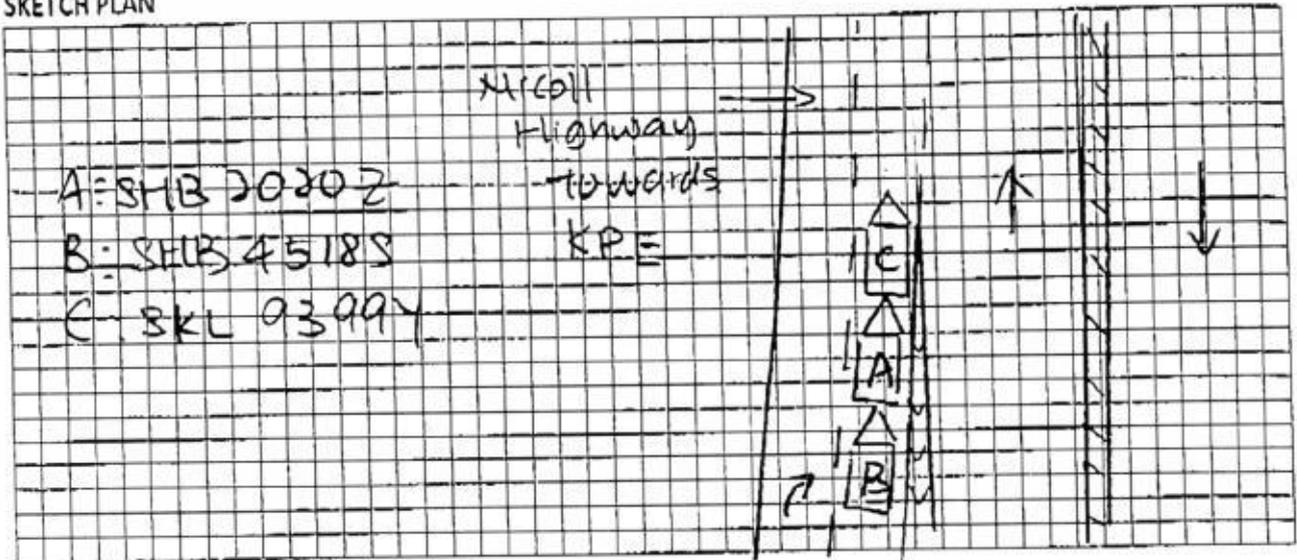
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: **29 SEP 2018**


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached polize report
 T/20180929/7010

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 29 SEP 2018

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



SINGAPORE POLICE FORCE



T/20180929/7010

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180929/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 12:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM TECK CHUAN			Address: APT BLK 418A FERNSVALE LINK #07-126 SINGAPORE 791418		
ID Type / ID No.: NRIC NO / S8100185E			Contact No.: Home/Office:		Mobile: 90726822
Nationality: SINGAPORE CITIZEN			Email: ben_ltc@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 02/01/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2018 00:08 5	Type of Location: Straight Road
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB2020Z	Car	HYUNDAI	I40	Yellow	Slightly Damaged	1
SHB4518S	Car	HYUNDAI	I40	Yellow	Seriously Damaged	1
SKL9399Y	Car	LEXUS	GS450	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180929/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180929/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TECK CHUAN	ID No.	S8100185E
Related Vehicle	SHB2020Z (Car)	Contact No.	90726822
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	R T KAARTIGAAVEN	ID No.	S7145776A
Related Vehicle	SHB4518S (Car)	Contact No.	85712274
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YEO HOON CHONG	ID No.	S1225357E
Related Vehicle	SKL9399Y (Car)	Contact No.	93852163
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/09/2018 at about 0000hrs, I was travelling in my taxi SHB2020Z along Nicoll Highway entering the KPE(TPE). Just before my vehicle nearly entered into the KPE, there was a minor accident involving 2 cars. And right after the accident, there was another car which managed to jam his brakes, and did not get involved. Immediately after this car was a white Lexus SKL9399Y, which managed to stop in time too. I am right behind the said Lexus SKL9399Y and I also managed to stop in time. However, about 1-2 seconds later, a taxi behind me SHB4518S could not brake in time and hit my rear at a fast speed, causing my vehicle to surge forward, and hit the Lexus in front of me. It became a 3 car collision.



**SINGAPORE
POLICE FORCE**



T/20180929/7010

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Report No. T/20180929/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

All drivers thus exited from their vehicles and at the same time check for injuries (for my passenger in my taxi, and the one behind). I had a lady passenger by the name of Miss Joanne. Her phone was thrown of her hand upon impact, and she did complained about her knee hitting the seat in front. She later complained to me that she might be seeing a doctor near her home, as she had accident insurance. She was seated with her seatbelt on. I also felt a sharp pain around my neck area. I have already consulted a doctor and was given 7 days MC, and was referred to a specialist at a later date.

I will be sending my damaged vehicle to the workshop for repair. I am lodging this report for the purpose of medical claims and car insurance claims.



**SINGAPORE
POLICE FORCE**



T/20180929/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180929/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/09/2018 12:04

Classification Of Case: