

MCD616142880 / ComfortDelGro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 05/11/2018 11:52
 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 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. 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	05/11/2018 11:52
Date Of Accident	04/11/2018 12:20
Exact Location Of Accident	CLEMENTI RD X OF WEST COAST & PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6998P
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	TOYOTA
Model	PRIUS HYBRID 4G
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	CHEE HIANG CHIEW
NRIC No	S1223476G
Date Of Birth	24/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1974
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93675533
Fax Number	
Contact Number	
Email Address	HIANGCHIEW@GMAIL.COM

Address BLK 9A PASIR RIS DRIVE 4
 #09-18
 Postcode 519463
 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) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5652999 - FAX NO: 65855261
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20181104/2074

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 SHC7178P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver PANG SIEW CHOON
 NRIC/Passport Number S1826231B
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKU5704D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

OTSUKI NORIYOSHI

NRIC/Passport Number

G5516105X

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEE HIANG CHIEW

Approximate Age

Injuries Sustain

SHOULDER AND NECK

Injured person in which vehicle?

SH6998P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN(PAX)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SH6998P

Were seat belts worn?

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.

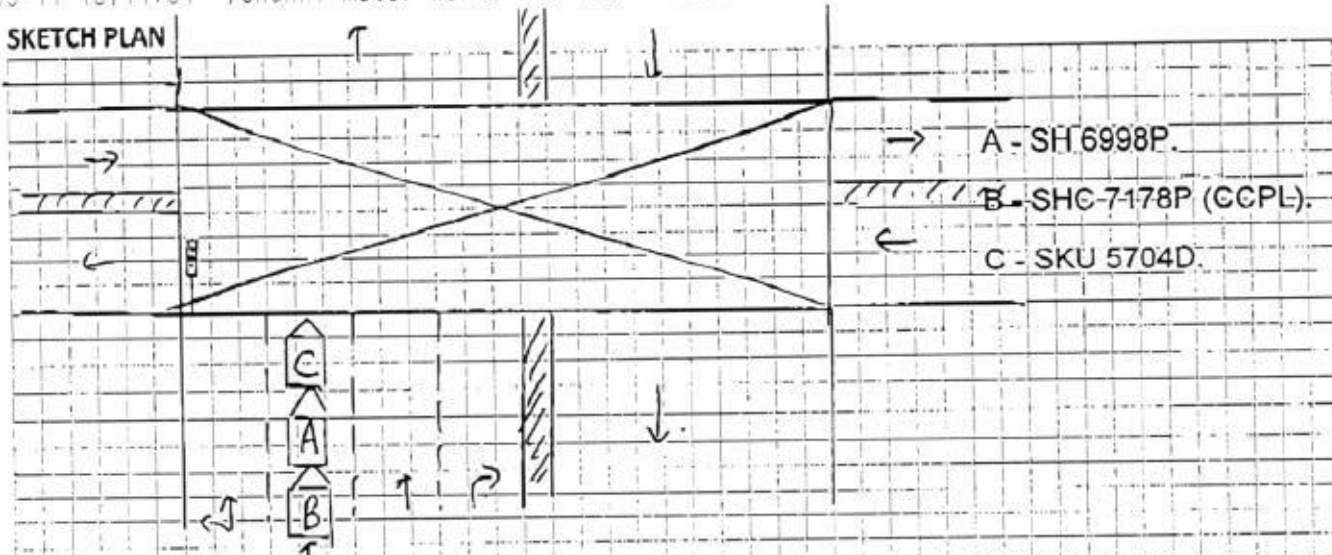
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2018 @ 10:15 Hrs

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

SKETCH PLAN



Along Clementi Rd x West Coast Rd / Pasir Panjang Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20181104/2074.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821RPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.11.2018 @ 10:15 HrsReporting Centre Personnel's Signature
Name: *Rubini*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181104/2074

1 of 4

Police Station Of Origin:

Pasir, Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

Report No. T/20181104/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2018 18:02	Vide Report No.: D/20181104/0068	Station Diary No.: 76
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Informant's Particulars

Name of Informant: CHEE HIANG CHIEW			Address: APT BLK 9A PASIR RIS DRIVE 4 #09-18 SINGAPORE 519463		
ID Type / ID No.: NRIC NO / S1223476G			Contact No.: Home/Office: Mobile: 93675533		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 24/07/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2018 12:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD JALAN ANAK BUKIT CLEMETI ROAD TOWARDS JALAN ANAK BUKIT, BEFORE CROSS-JUNCTION OF PASIR PANJANG ROAD & WEST COAST ROAD				
Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SH6998P	Car	TOYOTA	TOYOTA PRIUS HYBRID 1.8 CVT	Blue	Seriously Damaged	1



**SINGAPORE
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T/20181104/2074

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20181104/2074

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC7178P	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	1
SKU5704D	Car	TOYOTA	CAMRY 2.5 AUTO	Black	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger		ID No. S8715448C
Related Vehicle	SH6998P (Car)		Contact No. NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEE HIANG CHIEW		ID No. S1223476G
Related Vehicle	SH6998P (Car)		Contact No. 93675533
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Pang Siew Choon		ID No. S1826231B
Related Vehicle	SHC7178P (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**SINGAPORE
POLICE FORCE**

T/20181104/2074

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20181104/2074

CONTINUATION OF REPORT

Driver			
Name	Otsuki Noriyoshi	ID No.	G5516105X
Related Vehicle	SKU5704D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/11/2018 at between 1220hrs to 1225hrs, I was driving my blue ComfortDelgro taxi bearing plate number SH6998P along the 2nd left lane of Clementi Road towards Jalan Anak Bukit. At that period of time, I have a male passenger in my taxi.

As my vehicle was approaching the cross-junction of Clementi Road/ Jalan Anak Bukit and Pasir Panjang Road/ West Coast Road, the traffic light turned red. At that point of time, there was another vehicle (V1) (SKU5704D) which was in front of my vehicle. It managed to stop at the traffic junction. Subsequently, I applied my brakes and stopped right behind the said vehicle.

Suddenly, I felt an impact coming from my vehicle's rear. The impact caused my vehicle to inch forward and collided into V1. I made a check and realised that there was another Yellow CitiCab (V3) (SHC7178P) had collided into my taxi's rear.

After the collision, I asked my passenger if he was okay. My passenger then informed that he was okay. However, 10 minutes later, my passenger informed me that he was feeling pain on his left knee and foot. As such, I informed my taxi company's operator who then called for the ambulance.

Shortly after, we were attended by the traffic police and ambulance. After making a check on my passenger, he was being conveyed to NUH. I was then instructed by the traffic police to lodge a traffic accident police report.

**SINGAPORE
POLICE FORCE**

T/20181104/2074

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

4 of 4

Report No. T/20181104/2074

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:

G /

Sgt 2 TAN JUN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/11/2018 18:02

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PA

Contact No.: 65476246

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE