

MCD619009273-01 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 21/01/2019 07:23
 SUBMITTED BY: Catherine Per May Juan

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 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	21/01/2019 07:23
Date Of Accident	19/01/2019 19:30
Exact Location Of Accident	CTE TOWARDS AYE AFTER BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3550J
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	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-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	NG PENG SOON
NRIC No	S1629173J
Date Of Birth	08/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97549518
Fax Number	
Contact Number	
EMail Address	FSG61137@YAHOO.COM.SG

Address 403D #25-149 FERNVALE LANE
Postcode 794403
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 (including own vehicle) involved in the accident 4
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) 4

Passenger 1
NAME: : -
GENDER: : FEMALE

Passenger 2
NAME: : -
GENDER: : FEMALE

Passenger 3
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 [OTHER] SENGKANG NPC
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SHA1148B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN ENG

NRIC/Passport Number

Contact Number

96368832

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD6560U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLP3079C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

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

GRACE NG

Approximate Age

Injuries Sustain

FOREHEAD

Injured person in which vehicle?

SHA3550J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

JOYCE NG

Approximate Age

Injuries Sustain

KNEE, CHIN

Injured person in which vehicle?

SHA3550J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name LIM CHENG MUI

Approximate Age

Injuries Sustain CHEST,KNEE

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name NG PENG SOON

Approximate Age 55

Injuries Sustain CHEST

Injured person in which vehicle? SHA3550J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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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.

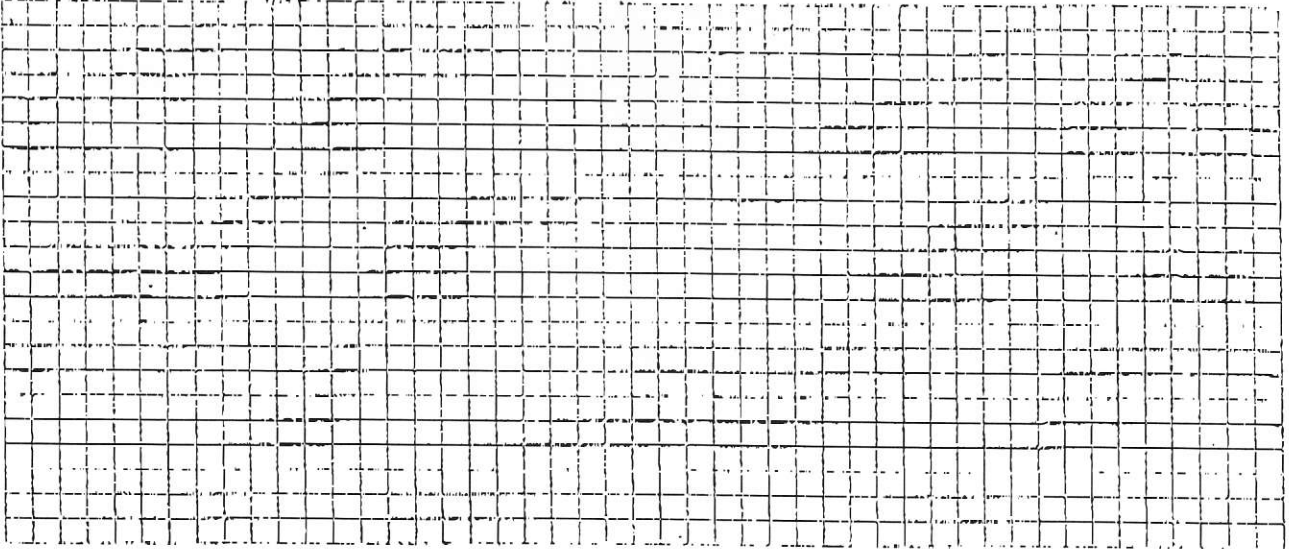
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Don: 19-01-2019 @ 1930hr,

Refer Police Report T/20190120/2022

[The remaining lines of the form are crossed out with diagonal lines.]

DECLARATION

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

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

Policyholder's Signature
Date & Time:

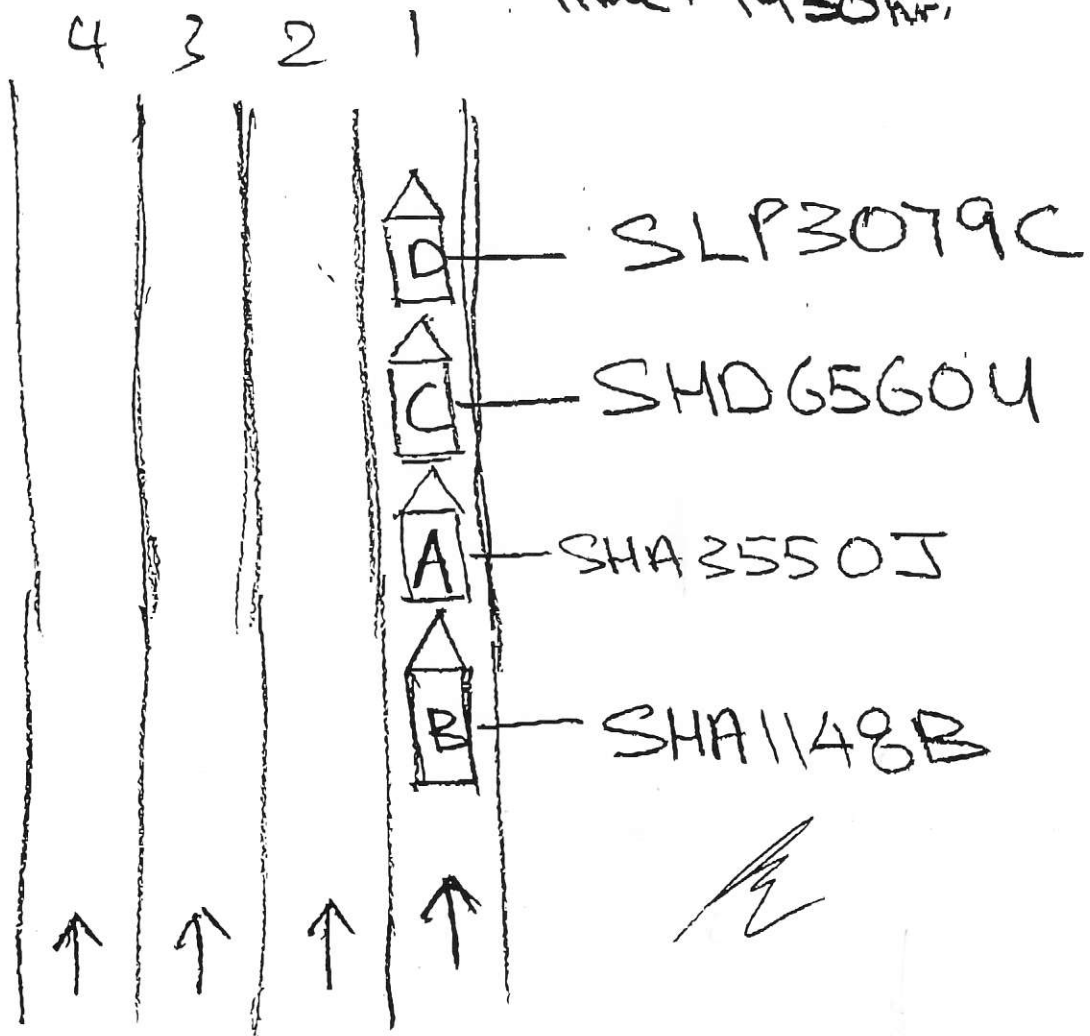
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

CTE towards AYE After
Bukit Timah Exit

DOA: 19-01-2019

Time: 1930hr.





SINGAPORE POLICE FORCE



T/20190120/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20190120/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 08:58		Vide Report No.:		Station Diary No.: 37
Informant's Particulars				
Name of Informant: NG PENG SOON		Address: APT BLK 322D SUMANG WALK #08-855 SINGAPORE 824322		
ID Type / ID No.: NRIC NO / S1629173J		Contact No.: Home/Office: Mobile: 97549518		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 08/04/1964	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2019 19:30	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards AYE after Bukit Timah Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1148B	Taxi					0
SHA3550J	Taxi					3
SHD6560U	Taxi					0
SLP3079C	Car					0

B.
A
C
D

T/20190120/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20190120/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	JOYCE NG MING HUI	ID No.	T0205407D
Related Vehicle	SHA3550J (Taxi)	Contact No.	97549518
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	GRACE NG EN HUI	ID No.	S9831158J
Related Vehicle	SHA3550J (Taxi)	Contact No.	97549518
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	NG PENG SOON	ID No.	S1629173J
Related Vehicle	NIL	Contact No.	97549518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 19/01/2018 at about 1930hrs, I was driving my taxi (SHA 3550J) along CTE towards AYE and heading straight on the first lane. The traffic was heavy and everything was normal.

All of a sudden , there was a vehicle (SLP 3079C) who suddenly applied his emergency brake as he wanted to filter to the left towards the exit. As a result, the second vehicle (SHD 6560U) which was directly in front of me also applied its brake.

Upon seeing it, I immediately applied my emergency brake but could not stop in time. The front of my



**SINGAPORE
POLICE FORCE**



T/20190120/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20190120/2022

CONTINUATION OF REPORT

vehicle then knocked onto the rear of the second vehicle (SHD 6560U). There was also a fourth vehicle SHA 1148B who also knocked onto the rear of my vehicle resulting in a chain collision.

Traffic police and ambulance came to scene and both my daughters (Grace Ng En Hui, S9831158J and Joyce Ng Ming Hui, T0205407D) was conveyed to Tan Tock Seng hospital and given 3 days and 2 days Medical Certificate respectively.

I had an in car camera and I believed the whole accident was captured.

**SINGAPORE
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T/20190120/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20190120/2022

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 CHEE SI WEI, FELIX

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/01/2019 08:58

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM

Contact No: 93265045

Classification Of Case:

Authentication Stamp

NP168