

MCD619026084 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 25/02/2019 16:24  
 SUBMITTED BY: Janet Lim Siong 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 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 25/02/2019 16:24  
 Date Of Accident 25/02/2019 09:20  
 Exact Location Of Accident SLE TWDS WOODLANDS B4 MANDAI  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC988P  
 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 MERCEDES-BENZ  
 Model VIANO (CDI 2.2 EU5) 2013  
 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 TAN CHAI LYE  
 NRIC No S8003399J  
 Date Of Birth 01/01/1969  
 Occupation OUTDOOR  
 Date Of Driving Pass 12/07/2001  
 Driving Experience 17 YEARS AND 7 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91077171  
 Fax Number  
 Contact Number  
 EMail Address NUSLK24@HOTMAIL.COM

Address BLK 466 ANG MO KIO  
#05-1016  
Postcode 560466  
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 5  
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) 6

Passenger 1  
NAME: : -  
GENDER: : MALE

Passenger 2  
NAME: : -  
GENDER: : MALE

Passenger 3  
NAME: : -  
GENDER: : MALE

Passenger 4  
NAME: : -  
GENDER: : MALE

Passenger 5  
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 TAMPINES NORTH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603  
Was notice of Intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T20190225/2108

**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 SHC978T  
Vehicle Make/Model/Colour CITYCAB  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number 91077171  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT AND REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP1977Z  
Vehicle Make/Model/Colour HONDA  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJX1544X  
Vehicle Make/Model/Colour HONDA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT AND REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHD9874U  
Vehicle Make/Model/Colour TRANSCAB  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver UNKNOWN  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAN CHAI LYE

Approximate Age

Injuries Sustain

LOWER BACK

Injured person in which vehicle?

SHC988P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN****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. 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.

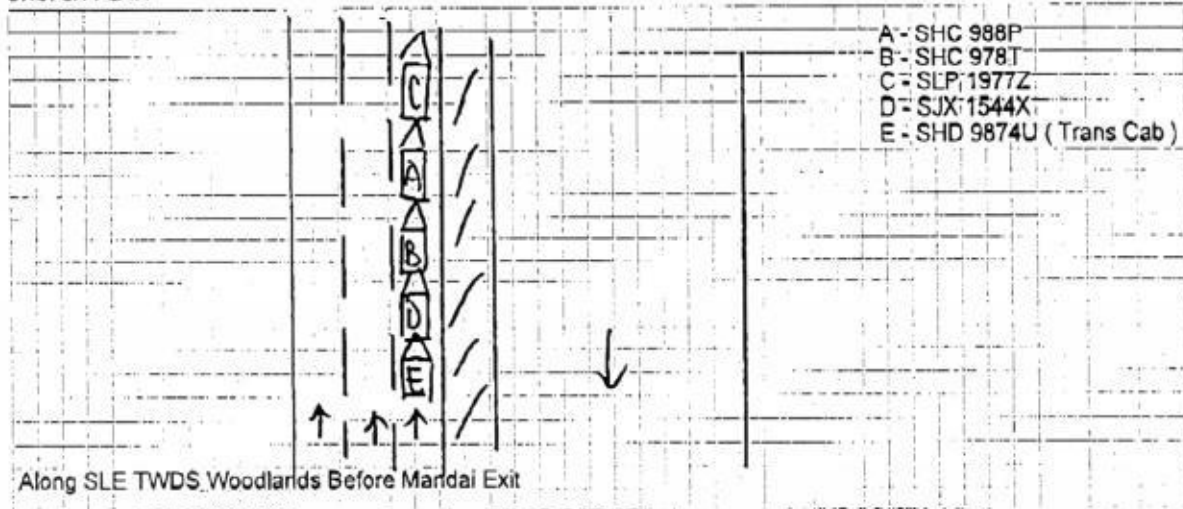
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.02.2019  
@ 16:00 hrs

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190225/2108

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.02.2019  
@ 16:00 hrs

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



# SINGAPORE POLICE FORCE



T/20190225/2108

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20190225/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 14:24		Vide Report No.:		Station Diary No.: 28	
<b>Informant's Particulars</b>					
Name of Informant: TAN CHAI LYE			Address: APT BLK 25 JALAN BERSEH #06-126 SINGAPORE 200025		
ID Type / ID No.: NRIC NO / S8003399J			Contact No.: Home/Office: Mobile: 91077171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 30/01/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2019 09:20	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards woodlands after upper Thomson exit				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC978T	Car	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White		0
SHC988P	Car	MERCEDES BENZ	VIANO 2.2 CDI TREND LONG	White		5
SHD9874U	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0





**SINGAPORE  
POLICE FORCE**



T/20190225/2108

2 of 3

Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

Report No. T/20190225/2108

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX1544X	Car	HONDA	ACCORD 2.0L 5AT	Black		0
SLP1977Z	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Black		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHAI LYE	ID No.	S8003399J
Related Vehicle	SHC988P (Car)	Contact No.	91077171
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location I was involved in a multi vehicle accident. I was driving along the first lane of SLE towards woodlands and when I noticed that the vehicle (SLP1977Z) in front of me slow down I also slow down and came to a complete stop. I was then hit from the back and went forward and hit the vehicle in front; I then alight and check with the other drivers and took down the licence plate. The fifth vehicle (SHD9874U) just checked that there's no injury and just drove off before I can get more particulars. We then carry on with the photo taking and left. I then went to clinic and received 5 days in MC.



**SINGAPORE  
POLICE FORCE**

T/20190225/2108

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

CONTINUATION OF REPORT

3 of 3

Report No. T/20190225/2108

**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 GAN JIAN CAI, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/02/2019 14:24

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE