

MCD819029989 / ComfortDaiCro Engineering Pte Ltd - Layan
 ENTRY DATE & TIME: 05/03/2019 14:32
 SUBMITTED BY: Huang XiaoYan

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 | 05/03/2019 14:32 |
| Date Of Accident | 04/03/2019 11:30 |
| Exact Location Of Accident | PIONEER RD X PIONEER WALK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------------|
| Vehicle Registration Number | SHC8004B |
| 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 | MERCEDES-BENZ |
| Model | E220 |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | MCOM0015 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM CHONG BENG |
| NRIC No | S1620131F |
| Date Of Birth | 30/03/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/07/1983 |
| Driving Experience | 35 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97473577 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address BLK 123 RIVERVALE DRIVE #15-117
 Postcode 540123
 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 COLLISION - HEAD ON 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 2
 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: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TOA PAYOH N.P.C
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190304/2119 / Type Of Accident : HEAD TO SIDE

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 SHD4571B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | LIM CHONG BENG |
| Approximate Age | 55 |
| Injuries Sustain | NECK, CHEST AND BACK PAIN. ON 7 DAYS MC. |
| Injured person in which vehicle? | SHC8004B |
| Were seat belts worn? | YES |
| Was this Injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|--|
| Name | KOH CHIN KHOON |
| Approximate Age | |
| Injuries Sustain | CHEST ,HEAD AND NECK PAIN. ON 7 DAYS MC. |
| Injured person in which vehicle? | SHC8004B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|------------|
| Name | UNKNOWN |
| Approximate Age | |
| Injuries Sustain | CHEST PAIN |
| Injured person in which vehicle? | SHD4571B |
| Were seat belts worn? | |
| 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.
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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.

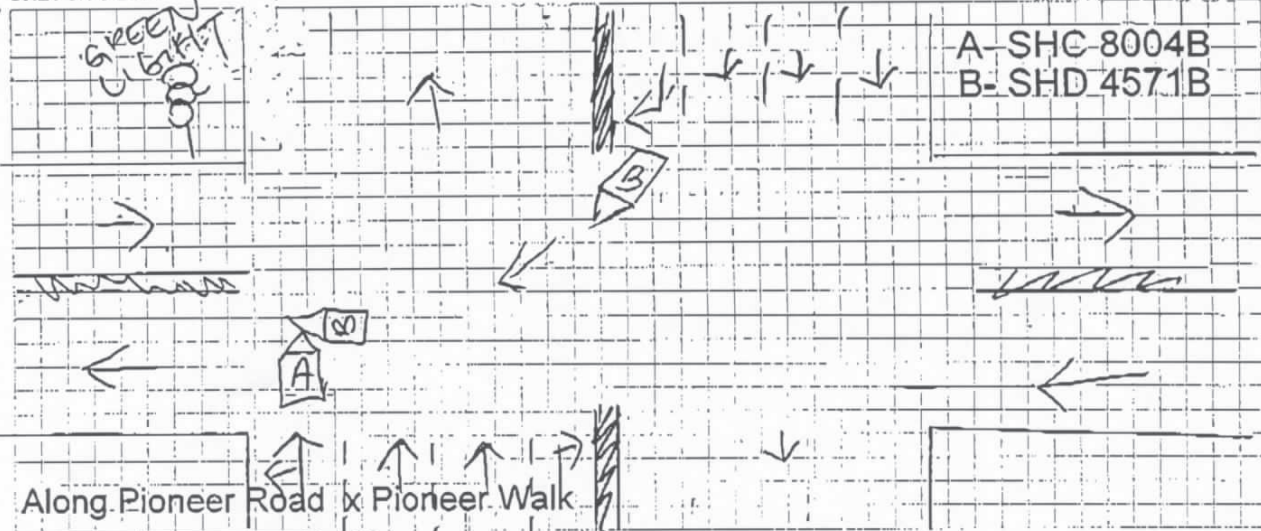
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.03.2019@1000HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment: T/20190304/2119

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: 05.03.2019@1000HRS

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


**SINGAPORE
POLICE FORCE**


T/20190304/2119

1 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190304/2119

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|---------------------------|
| Date/Time Report Made: 04/03/2019 16:49 | | Vide Report No.: | | Station Diary No.: 145 |
| Informant's Particulars | | | | |
| Name of Informant: LIM CHONG BENG | | Address: APT BLK 123 RIVERVALE DRIVE #15-117 SINGAPORE 540123 | | |
| ID Type / ID No.: NRIC NO / S1620131F | | Contact No.: Home/Office: Mobile: 97473577 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 30/03/1963 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 04/03/2019 11:30 | Type of Location: X-Junction |
| Location: Along Road 1 PIONEER ROAD TANJONG KLING ROAD Along road 1 towards road 2 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|--|-------|----------------------|-----------------|
| SHC8004B | Car | MERCEDES BENZ | E220 BLUETEC | White | Seriously Damaged | 1 |
| SHD4571B | Car | HYUNDAI | SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO | Blue | Seriously Damaged | 0 |

**SINGAPORE
POLICE FORCE**

T/20190304/2119

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20190304/2119

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIM CHONG BENG | ID No. | S1620131F |
| Related Vehicle | SHC8004B (Car) | Contact No. | 97473577 |
| Hospital/Clinic | A LIFE CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 04/03/2019 | Date Discharge | 04/03/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |
| Passenger | | | |
| Name | KOH CHIN KHOON | ID No. | S2637360C |
| Related Vehicle | SHC8004B (Car) | Contact No. | 96553871 |
| Hospital/Clinic | A LIFE CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 04/03/2019 | Date Discharge | 04/03/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |

Brief Details.

On 04/03/2019, at about 1130hrs, I was driving my taxi bearing registration number SHC8004B, along Pioneer Rd towards AYE with a passenger on board.

I was travelling on the extreme left lane and was going straight towards AYE. Halfway passing the cross junction of Pioneer Rd and Pioneer Walk, I felt a hard impact from the top right of my vehicle. Upon inspection, a taxi bearing registration number SHD4571B, who was turning right from Pioneer Rd to Pioneer walk did not check for vehicles and had collided onto the top right headlight of my vehicle.

Due to the impact, the top right head light of my vehicle was badly damaged. The other taxi's top left headlight was also badly damaged. The impact also cause oil spillage from my vehicle. My passenger and I felt pain on the left side of our chest, back and head due to the impact and had sought medical attention. We were both given 7 days of medical leave.

The other taxi driver also felt the same discomfort. Traffic police and ambulance attended to the incident and wanted to convey us to Ng Teng Fong Hospital, however we refused and no one was conveyed. No government property damaged either.



**SINGAPORE
POLICE FORCE**



T/20190304/2119

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CONTINUATION OF REPORT

3 of 4

Report No. T/20190304/2119

**SINGAPORE
POLICE FORCE**

T/20190304/2119

4 of 4

Report No. T/20190304/2119

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 OW HUI SHI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No: 65476358

Authorised Officer
NP 683202 POLICE FORCE

SN 168

SIGNATURE

Signature Of Informant:

Date/Time:

04/03/2019 16:49

Classification Of Case: