

MCD619050838 / ComfortDelGro Engineering Pte Ltd - Layan
ENTRY DATE & TIME: 16/04/2019 16:44
SUBMITTED BY: Janet Lim Siang Gek

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 20/04/2019 13:15

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	18/04/2019 16:44
Date Of Accident	16/04/2019 16:20
Exact Location Of Accident	P I E TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6527H
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	FAZLI BIN SALIM
NRIC No	S7738533I
Date Of Birth	10/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91000460
Fax Number	
Contact Number	
Email Address	AYANG1750@YAHOO.COM

Address BLK 337D TAH CHING ROAD
#03-13
Postcode 614337
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 -
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) 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 JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190416/2199

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 SHB3309K
Vehicle Make/Model/Colour CITYCAB
Details Of Properties
Vehicle Category TAXI
Name of Driver ADRIEN LIM PEI ARN
NRIC/Passport Number S8719192C

Contact Number

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

SLQ5767G

Vehicle Make/Model/Colour

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

SKC8078C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM ZI ZHAO

NRIC/Passport Number

S8941373G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

FAZLI BIN SALIM

Approximate Age

Injuries Sustain

LOWER BACK

Injured person in which vehicle?

SHA6527H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ADRIEN LIM PEI ARN

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SHB3309K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address
Postcode

SKETCH PLAN**IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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: 18/4/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/4/2019 @ 16:50hrs

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

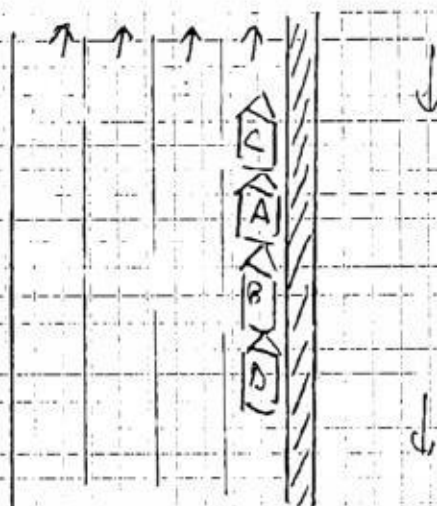
SKETCH PLAN

A-SHA 6527H

B-SHB 3309K (CCPL)

C-SLQ 5767G

D-SKC 8078C



Along PIE twds Airport near to Lorong 2 exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached :T/20190416/2199

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: 18/4/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/4/2019@16:50hrs

Lisa Diong

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


**SINGAPORE
POLICE FORCE**


T/20190416/2199

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190416/2199

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 23:44		Vide Report No.:		Station Diary No.: 158	
Informant's Particulars					
Name of Informant: FAZLI BIN SALIM			Address: APT BLK 337D TAH CHING ROAD #03-13 SINGAPORE 614337		
ID Type / ID No.: NRIC NO / S7738533I			Contact No.: Home/Office: Mobile: 91000460		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 10/11/1977	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury: Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/04/2019 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR TO LORONG 2 EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SHA6527H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	1
SHB3309K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0



SINGAPORE POLICE FORCE



T/20190416/2199

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190416/2199

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKC8078C	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0
SLQ5767G	Car	BMW	320i AT 2.0L ABS D/AIRBAG HID 2WD 4DR	Brown		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FAZLI BIN SALIM	ID No.	S7738533I
Related Vehicle	SHA6527H (Car)	Contact No.	91000460
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	ADRIEN LIM PEI ARN	ID No.	S8719192C
Related Vehicle	SHB3309K (Car)	Contact No.	91529587
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/20190416/2199

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190416/2199

CONTINUATION OF REPORT

Driver			
Name	LIM ZI ZHAO	ID No.	S8941373G
Related Vehicle	SKC8078C (Car)	Contact No.	92267714
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 16/04/2019 at about 1620hrs, I was driving in my vehicle (SHA6527H) along Pan Island Expressway on the first lane and traffic was congested. Suddenly, I heard a collision on the rear of my vehicle and it caused me to collide onto another vehicle (SLQ5767G) in front of me.

Subsequently, I alighted from my vehicle and discovered that it was a chain collision. The driver of the vehicle (SHB3309K) that collided onto the rear of mine explained that it was the last vehicle (SKC8078C) who caused the accident to happen. I was conveyed by the ambulance to Tan Tock Seng hospital and was granted three days of medical leave. My vehicle was dented on the rear and front bumper. I have a front camera installed in my vehicle.



62148312
**SINGAPORE
POLICE FORCE**



T/20190416/2199

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190416/2199

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:

J /

Sgt 1 LIM JUNJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

16/04/2019 23:44

Classification Of Case: