

MCD619093389 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 17/07/2019 11:14
 SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 17/07/2019 11:43

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	17/07/2019 11:14
Date Of Accident	13/07/2019 05:30
Exact Location Of Accident	NEW UPPER CHANGI RD X BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8503Y
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	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-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	YEOW CHUWEE LAM
NRIC No	S0099122H
Date Of Birth	05/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91868072
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 381 TAMPINES STREET 32 #11-109
 Postcode 520381
 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 - CROSS JUNCTION
 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? 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) 3

Passenger 1 NAME: : -
 GENDER: : MALE

Passenger 2 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] CHANGI N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20190713/2035 AND T/20190717/2025 / 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 SHC7318C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver MR TOH
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAXI PASSENGER

Approximate Age

Injuries Sustain RIGHT FACE PAIN

Injured person in which vehicle? SHD8503Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YEOW CHUWEE LAM

Approximate Age

Injuries Sustain SHOULDER ,LOWER BACK AND NECK PAIN

Injured person in which vehicle? SHD8503Y

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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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.

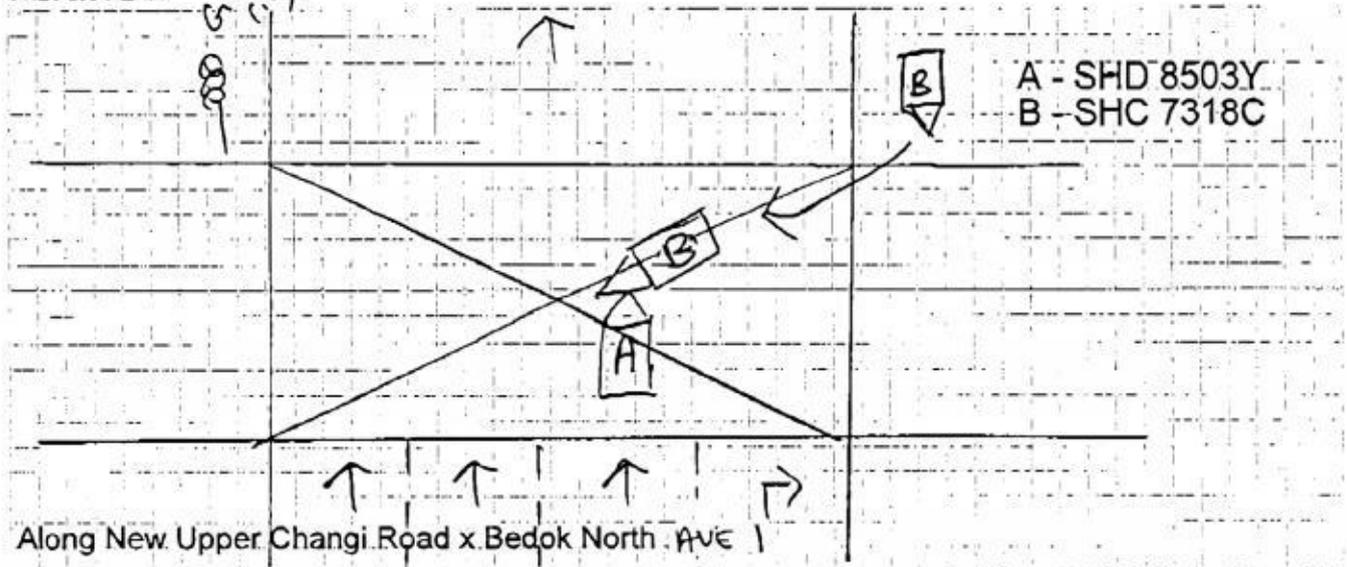
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16.07.2019@1645hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20190713/2035

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

ste
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 16.07.2019@1645hrs

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


**SINGAPORE
POLICE FORCE**


T/20190713/2035

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20190713/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 10:57		Vide Report No.:	Station Diary No.: 24
Informant's Particulars			
Name of Informant: YEOW CHUWEE LAM		Address: APT BLK 381 TAMPINES STREET 32 #11-109 SINGAPORE 520381	
ID Type / ID No.: NRIC NO / S0099122H		Contact No.:	Mobile: 91868072
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 05/04/1954	Type of Informant: Driver
Race: Chinese		Language: English	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 Others	Drink Drive: No	Date/Time of Accident: 13/07/2019 05:30 04:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH ROAD Bedok North Ave 1 NEW UPPER CHANGI ROAD Near to Bedok MRT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SHC7318C	Car				Slightly Damaged	0
SHD8503Y	Car				Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190713/2035

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20190713/2035

CONTINUATION OF REPORT

Driver			
Name	YEOW CHUWEE LAM	ID No.	S0099122H
Related Vehicle	SHD8503Y (Car)	Contact No.	91868072
Hospital/Clinic	NIL	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	NIL	Degree of Injury	NIL

Brief Details.

On 13 July 2019 , at about 0400hr , I was driving my vehicle(SHD8503Y) along New upper changi road heading towards Bedok MRT with 2 passengers. While I was approaching a cross junction near to Bedok MRT . The traffic light was shown green . Suddenly, a vehicle from the opposite side of the lane had then suddenly turn from the right and hit onto the right front of my vehicle.

Both my passenger were injured and both were conveyed to hospital by the ambulance, Police had also attended the to case and had towed my vehicle , I did not exchange any particulars with anyone and do not know the case number for this incident. The front right of my wheel was damaged and could not be driven anymore. Traffic police had then towed my vehicle.

I had in car camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190713/2035

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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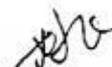
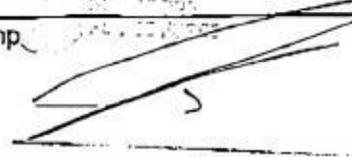
Report No. T/20190713/2035

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 WOO WEI JIE DARREN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2019 10:57
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414..	Classification Of Case:
Authentication Stamp NP168 	



T/20190717/2025

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Report No. T/20190717/2025

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 01

Report Number T/20190717/2025

Vide Report Number T/20190713/2035

Date/Time of Report Made 17/07/2019 10:49

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant YEOW CHUWEE LAM *Yhe*

ID Type / ID No. NRIC NO / S0099122H

Home/Office

Mobile 91868072

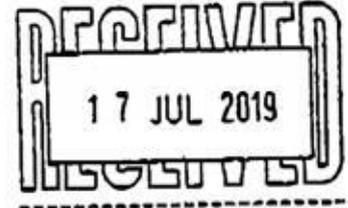
Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 13/07/2019 05:30



Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7318C	Car				Slightly Damaged	0
SHD8503Y	Car				Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20190717/2025

2 of 3

Report No. T/20190717/2025

Continuation of CSF For NP168

Driver			
Name	YEOW CHUWEE LAM	ID No.	S0099122H
Related Vehicle	SHD8503Y (Car)	Contact No.	91868072
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 Facts.

CSF was lodged for the ammendments of Date/Time of Accident and the location , the correct date and time should be 13/07/2019 at 0530hrs and correct location should be cross junction of New Upper Changi Road & Bedok North Ave 1.



T/20190717/2025

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Report No. T/20190717/2025

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / ANG YI TING, STEPHANIE
Classification of Case	1) INJURY / OTHERS

A rectangular box containing a handwritten signature and a stamp. The stamp text is partially obscured but appears to include 'POLICE' and 'SIGNATURE'.