

MCD619138296 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 18/10/2019 14:54  
 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	18/10/2019 14:54
Date Of Accident	17/10/2019 23:35
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVE 3 EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5985A
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	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	TAY GUAN KIM STEPHEN
NRIC No	S1272177C
Date Of Birth	01/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81393297
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 526 BEDOK NORTH STREET 3 #08-462  
 Postcode 460526  
 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 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: : FEMALE

**Details of Police Action**

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

**Circumstances of Accident**

PLS REFER TO ATTACHED / POLICE REPORT ; T/2019018/2011

**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 SHC8550R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver LAU TECK SOON  
 NRIC/Passport Number  
 Contact Number 97369692  
 Address  
 Postcode  
 Insurance Company Name MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage REAR AND FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJU105C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TAN GUAN WEI  
 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 SJY1156C  
 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 AND FRT  
 No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number GBC5000C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage FRT  
 No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TAY GUAN KIM STEPHEN  
 Approximate Age 62  
 Injuries Sustain NECK AND BACK PAIN. ON 3 DAYS MC.  
 Injured person in which vehicle? SHA5985A  
 Were seat belts worn? YES  
 Was this injured conveyed to hospital by ambulance? NO  
 Address

**SKETCH PLAN****IMPORTANT NOTICE**

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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)**

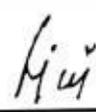
I understand, acknowledge, agree and consent that:

- (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.

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

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.10.2019  
@ 1200 hrs

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




**SINGAPORE  
POLICE FORCE**


T/20191018/2011

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Report No. T/20191018/2011

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/10/2019 01:51	Vide Report No.:	Station Diary No.: 27
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**Informants/Particulars**

Name of Informant: TAY GUAN KIM STEPHEN		Address: APT BLK 526 BEDOK NORTH STREET 3 #08-462 SINGAPORE 460526	
ID Type / ID No.: NRIC NO / S1272177C		Contact No.:	Mobile: 81393297
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 01/10/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2019 23:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE towards SLE, before Ang Mo Kio Avenue 3 Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5000C	Van				Slightly Damaged	0
SHA5985A	Car				Seriously Damaged	1
SHC8550R	Car				Seriously Damaged	1
SJU105C	Car				Seriously Damaged	0
SJY1156C	Car				Seriously Damaged	0


**SINGAPORE  
POLICE FORCE**


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569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	TAY GUAN KIM STEPHEN	ID No.	S1272177C
Related Vehicle	SHA5985A (Car)	Contact No.	81393297
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/10/2019	Date Discharge	18/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Lau Teck Soon	ID No.	S7625318H
Related Vehicle	SHC8550R (Car)	Contact No.	97369692
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	Slight
<b>Driver</b>			
Name	Tan Guan Wei	ID No.	S9523389I
Related Vehicle	SJU105C (Car)	Contact No.	91144919
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 17/10/2019, at around 2335hrs, I was driving along CTE towards SLE. It was before Exit Ang Mo Kio Ave 3, when the vehicle in front suddenly braked. I managed to stop my vehicle on time, but one of the cars behind me did not manage to stop in time, and thus caused the collision. I was the second vehicle of the 5-car-chain accident. I felt the collision impact, and after I recovered from the shock I received from the accident, I alighted my vehicle to see what happened. It was when I realized my vehicle is involved in a 5-car-collision. I checked with my passenger if she is injured, and was told that she wasn't. All the drivers alighted their own vehicle to check what happened, and went to exchange particulars. I only approached the first vehicle, and the car behind me. We all agreed to each make a Police report on this



**SINGAPORE  
POLICE FORCE**



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Report No. T/20191018/2011

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569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

matter. We all took photos of the vehicles, and left the place.

I went to Intemedical 24hrs Clinic to get myself check, as I couldn't not visit also. I was given a 3 days MC for this matter.



# SINGAPORE POLICE FORCE



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Report No. T/20191018/2011

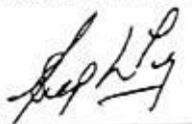
Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

## 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 / Sgt 2 KOH JIA JUN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2019 01:51
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp NP168	