

MCD619138130 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 18/10/2019 11:21
 SUBMITTED BY: Catherine Por May Juan

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 willful 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 11:21
Date Of Accident	18/10/2019 04:30
Exact Location Of Accident	YIO CHU KANG ROAD TWDS YIO CHU KANG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3054J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	ONG KIM TECK
NRIC No	S1025142G
Date Of Birth	06/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1966
Driving Experience	53 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97951818
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	319 10-15 HOUGANG AVENUE 5
Post Code	530319
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SHA2066Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	ONG KIM TECK
Approximate Age	72
Injuries Sustain	CHECK,LOWER BACK
Injured person in which vehicle?	SHD3054J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN**IMPORTANT NOTICE**

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- 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.

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@11:15hrs

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


**SINGAPORE
POLICE FORCE**


T/20191018/2022

1 of 3

Police Station Of Origin:
Serangoon N.P.C
2 Serangoon Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191018/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2019 09:11		Vide Report No.: F/20191018/0032		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: ONG KIM TECK			Address: APT BLK 319 HOUGANG AVENUE 5 #10-15 SINGAPORE 530319		
ID Type / ID No.: NRIC NO / S1025142G			Contact No.: Home/Office:		Mobile: 97951818
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 06/12/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2019 04:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD BUANGKOK GREEN Travelling along yio chu kang road towards yio chu kang link, at the junction of buangkok green				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2066Y	Car				Slightly Damaged	0
SHD3054J	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191018/2022

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
54-5025
Tel No: 1800-343 8999

2 of 3

Report No. T/20191018/2022

CONTINUATION OF REPORT

Driver			
Name	ONG KIM TECK	ID No.	S1025142G
Related Vehicle	NIL	Contact No.	97951818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along yio chu kang road towards yio chu kang lane, left of 3 lanes. At the junction, the traffic light was green and I wanted to proceed straight. While proceeding straight, the other vehicle suddenly made a right turn in front of me from the opposite direction. I then heard a loud bang from the front of my car.

My car sustained damages on the front side of my car.

I sustained injuries and was conveyed by ambulance Sengkang General Hospital.



SINGAPORE POLICE FORCE



T/20191018/2022

Police Station Of Origin:
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Tel No: 1800-343 8999

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Report No. T/20191018/2022

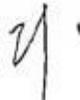
CONTINUATION OF REPORT

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 / Insp MUHAMMAD RUZAINI BIN WAHID 	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MA JUNXIANG Contact No.: 65476259	SN 085 
Authentication Stamp NP168	

Signature Of Informant: 
Date/Time: 18/10/2019 09:11
Classification Of Case:



**SINGAPORE
POLICE FORCE**

Revised



T/20191018/2030

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20191018/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2019 09:48	Vide Report No.: T/20191018/2022	Station Diary No.: 69
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Informant's Particulars			
Name of Informant: ONG KIM TECK		Address: APT BLK 319 HOUGANG AVENUE 5 #10-15 SINGAPORE 530319	
ID Type / ID No.: NRIC NO / S1025142G		Contact No.: Home/Office: Mobile: 97951818	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 06/12/1947	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2019 04:30	Type of Location:
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD BUANGKOK GREEN Travelling along yio chu kang road, at the junction of buangkok green				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2066Y	Car				Slightly Damaged	0
SHD3054J	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191018/2030

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20191018/2030

CONTINUATION OF REPORT

Brief Details.

I was travelling along yio chu kang road, left of 3 lanes. At the junction of buangkok green, I was travelling towards the junction with the traffic light in green. While proceeding straight the other vehicle suddenly made a right turn towards me from the opposite direction. I was being knock by the great impact. My taxi sustained bad damage from the front to the rear and due to the great impact it stretches over to the rear.

I sustained injuries and was conveyed by ambulance to sengkang general hospital and was given 3 days MC.



SINGAPORE POLICE FORCE



T/20191018/2030

Police Station Of Origin:
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2 Serangoon Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20191018/2030

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 / Insp MUHAMMAD RUZAINI BIN WAHID <i>MC</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / CITY: Sr Staff Sgt MA JUNXIANG <i>MC</i> SN 085 Contact No.: 65476251 Signature: _____
Authentication Stamp NP168 Singapore Police Force

Signature Of Informant: <i>MA</i>
Date/Time: 18/10/2019 09:48
Classification Of Case: