SC1120CC000A / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 12/12/2020 11:48 (SGT) SUBMITTED BY: Janet Lim Siang Gek VERSION: 1 (12/12/2020 11:48 (SGT))



# 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 witholding 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/12/2020 11:48 (SGT) 11/12/2020 14:40 (SGT) PIE, Singapore PIE TWDS AIRPORT AT EXIT 30 TOH GUAN RD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHD8869S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No Alternative Phone No Yes

CITYCAB PTE LTD 1XXXXXXXX1R

FLEETSAFETY@CDGETAXI.COM.SG

(Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Toyota

VELLFIRE HYBRID (6S)

Private hire

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number First Capital ThirdPartyFireTheft

Yes

D-18088937MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN KIAN KOK SXXXX445G 17/12/1972 Outdoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

**Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Side Swipe

13/03/1992

Male

#13-13

680204

No

No

Other

28 YEARS AND 9 MONTHS

(Phone) +65-86208812

Kelvintankk13@gmail.com

BLK 204 CHOA CHU KANG AVENUE 1

Clear

Dry

No

No

Yes

3

No

Male

Female

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

PASSENGER 2

Name

Gender

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Joo Chiat Neighbourhood Police Post

(Phone) +65-18003459999

(Fax) +65-64474181

267 Onan Road Singapore 424773

No

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20201211/2109

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Accident report SC1I20CC000A

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Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

YL9889J Mitsubishi Fuso

Commercial vehicle

MUHAMMAD IZUAN BIN ABDUL WAHID

(Phone) +65-91836843

-

NTUC SLIGHT RH FRONT

1

### IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or witholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 setout 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)
  - 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 my be sited outisde 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, investigation, 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 ourt orders.

CITYCAS PTE LTD CILL REG. NO. 1895023307

Policyholder's Signature Date & Time:

Driver's Signature

(if/driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/Fin No.: 12 DED 7020

1

SKETCH PLAN ,	ALECCET
A = SHO8869S	
B-YL9889] (mirsubishi) Fueo  (mirsubishi)	R R
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	PIE
Statement as per Police Report (	3)
12:00	
17/3000 12/1/2/09.	

# **DECLARATION**

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

CITYCAE PTE LTD CO. REG. NO. 15000\_039G

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature Name:
NRIC/Fin No.: 17 14 1 729





T/20201211/2109

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 T of 3

Report No. T/20201211/2109

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 18:29			Vide Report No.:	Station Diary No.: 18		
Informant	s Particul	ars				
Name of Informant: TAN KIAN KOK			Address: APT BLK 204 CHOA CHU KANG AVENUE 1 #13-13 SINGAPORE 680204			
ID Type / ID No.: NRIC NO / S7247445G			Contact No.: Home/Office:	Mobile: 86208812		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 47	Date of Birth: 17/12/1972	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/12/2020 14:40	Fi	pe of Location: yover
Location: PAN-ISLAND	EXPRESSWAY				
Weather:		Road Surface:	Road Surface:		
Cloudy		Dry	Dry		
Traffic Flow:		Traffic Control:	Traffic Control:		
One Way		Traffic Light - Work	Traffic Light - Working		
Type of Collis	ion:	•		Anyone	conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD8869S	Car	ТОУОТА	Vellfire	White	Slightly Damaged	2
YL9889J	Lorry	MITSUBISHI	Fuso	White	Slightly Damaged	0

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



T/20201211/2100

T/20201211/2109

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20201211/2109

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### CONTINUATION OF REPORT

Driver						
Name	TAN KIAN KOK		ID No.		S7247445G	
Related Vehicle	SHD8869S (Car)			Contact No.		86208812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date			charge NIL		
No. of Days granted Medical Leave NIL			Degree of	egree of Injury NIL		
Driver						
Name	MUHAMMAD IZUAN BIN ABDUL WAHID			ID No.		S8035059G
Related Vehicle	YL9889J (Lorry)			Contact No.		91836843
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	-

# Brief Details.

On 11/12/2020, at about 1440hrs, I was working as a taxi driver and my vehicle (SHD8869S) was carrying two other passenger. I was driving along PIE (towards changi) and exiting at Toh Guan Rd exit. I was driving at the right most lane towards the traffic light. On the lane to my left, there was a white lorry (YL9889J) driving slightly behind my vehicle. I felt an impact on the left rear side of my car and got off to check what happened. I discovered that the lorry had collided onto the left rear side of my car. I checked with my passengers if anyone was injured and they said no. The driver of the lorry was fine as well and we did not want to obstruct the traffic and as such, we exchanged particulars and left in our separate ways.





T/20201211/210

3 of 3 Report No. T/20201211/2109

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

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:	Signature Of Informant:
G / Sgt 2 LIM JUN YONG	Majo
Signature Of Interpreter:	Date/Time:
Not applicable	11/12/2020 <b>½</b> 8:29
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	SAPORE SAPORE
Contact No.: 65476151	ICE FORCE
Authentication Stamp	
	SIGNATURE