

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	10/06/2019 17:46
Date Of Accident	08/06/2019 04:20
Exact Location Of Accident	NEAR KPE EXIT TO TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7699U
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Insured/Policyholder

Name Of Registered Owner	COVE RENTALS PTE LTD
Co Reg No	201626878M
Email Address	COVERENTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87978998
Alternative Phone No	OFFICE-90998998

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107662372
Cover Note Number	

Driver

Name of Driver	CHU HENG SOON
NRIC No	S7103973J
Date Of Birth	13/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97693511
Fax Number	
Contact Number	
EEmail Address	COVERENTS@GMAIL.COM

Address	BLK 450G TAMPINES STREET 42 #08-370
Postcode	527450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER STATEMENT AND POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4931Y
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH SEOW TEE
NRIC/Passport Number	S7226458D
Contact Number	98524209

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHU HENG SOON
Approximate Age	48
Injuries Sustain	STIFFNESS IN NECK LEADING TO PAINS IN NECK, SHOULDER AND LOWER BACK
Injured person in which vehicle?	SJS7699U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 450G TAMPINES STREET 42 #08-370
Postcode	527450

IMPORTANT NOTICE

SKETCH PLAN

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 connection with 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.



Policyholder's Signature
Date & Time:

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

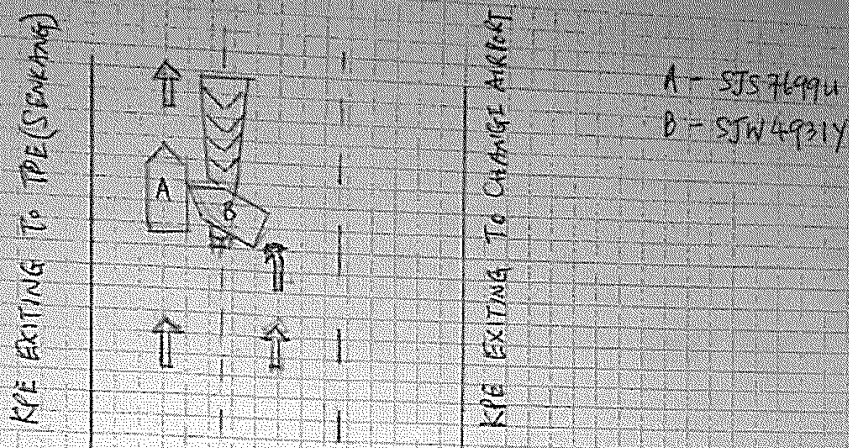


Reporting Centre Personnel's Signature
Name:

NG WING KIN JAMES

admin.vac@vicom.com.sg

10 JUN 2019



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08-06-2019 AT ABOUT 0420 HRS, I CHU HENG SOON NRIC No: 57103973J WAS DRIVING PRIVATE-HIRE RENTED CAR PLATE No: SJS7699U WITH A PASSENGER ALONG KPE HEADING TOWARDS TPE (SENGKANG). DRIVING WITHIN MY ^{EXTREME LEFT} LANE, A CAR PLATE No: SJW4931Y WHICH WAS DRIVING ON THE NEXT LANE TOWARDS CHANGI AIRPORT MADE A SUDDEN SWERVE TO MY LANE UPON REACHING THE WHITE ^{FLOCK} DIVIDER. IT OBVIOUSLY WANTED TO SWITCH LANE AT THE LAST MINUTE WITHOUT PROPER LOOKOUT AND SIGNAL, COLLIDED INTO THE RIGHT SIDE OF MY CAR. THE IMPACT OF THE ACCIDENT BADLY DAMAGED MY CAR AND I WAS BADLY SHAKEN. I HAD STIFFNESS IN MY NECK WHICH LED TO PAINS IN MY NECK, SHOULDER AND LOWER BACK OF MY BODY. I CONSULTED A MEDICAL DOCTOR AT HWANG & LIANG AND WAS GIVEN 3 DAYS MEDICAL LEAVE.

MY IN-CAR CAMERA RECORDED THE FOOTAGE OF THE OTHER CAR WHICH SWERVED INTO MY LANE AND CAUSED THE ACCIDENT.

DECLARATION

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



Policyholder's Signature
Date & Time:

CHU HENG SOON

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

10 JUN 2019



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

NG WING KIN JAMES
admin.vac@vicom.com.sg

6/10/2019

Mail - Vicom VAC Admin - Outlook

M1

4:07 PM

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All Media

9/6/19, 4:00 AM

SINGAPORE POLICE FORCE		T/20190609/2027	
Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999		1 of 3 Report No: T/20190609/2027	
REPORT OF A TRAFFIC ACCIDENT			
Date/Time Report Made: 09/06/2019 03:58		Vide Report No.: 31	
Informant's Particulars			
Name of Informant: CHU HENG SOON		Address: APT BLK 450G TAMPINES STREET 42 #08-370 SINGAPORE 527450	
ID Type / ID No. NRIC NO / 97103973J		Contact No.: Home/Office: Mobile: 97693511	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 13/02/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	
General Information of the Accident			
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 08/06/2019 04:20
Type of Location: Straight Road			
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY			
Near KPE exit to TPE		Road Surface: Dry	Road Speed Limit:
Weather: Clear		Traffic Control:	Traffic Volume: Light
Traffic Flow: One Way		Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			
Details of Vehicle Involved			
Vehicle No.	Type	Model	Color
SJS7699U	Car		
SJA4931Y	Car		
Condition		No of Passenger	
Seriously Damaged		1	
Seriously Damaged		1	



SINGAPORE
POLICE FORCE



T/20190609/2027

2 of 3

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1600-4849595

Report No: T/20190609/2027

CONTINUATION OF REPORT



Driver			
Name	CHU HENG SOON	ID No.	S7103973J
Related Vehicle	NIL	Contact No.	97693511
Hospital/Clinic	HWANG & LIANG FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 08/06/2019 at about 0420hrs, I was driving Private-Hire Rented Car bearing (SJS7699U) with a passenger along KPE heading towards TPE (Sengkang). Driving within my extreme left lane, a car bearing (SJW4931Y) which was driving on the next lane towards Changi Airport made a sudden swerve to my lane upon reaching the white floor divider. It obviously wanted to switch lane at the last minute without proper lookout and signal collided into the right side of my car. The impact of the accident badly damaged my car and I was badly shaken. I had stiffness in my neck which lead to pain in my neck, shoulder and lower back of my body. I had consulted a medical doctor at Hwang & Liang and was given 3 days of medical leave from 08/06/2019 to 10/06/2019.

I wish to state that my In-Car camera recorded the footage of the other car which swerve into my lane and caused the accident.

Mail - Vicom VAC Admin - Outlook

84%  

All Media

9/6/19, 4:01 AM

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

3 of 3

Report No: T/20190606/2027

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 /

SC2 KEVAN CHUA MIN YANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2019 03:58

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65478414

Classification Of Case:

Authentication Stamp

3 ANG MO KIO STREET #2 #04-15 S569139

VEHICLE RENTAL AGREEMENT

THIS VEHICLE RENTAL AGREEMENT ("AGREEMENT") EFFECTIVE AS OF 23/04/2019 (dd/mm/yyyy), IS MADE AND ENTERED INTO BETWEEN COVE RENTALS PTE LTD (hereinafter "The Company") (SINGAPORE COMPANY REGISTRATION NO. 201628878M), A COMPANY ORGANISED AND EXISTING IN SINGAPORE, WITH OFFICES LOCATED AT LINK@AMK, 3 ANG MO KIO STREET #2 #04-15, S569139

AND

CHU HONG SOON (ZHU XINGSHUN)
(Name of main Hirer / hereinafter "Hirer")

S7103973J
(Singapore NRIC No. / Driving Licence No.)

BLK 450G THOMPSON STREET #2 #08-270 S57450
(Residential/Mailing Address*)

9769 3511 (Contact No.)

9766 3731 (Emergency contact No.) Wife Karen (Relationship)

AND

(Name of Co-Hirer / hereinafter "Hirer")

(Singapore NRIC No. / Driving Licence No.)

(Residential/Mailing Address*)

(Contact No.)

(Emergency contact No.) (Relationship)

Authorized Vehicle Details

Make&Model VOLKSWAGEN JETTA 1.4TSI
Vehicle No. 3TS7699U
Rental Period 23/04/2019 to 31/12/2019
(dd/mm/yyyy) (dd/mm/yyyy)

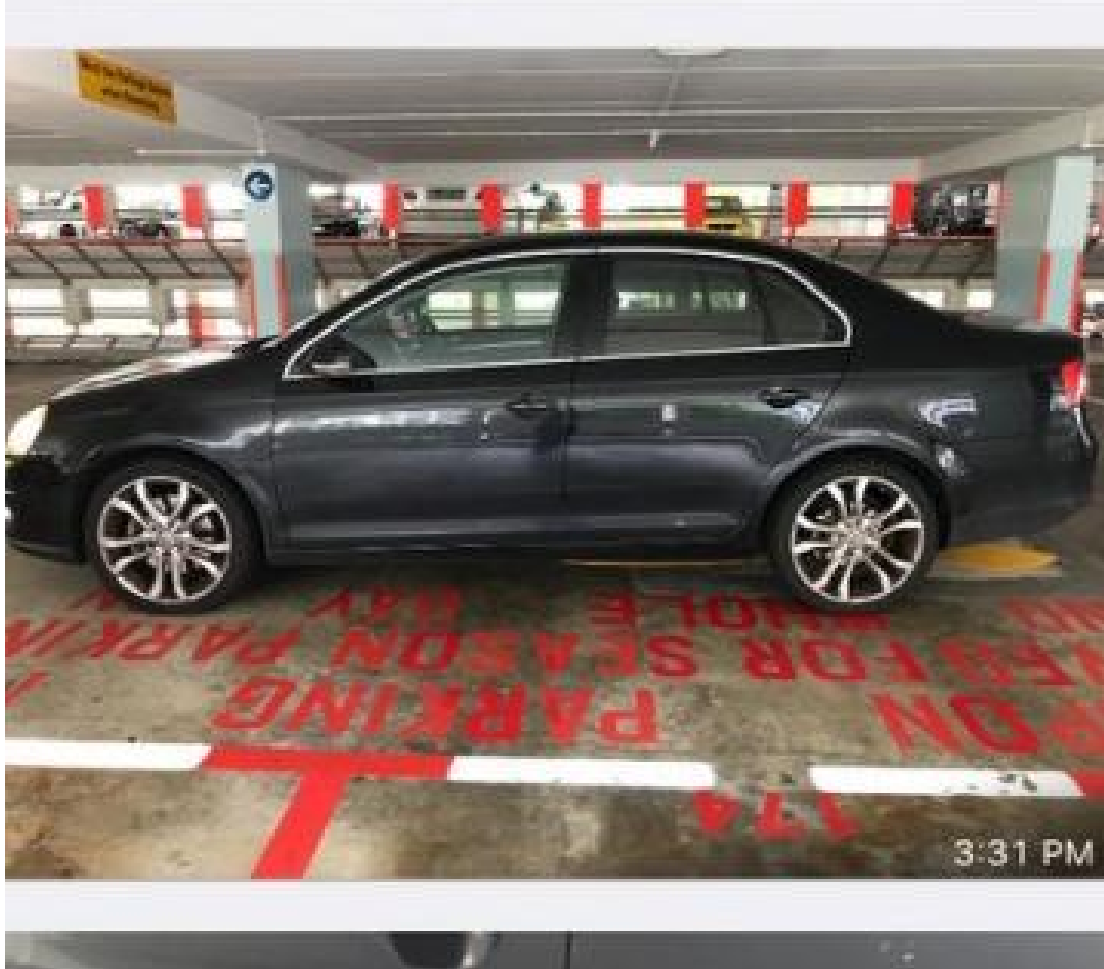


Whereas, The Company and Hirer desire to enter into a relationship in which the Company has agreed to provide car rental service to the Hirer on the terms and conditions set out in this Agreement from page 1-5 and the Damage Check Sheet, while Hirer is of the opinion that the Company has the proper and necessary qualification, experience and ability to provide car rental services to Hirer. The Hirer also has a copy of this Rental Agreement. The Company may change these terms and conditions at any time by revising them. You agree to be bound by any such revisions.

Accident Photo



Accident Photo





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Select

9 Photos



Accident Photo

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9 Photos



Accident Photo

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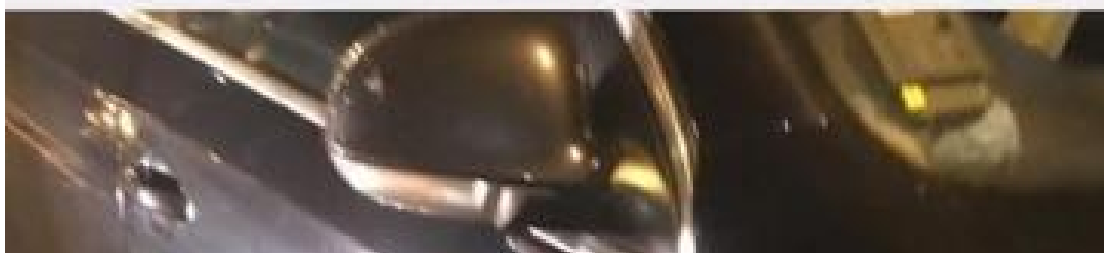
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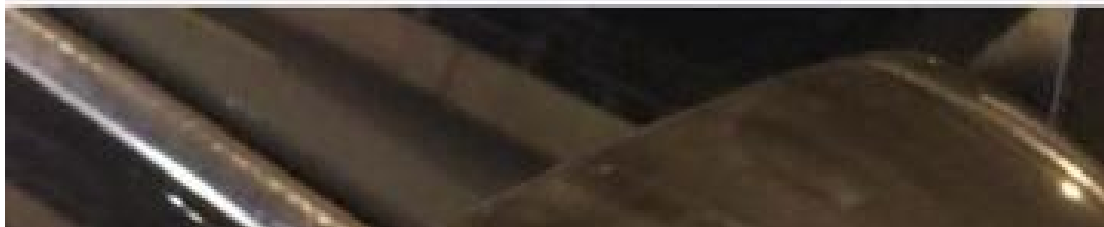
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