

Cheonghoh Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number

Our Ref: LCH.my/ACM-10574.20

11.12.20

BY EMAIL

BY CERTIFICATE OF POSTING

BY CERTIFICATE OF POSTING

Tenet Sompo Insurance Pte. Ltd.
50 Raffles Place #05-01/06
Singapore Land Tower
Singapore 048623

Dear Sirs

We are instructed by Jetters Incz. Pte. Ltd. to notify you of a road traffic accident on 09.12.20 at about 7:45 pm at the BKE involving our client's vehicle registration number GBK 4240 R and vehicle registration number YN 9526 X driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

Cheonghoh Law Corporation

encs:

This is a computer-generated document and requires no signature

cc: client (via e-mail/fax only) - GBK 4240 R

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 Submission 10/12/2020 12:07 (SGT)
Date of Accident 09/12/2020 19:45 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS WOODLANDS LAMP POST 191
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4240R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JETTERS INCZ PTE LTD
Company Reg No 2XXXXX713R
Email Address NIZAR@JETTERSINCZ.COM
Mobile Phone No (Phone) +65-88772277
Alternative Phone No (Office) +65-88772277

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120054162000
Cover Note Number -

DRIVER

Name of Driver VELAYUTHAM MARIMUTHU
Passport No/FIN GXXXX371K
Date Of Birth 26/06/1982
Occupation Outdoor

Date Of Driving Pass	17/08/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90629485
Alt. Phone Number	-
Email Address	NIZAR785@GMAIL.COM
Address	5 YISHUN INDUSTRIAL STREET 1, NORTH SPRING BIZHUB #01-10
Address complement	-
Postcode	758161
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND ATTACHED; TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT MADE BY THE COMPANY

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9526X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO POLICE REPORT AND ATTACHED
Details of property damaged in accident	REFER TO POLICE REPORT AND ATTACHED
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



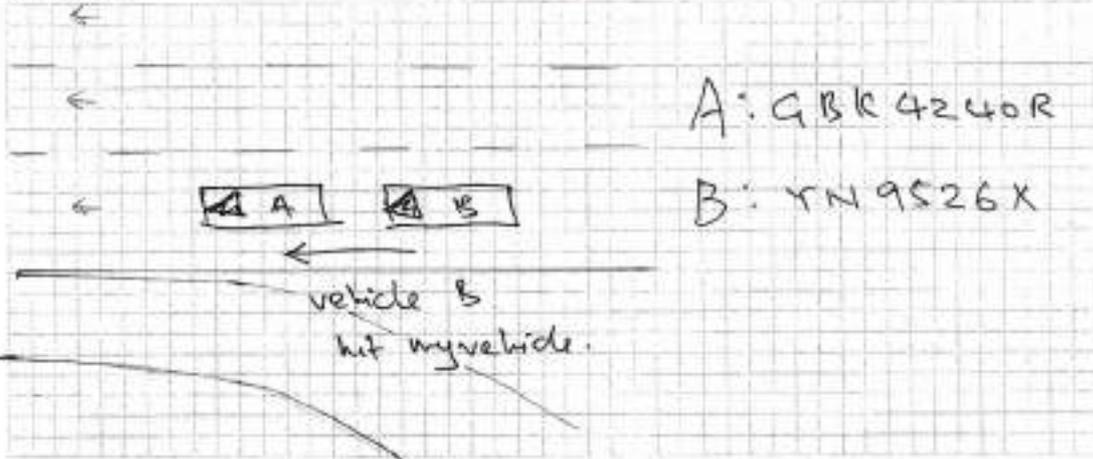
Policyholder's Signature
Date & Time: 10/12



Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/12

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along BKE, lamp post 191.
 A lorry YN9526 X hit me suddenly when the traffic was moving slowly.
 The driver hit end over and about off.
 Police report was made, \$150, investigation officer Miss Marial.

AND REFER POLICE REPORT

DECLARATION

I/we declare the foregoing particulars are true and correct.

Policyholder's Signature
 Date & Time: 9/12

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 9/12

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
























**SINGAPORE
POLICE FORCE**


F/20201209/7062

1 of 2

POLICE REPORT (NP299)

Report No. F/20201209/7062

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 09/12/2020 23:19	Video Report No.	Station Diary No.
Name Of Informant MOHAMMED NIZAR BIN ABDUL RAHMAN	Address 402 YISHUN RING ROAD #03-1781 SINGAPORE 760402	
ID Type / ID No. NRIC NO / S8921412B	Contact No. Home/Office:	Mobile: 90629486
Nationality SINGAPORE CITIZEN	Email Address NIZAR785@GMAIL.COM	
Occupation Grease Trap Company Manager	Sex Male	Age 31
Institution/School Name	Date of Birth 21/06/1989	Race Malay
Date/Time Of Incident 09/12/2020 19:45 - 09/12/2020 20:45	Location Of Incident Lamp Post 191	

Brief details.

My Company Driver , Velayutham Marimuthu , of FIN G6520371K, was driving the company vehicle, a Toyota Dyna of license plate GBK4240R , on the BKE when he was hit from the back by another lorry, Of license plate YN9526X.

Particulars were not able to be exchanged , as the vehicle drove off soon after . Traffic police was called. IO Mariam has been assigned to the case , and this report is being written as per advised on site .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2020 23:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20201209/7062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201209/7062

An original report J150, and Case ID J/20201209/0150 had been assigned originally as well.

The back of the vehicle is slightly dented .

Suspect - Involved			
Suspect			
Person Name	Unknown YN9526 Driver		
Victim			
Person Name	MOHAMMED NIZAR BIN ABDUL RAHMAN		
ID Type	NRIC NO	ID No	S8921412B
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Grease Trap Company Manager	Address	402 YISHUN RING ROAD #03-17B1 SINGAPORE 760402
Mobile No	90629486	Is Informant A Victim?	Yes
Person Name	MOHAMMED NIZAR BIN ABDUL RAHMAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2020 23:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

