

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 19/01/2021 14:24 (SGT)
Date of Accident 17/01/2021 17:30 (SGT)
Exact Location of Accident Jurong West Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF9598J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CAR COVE LEASING PTE. LTD
Company Reg No 2XXXXX573M
Email Address edwin@carcove.com.sg
Mobile Phone No (Phone) +65-88664288
Alternative Phone No +65-88664288

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116120350
Cover Note Number -

DRIVER

Name of Driver CHIN WEE NAM JOHN
NRIC No SXXXX020B
Date Of Birth 06/06/1949
Occupation Outdoor

Date Of Driving Pass	01/09/1999
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88664288
Alt. Phone Number	-
Email Address	edwin@carcove.com.sg
Address	BLK 16 CANTONMENT CLOSE #14-47
Address complement	-
Postcode	080016
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SBS3638S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MR GOH JOO LEONG
Contact Number	(Phone) +65-97197361
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

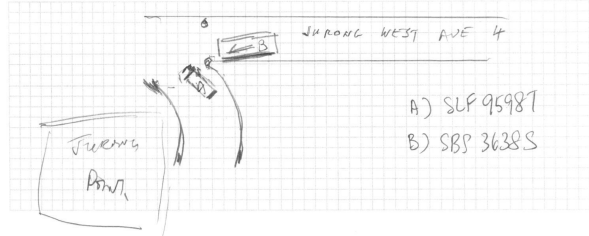


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SUNDAY
17/1/2021 5:30 PM

I WAS DRIVING MY CAR TO PICK UP PASSENGER
AT JERUNG POINT AND FAME A LEFT TURN
TO J WAVE 4 AND SUDDENLY A BUS CRASH
ONTO MY RIGHT SIDE AND SMASHES MY FRONT
PART OF THE CAR. I THINK BUS DRIVING TOO
FAST

BUS DRIVER 604 JOD LEONG NW 985363P5

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Johnchi 19/1/21 1200 nm

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

Witnessed by Reporting Centre
Personnel































CAR COVE
 LEASING PTE LTD
 1 COMMONWEALTH LANE #02-04 SINGAPORE 149544
 ROC: 201602573M

VEHICLE LONG TERM LEASING WITH OPERATOR AGREEMENT

This agreement is made on the 20th (date) of Jul (month) between Car Cove Leasing Pte Ltd and the
 hirer as mentioned below:
 Name: CHIN WEE NAM JOHN
 RJC: 300160205
 Address: BLK 116 CANTONMENT CLOSE #14-47 (S) 080026
 Company Name: _____
 Company Address: _____
 Contact Info: 88664288

Having agreed to enter a period of 1 Year (duration) Leasing of vehicle number 2P9583 (number plate)
 Started from 20/10/2020 (dd/mm/yyyy) to 20/10/2021 (dd/mm/yyyy) for an amount of
 *SGD\$ 350 (amount) weekly.

WHEREBY IT IS AGREED that the hirer above shall be liable for all/any summon relating to road traffic and/or
 car park offences after taking over of the above mention vehicle. Hirer must inform Car Cove Leasing Pte Ltd
 should there's any repair due to wear within 3 days of rental date. Servicing will be borne by Car Cove Leasing
 Pte Ltd at every 10000 km or 3 months (whichever is earlier)

Any damages and accident caused by the above mention hirer will be solely borne by the hirer.
 In any event of accident or due to insurance claiming by 3rd party, insurance excess will be borne by the hirer.



The hirer hereby agreed to pay the weekly rental installment on every TUESDAY (day) of each week.


Term: the term of this agreement shall be 1 Year (duration) from the date of commencement by both parties
 unless termination earlier pursuant to this section.

TERMINATION
 The hirer will be liable for a penalty of SGD\$5,000.00 for early withdrawal or early termination of contract
 during the above mention rental period.

*Rental rates does not include holiday surcharge.
 *\$10/day if rental is made after 1600HRS on rental installment day.
 *In an event of default payment within 3 working days, repossession of vehicle will be charged @ SGD\$350.

SIGNATURE of the hirer _____
 Date: _____
 Time: _____

REPRESENTATIVE of company




CAR COVE
 LEASING PTE LTD
 1 COMMONWEALTH LANE #02-04 SINGAPORE 149544
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