

KURUP & BOO

UEN 53130914B
ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

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Our Ref : BMC.3616.21.wh

16 February 2021

U R G E N T

China Taiping Insurance Singapore Pte Ltd
3 Anson Road
#15-00 Springleaf Tower
Singapore 079909

Via Email only:
claimsdept@sg.cntaiping.com

Dear Sirs

**ACCIDENT INVOLVING VEHICLE NO. SMV 6310X AND GBE 2284J
AT UPPER BUKIT TIMAH ROAD ON 7 FEBRUARY 2021**

We act for Drive East Rental Pte Ltd, the owner of the vehicle no. SMV 6310X which was involved in the above accident.

For your immediate attention, we attach a copy of the Singapore Accident Statement lodged by or on behalf of our client.

By way of notice, we inform you that our client damaged vehicle is now in the workshop named below:

Heng Yap Seng Auto Services
Block 160, Sin Ming Drive
#08-13 Sin Ming AutoCity
Singapore 575722
Contact : Mr Chong Han Meng
HP No. : 9183 3008 Fax : 6873 2017

We hereby give you **two days'** notice for your representative to go the above workshop to inspect our client's damaged vehicle. Kindly contact Mr Chong Han Meng prior to going to the workshop for the survey.

Yours faithfully



BOO MOH CHEH

enc

cc Heng Yap Seng Auto Service

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	08/02/2021 16:02 (SGT)
Date of Accident	07/02/2021 16:15 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	OUTSIDE OF 721 BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6310X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DRIVE EASY RENTAL PTE LTD
Company Reg No	2XXXXX208G
Email Address	tancs01@hotmail.com
Mobile Phone No	(Phone) +65-64632050
Alternative Phone No	(Office) +65-64632050

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5119641258
Cover Note Number	-

DRIVER

Name of Driver	QUEK JIAN NAN, PAUL
NRIC No	SXXXX377I
Date Of Birth	06/07/1986
Occupation	Outdoor

Date Of Driving Pass	26/05/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87557005
Alt. Phone Number	-
Email Address	tancs01@hotmail.com
Address	APT BLOCK 201 PETIR ROAD #10-681
Address complement	-
Postcode	670201
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED AND POLICE REPORT ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2284J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUKRI BIN KASSIM
NRIC No	SXXXX993H
Contact Number	(Phone) +65-83490434
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO ATTACHED AND FOOTAGE
Details of property damaged in accident	REFER TO ATTACHED AND VIDEO FOOTAGE
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB513G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	OOI KWOK PHENG
NRIC No	SXXXX843H
Contact Number	(Phone) +65-88118558
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO ATTACHED AND VIDEO FOOTAGE
Details of property damaged in accident	REFER TO ATTACHED AND VIDEO FOOTAGE
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	NA - VAN
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 ATTACHED AND VIDEO FOOTAGE
Details of property damaged in accident	REFER TO ATTACHED AND VIDEO FOOTAGE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	QUEK JIAN NAN, PAUL
Address	APT BLOCK 201 PETIR ROAD #10-681
Address Complement	-
Post Code	670201
Approximate Age Years Old	34
Injuries Sustained	REFER TO POLICE REPORT ; MC 3 DAYS
Injured person in which vehicle?	SMV6310X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident


On 7th Feb 2021, Travelling with onboard Passenger on upp Bukit Timah Rd.
 Just after passing 721 Bukit Timah, I noticed Taxi (SHB 513G) has brake
 and therefore I brake also. But after a few second I had a impact from (GRF22847)
 the impact from behind pushes my car to slight bang to (SHB 513G).

Declaration

We declare the following particulars are true in every respect.


 Policyholder's Signature / Date & Time



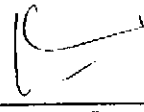

 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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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 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' 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 making 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

A: SUBSIOX
 B: GBS 2284J
 C: SUBSIOX
 D: NA - VAN

CANAL



Upper Bukit Timah Road