

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 13/03/2021 15:24 (SGT)
Date of Accident 12/03/2021 15:00 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ4310X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H & H RENTAL & LEASING PTE LTD
Company Reg No 2XXXXX965Z
Email Address tock1436@gmail.com
Mobile Phone No (Phone) +65-92950762
Alternative Phone No +65-92950762

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V03634/VPZ/R00
Cover Note Number -

DRIVER

Name of Driver CHONG CHIAU TOCK (ZHANG CHAOZHUO)
NRIC No SXXXX527Z
Date Of Birth 27/06/1965
Occupation Outdoor

Date Of Driving Pass	12/12/1988
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92950762
Alt. Phone Number	-
Email Address	tock1436@gmail.com
Address	BLK 417A FERNVALE LINK #06-176
Address complement	-
Postcode	791417
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210312/2095

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	SLU5832E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR OOI
Contact Number	(Phone) +65-92731734
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG CHIAU TOCK (ZHANG CHAOZHUO)
Address	BLK 417A FERNVALE LINK #06-176
Address Complement	-
Post Code	791417
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ4310X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.



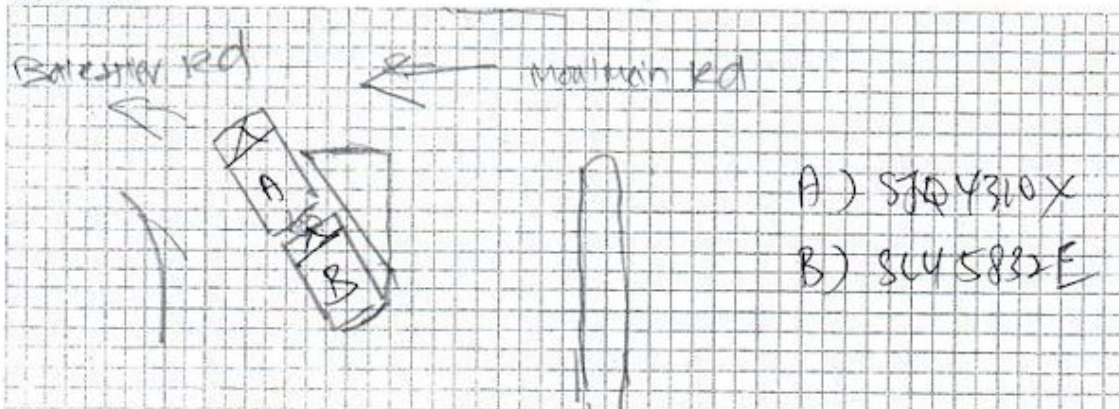
[Signature]
12/03/21 12:10

[Signature] 13/03/2021
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210312/2095

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

13/03/21 12:10

[Signature] 13/03/2021

Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20210312/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20210312/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 18:31	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars

Name of Informant: CHONG CHIAU TOCK			Address: APT BLK 417A FERNVALE LINK #06-176 SINGAPORE 791417		
ID Type / ID No.: NRIC NO / S1689527Z			Contact No.: Home/Office: Mobile: 92950762		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 27/06/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 15:00	Type of Location: Bend
Location: BALESTIER ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving vehicle and stationary vehicle - Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ4310X	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	1
SLU5832E	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	0

Details of Person Involved

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



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Tel No: 1800-4519999

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Report No. T/20210312/2095

CONTINUATION OF REPORT

Driver			
Name	CHONG CHIAU TOCK		ID No. S1689527Z
Related Vehicle	SJQ4310X (Car)		Contact No. 92950762
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MR OOI		ID No. NIL
Related Vehicle	NIL		Contact No. 92731734
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/03/2021 at about 1500 hours, I was driving my vehicle bearing plate number SJQ4310X along Balestier Road and was making a left discretionary turn on the first lane of the two-lane turning towards Balestier Road, when I came to a stop at the stop line as there was oncoming traffic. I was carrying a male passenger at that point of time. While I was stationary and waiting for the traffic to clear, I suddenly felt an impact on the rear of my vehicle. I then discovered that another vehicle bearing plate number SLU5832E had collided into the rear of my vehicle.

As a result of the collision, my vehicle suffered slight damages and I had felt pain in my neck and back bone. There was no police or ambulance at the scene. Subsequently, I went for a doctor's consultation at Mount Alvernia Hospital and was given 5 days medical leave. I wish to state that I have an in-car camera but it was not working when the collision happened.



**SINGAPORE
POLICE FORCE**



T/20210312/2095

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20210312/2095

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 /

Sgt 2 CHERYLYN GOH ZHI HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2021 18:31

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

GST No.: 201703965Z

RENTAL & LEASING AGREEMENT NO.: HHPL-2021-011

DATE: 15th January 2021

Schedule

This is a Rental Agreement made between us, H&H Rental & Leasing Pte Ltd (RB No. 201703965Z) (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL): Chong Chiau Tock

NRIC/PASSPORT/RC/RB NO. : S1689527Z

ADDRESS : Block 417A, Fernvale Link, #06-176, Singapore 791417.

TELEPHONE : Hp: 92950762

PERSON IN CHARGE : Eng Li Hwee Josephine

NAME OF DRIVER(S) (IN FULL) : Chong Chiau Tock

NRIC/PASSPORT NO. : S1689527Z

DATE OF BIRTH : 27th Jun 1965

DRIVING LICENCE NO : S1689527Z

ISSUE / EXPIRY DATE : 22nd Aug 2003 Pass Date: 12th Dec 1988 - PDVL Date: 7th Jun 2001

COUNTRY OF ISSUE : SINGAPORE

tock1436@gmail.com

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SJQ 4310 X

MAKE / MODEL : Toyota Axio 1.5 A

COLOUR : Silver

ENGINE NO: 1N2D425462

CHASSIS NO. : NZE141620858

TYPE : PASSENGER

Date, Time and Mileage for Collection: 15th January 2021 (date) 2.45pm hrs (time) (mileage)

Date, Time and Mileage for Return: 17th June 2021 (date) hrs (time) (mileage)

Petrol Out : Empty 1/4 tank 1/2 tank 3/4 tank / Full

(Vehicle must be returned with same level of petrol)

Maximum Mileage : km per day/week/month.

*delete where inapplicable

2. PERIOD OF LEASE

From 15th January 2021 ("Commencement Date") to 14th June 2021 ("Lease Period").

3. LEASE CHARGES

Amount: \$1,280.00 per day excluding GST payable in advance on Commencement Date.

Total amt with GST: \$1,369.60

4. DEPOSIT

Amount: \$300.00 Paynow on 15/1/2021





H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

GST No.: 201703965Z

5. INSURANCE, ROAD TAX AND MAINTENANCE

You as the Hirer shall be solely liable and responsible for all insurance, road tax, maintenance, servicing and other charges, costs, expenses and damages caused relating to the use of the Vehicle.

6. EARLY TERMINATION

You shall be liable to our clients for early termination as provided under the Terms and Conditions annexed hereto.

7. PAYMENT

For cheque payments, please issue the cheque to the Company "H & H Rental & Leasing Pte Ltd" and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

For Bank account Transfer Payment, please send to our DBS Bank, account number: 104-902080-0

For PAYNOW transfer please key in our Entity Number (UEN): 201703965ZDBS

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

NOTE: Accident Excess: S\$3,500.00

Signed by the Hirer

Name: Chong Chiau Tock
Designation: N.A
Company Stamp:

Signed for and on behalf of
H&H Rental & Leasing Pte Ltd

Name: Josephine Eng
Designation: Manager
Company Stamp: