

# KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR  
COMMISSIONER FOR OATHS  
NOTARY PUBLIC

111 North Bridge Road  
#15-03 Peninsula Plaza  
Singapore 179098  
Tel. No. 6223 3343  
6221 8623  
Fax. No. 6225 7248  
Writer's e-mail :  
boo@kurupnboo.com.sg

Our Ref : BMC.3654.21.wh

5 May 2021

**U R G E N T**

MS First Capital Insurance Limited  
36 Robinson Road  
#16-01 City House  
Singapore 068877

Via email only  
cwsmotorclaims@msfirstcapital.com.sg

Dear Sirs

**ACCIDENT INVOLVING VEHICLES NO. SMG 2184Z AND SHB 469B  
AT VICTORIA STREET ON 2 MAY 2021**

We act for Cosmo Automobiles Rental Pte Ltd, the owner of the vehicle no. SMG 2184Z 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	03/05/2021 17:16 (SGT)
Date of Accident	02/05/2021 17:20 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2184Z
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COSMO AUTOMOBILES RENTAL PTE LTD
Company Reg No	2XXXXX129M
Email Address	andrew@cosmoautomobiles.com.sg
Mobile Phone No	(Phone) +65-90990920
Alternative Phone No	+65-90990920

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SPMF1000000426
Cover Note Number	-

### DRIVER

Name of Driver	HENG BOON PIN
NRIC No	SXXXX869A

Date Of Birth	17/09/1979
Occupation	Outdoor
Date Of Driving Pass	04/12/2000
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81576008
Alt. Phone Number	-
Email Address	bpheng@gmail.com
Address	BLK 677A JURONG WEST ST 64 #09-273
Address complement	-
Postcode	641677
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	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 POLICE REPORT.

NOTE: VEHICLRE REPAIR AT OWNER'S PREFERRED W/SHP.

#### 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	SHB469B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
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	HENG BOON PIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG2184Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## SKETCH PLAN

## IMPORTANT NOTICE

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 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

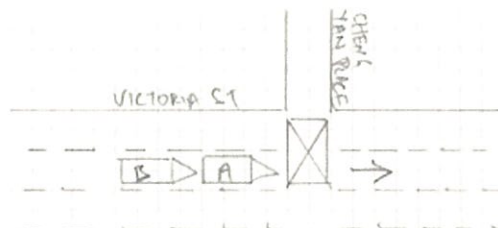
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
POLICYHOLDER'S SIGNATURE / Date & Time

  
DRIVER'S SIGNATURE (If driver is not the policyholder) / Date & Time

  
WITNESSED BY REPORTING CENTRE PERSONNEL

## Sketch Plan



## Describe Circumstances of the Accident


Refer to police report  
(1 pax)

## Declaration

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

  
Policyholder's Signature / Date & Time



 3/5/21  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210503/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20210503/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2021 12:10		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HENG BOON PIN			Address: 677A JURONG WEST STREET 64 #09-273 SINGAPORE 641677		
ID Type / ID No.: NRIC NO / S7928869A			Contact No.: Home/Office: Mobile: 81576008		
Nationality: SINGAPORE CITIZEN			Email: BPHENG@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 17/09/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2021 17:20	Type of Location: Straight Road
Location:  VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB469B	Car	TOYOTA	PRIUS	Maroon	Seriously Damaged	0
SMG2184Z	Car	TOYOTA	SIENTA	Silver	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210503/7021

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210503/7021

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG BOON CHYE	ID No.	S7029529F
Related Vehicle	SHB469B (Car)	Contact No.	91262242
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	HENG BOON PIN	ID No.	S7928869A
Related Vehicle	SMG2184Z (Car)	Contact No.	81576008
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	03/05/2021	Date	03/05/2021
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On 2/5/2021 at about 1720 Hrs, i was driving my vehicle SMG2184Z along Victoria St towards Kallang Road with no passenger onboard. I was stationary behind the yellow box at the junction of Victoria St and Cheng Yan Place as the traffic lights is on Red and in front of me all the vehicle come to a complete stopped. A few seconds later, i felt a great impact from behind and the impact surged my body forward and pull back by the safety belt. I alight my vehicle and realized that a taxi SHB469B had rear ended my vehicle rear portion and cause damage and dented to my vehicle rear section. After the accident we exchange particular and take some scene photo and leave the scene. My neck and back was pain due to the impact of the accident and today when i wakes up the pain more worse so i consult doctor and was given 5 days MC from 3/5/2021 to 7/5/2021.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210503/7021

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Report No. T/20210503/7021

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
03/05/2021 12:10

Classification Of Case: