

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 Actual 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 First Submission	26/08/2024 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/08/2024 16:15 (SGT)
Exact Location of Accident	Boon Lay Ave, Singapore
Additional Location Information	CORPORATION RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7128G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	365 INFINITY PTE LTD
Company Reg No	202135530Z
Email Address	CHEHSINE@GMAIL.COM
Mobile Phone No	(Phone) +65-91822687
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148016634-000051

DRIVER

Name of Driver	MOHAMAD ADAM BIN RAHMAN
NRIC No	S7325899E
Date Of Birth	28/07/1973
Occupation	Outdoor
Driving Pass Date	22/08/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-81983739
Alt. Phone Number	-
Email Address	CHEHSINE@GMAIL.COM
Address	BLK 518 CHOA CHU KANG STREET 51 #04-12
Address complement	-
Postcode	680518
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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 POLICE REPORT: T/20240826/7052.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3061S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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:

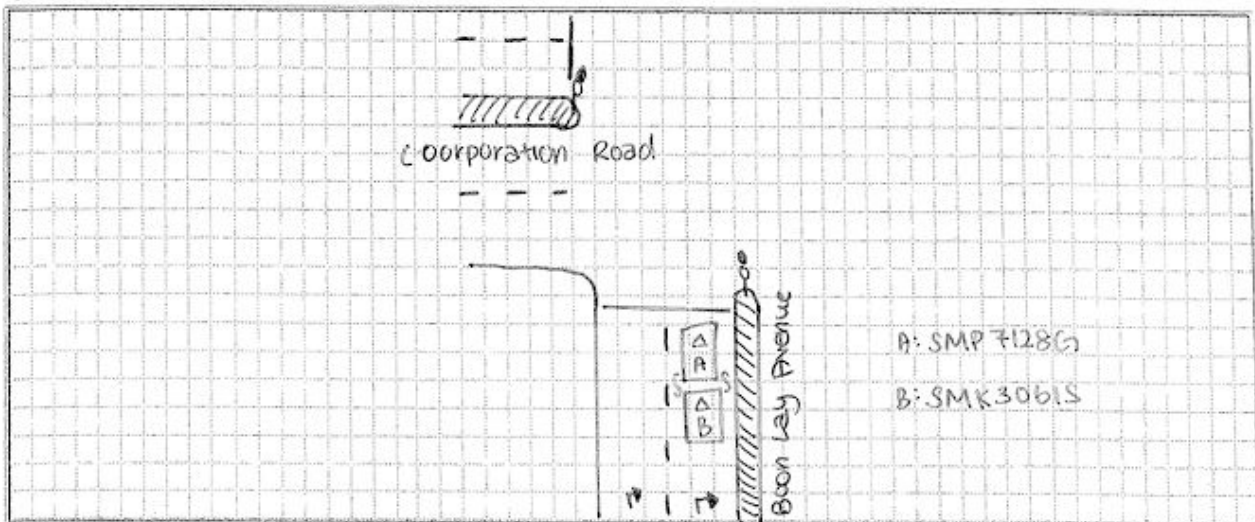
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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



[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20240826/7052

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

1 of 3

Report No. T/20240826/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 13:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD ADAM BIN RAHMAN			Address: 518 CHOA CHU KANG STREET 51 #04-12 SINGAPORE 680518		
ID Type / ID No.: NRIC NO / S7325899E			Contact No.: Home/Office: Mobile: 81983739		
Nationality: SINGAPORE CITIZEN			Email: ADAM_PUB@YAHOO.COM		
Sex: Male	Age: 51	Date of Birth: 28/07/1973	Type of Informant: Driver		
Race: Javanese			Language: English		
Occupation: SELF - EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/08/2024 16:15	Type of Location: T-Junction
Location: BOON LAY PLACE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
SMK3061S	Motor car					0
SMP7128G	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20240826/7052

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

2 of 3

Report No. T/20240826/7052

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD ADAM BIN RAHMAN		ID No. S7325899E
Related Vehicle	SMP7128G (Motor car)		Contact No. 81983739
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along Boon Lay Avenue by Corporation Road on 24/08/2024 at about 4.15pm with my car bearing car plate number SMP7128G. I slow down and stop as the traffic light was red. Suddenly I felt an impact from the rear, vehicle bearing car plate number SMK3061S collided onto the rear of my vehicle. I alighted, took some photos. The driver of SMK3061S just drove off without exchanging any particulars.



**SINGAPORE
POLICE FORCE**

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



T/20240826/7052

3 of 3

Report No. T/20240826/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SUFYAN BIN KHAIRI
Contact No.: 65476148

NP168

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

Date/Time:
26/08/2024 13:25

Classification Of Case:



Certificate of Insurance

K13

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5148016634-000051

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SMP7128G**
 Chassis Number : GP72004590
2. Name of Policyholder : 365 INFINITY PTE. LTD.
3. Effective Date of Insurance : 15 Aug 2024
4. Expiry Date of Insurance : 14 Aug 2025
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI HUAT CREDIT PTE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)

Date of Issue : 05 Aug 2024 09:12 hrs

For INCOME INSURANCE LIMITED

Chief Executive

RE 1.13/4

365 Infinity Pte Ltd

25 Kaki Bukit Road 4 #06-52 Synergy@KB S417800 Tel: 8923 6779

Page | 1

25 Kaki Bukit Road 4 #06-52

Synergy@KB S(417800)

Tel: 8923 6779

Vehicle Lease Agreement

This **VEHICLE LEASE AGREEMENT** (hereinafter referred to as 'The Agreement' is made on

Between

365 Infinity Pte Ltd**(Company Registration No.: 202135530Z)****Having its office at:**

25 Kaki Bukit Road 4

#06-52 Synergy@KB

S417800

Tel: 8923 6779 / 8758 0787

Hereinafter referred to as 'The Owner' of the one part

And

Name: Mohamad Adam Bin Rahman**Nric No: S7325899E****Having his residential address at:****Blk 518 Chua Chu Kang St 51 #04-12 S(680518)****Tel. (Residential) : 8198 3739****Next of Kin Contact : 8500 8460-Herne****Email Address : adam_pub@yahoo.com**

Hereinafter also known at the 'The Hirer' of the other part

Additional Driver

Name:**Nric No:****Having his residential address at:****Tel. (Residential) :****Next of Kin Contact :****Email Address :**

Hereinafter also known as the "Additional Hirer" of the other part

Hereby agrees that The Owner will lease to The Hirer and/or the Additional Hirer the vehicle with the below details, hereinafter referred to as 'The Vehicle' with the terms & conditions set out in The Agreement Contained herein:-

1. DESCRIPTION OF VEHICLE

- Make & Model : Honda Shuttle 1.5 Hybrid Auto
- Registration No : SMP7128G
- V.I.N : GP72004590
- Paint Colour : Blue
- Interior Colour : Black

[The Owner's Initial & Stamps
Stamps

The Hirer and/or Additional Hirer Initial &

365 Infinity Pte Ltd

25 Kaki Bukit Road 4 #06-52 Synergy@KB S417800 Tel: 8923 6779

Page | 2

2. LEASE PERIOD

- Period : 12 Months
- Effective from : 26/07/2024 To 25/07/2025

3. RENTAL FEE

- The rental fee is hereby agreed between both parties at **S\$525 per week**
Daily rate: **S\$75 *FOC 7 Days Rental**
- Admin fee of \$100.00 required for including additional drivers after contract commenced.
- **SECURITY DEPOSIT S\$500**
Remarks: All paid rental fee is non refundable upon early termination or return of vehicle.
- **For Gojek and Grabcar drivers, the Owner will invoice The Hirer and/or Additional Hirer the rental fee on a weekly basis, for example, from Monday to Monday (hereinafter referred to as 'Billing Cycle') and the rental fee shall include:-**
 - i. Unlimited mileage;
 - ii. Road Tax;
 - iii. Motor Insurance Coverage (Excess Applicable);
 - iv. 24-hours breakdown and emergency service (in Singapore only);
- Rental fee should be paid by The Hirer and/or Additional Hirer to The Owner based on the Billing Cycle.
- Without prejudice to the Owner's other rights, the Hirer and/or Additional Hirer will be liable to pay an **administrative fee of S\$100 and late payment interest computable at rate of 10% per week**, if the Rental Fee and/or other payment(s) remain(s) unpaid for more than one (1) **calendar days from due date on the invoice(s)**. Thereafter, the Owner at its sole discretion will reserve all rights to re-possess The Vehicle by way of lodging a lost vehicle report with the police and/or activation of a vehicle re-possession team to retrieve the vehicle. Consequently, the Hirer and/or Additional Hirer will be deemed to have breached The Agreement rendering it null & void, including the forfeiture of security deposit that has been withheld by The Owner, and will also be liable to reimburse to The Owner the cost of re-possessing the vehicle, all outstanding amount in arrears and all other obligations to the Owner under The agreement.
- All payments due hereunder shall be made to The Owner at its address stated herein or at such address The Owner may from time to time communicate to The Hirer and/or Additional Hirer. Any payments sent by post will be at the risk of The Hirer and/or Additional Hirer. Payment can be made by **CASH** or via **BANK TRANSFER** or **PAYNOW** to the Owner with the following bank details:-



[The Owner's Initial & Stamps
Stamps

2

The Hirer and/or Additional Hirer Initial &