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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 15:52 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/08/2024 22:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information AFTER BRADDELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMR8536U

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

Model Sienta Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5148016634-000075

DRIVER

Name of Driver TAN YEW HIANG NRIC No S1785842D Date Of Birth 23/06/1967 Occupation Outdoor Driving Pass Date 18/07/1985 Driving License Pass Class Driving License Validity Valid Driving experience 39 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-84993990 Alt. Phone Number Email Address CHEHSINE@GMAIL.COM Address BLK 452B SENGKANG WEST WAY #10-405 Address complement Postcode 792452 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Male PASSENGER 2 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

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNA8739D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEE TEE HUAT WILLIAM Contact Number (Phone) +65-88318793 Address Address complement Postcode Insurance Company Name Nature Of Damage

Details of property damaged in accident **VEHICLE B**

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **GBL3428T** 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 Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN YEW HIANG Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SMR8536U Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

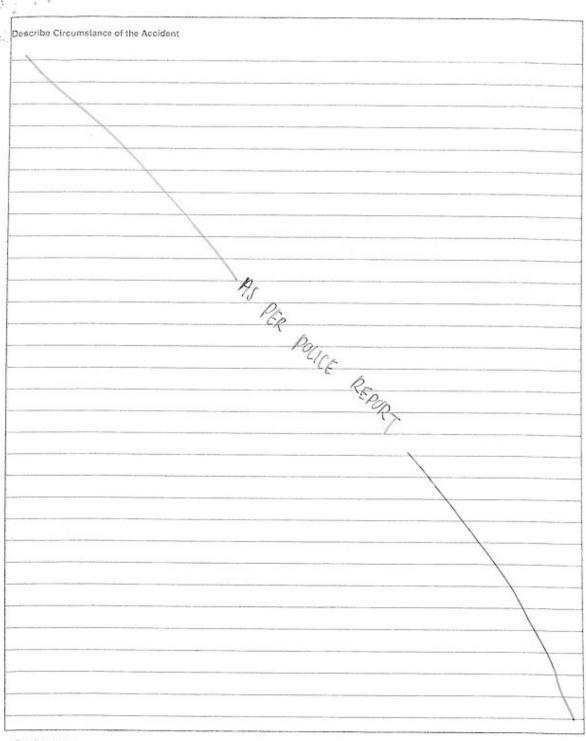
Policyholder's Signature / Date & Tim

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

		A: SMR 8536U
	1 1 1 1 8	
	and the second control of the second control	
		B: SNA 8739D
		C: (3813428 V
		U. CI81-26 (
	w w	
		ن و روز اید استراس در داراید و ماسیات رسیاسیات است سیاد باید این
v.lun2022	carior signatura de primario de la constantina del constantina de la constantina de la constantina del constantina de la constantina del	and the first of t



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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240825/7003

REPORT OF A TRAFFIC ACCIDENT

	24 00:27	ade:	Vide Report No.: Station Dian				
Informan	t's Particular	rs					
	Informant: W HIANG		Address: 452B SENGKANG WEST WAY	/ #10-405 SINGAPORE 792452			
ID Type / NRIC NO	/ ID No.:) / S1785842	2D	Contact No.: Home/Office:	Mobile: 84993990			
Nationali SINGAP	ty: ORE CITIZE	N	Email: tony7533@gmail.com				
Sex: Male	Age: 57	Date of Birth: 23/06/1967	Type of Informant: Driver				
Race: Chinese			Language: English				
Occupati Private-h	on: ire car drive	r	Driving Licence Information: Class: 3	Date of Expiry: 02/07/2124			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2024 22:00	Type of Location Bend
Location: CENTRAL EXPRE Weather: Clear	SSWAY	Road Surface:		
Traffic Flow:	- 77	Traffic Control: Not Controlled	Traf Hea	fic Volume:
One Way		Not Controlled	1100	vy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBL3428T	Motor car	NISSAN		White	Slightly Damaged	0
SNA8739D	Motor car	TOYOTA		Brown	Slightly Damaged	1

Details of Person Involved		IIIa.
Any Pedestrian Involved: No		
No, of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	la negres





2 of 3 Report No. T/20240825/7003

CONTINUATION OF REPORT

Passenger		NV me in the		day and	0400	
Name	Unknown Passenger			ID No		NIL
Related Vehicle	SNA8739D (Motor car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disch			arge	NIL	
No, of Days grante	ed Medical Leave (MC) NIL Degree of			Injury NIL		
Driver	Sum out this property and			Average III		
Name	TAN YEW HIANG			ID No	27	S1785842D
Related Vehicle	SNA8739D (Motor car)			Conta	ct No.	84993990
Hospital/Clinic	S. T. MEDICAL CLINIC		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: 02/07/2124	
Date Treatment	24/08/2024	****	Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave (MC)	03	Degree of I	Injury	Slight	

Brief Details.

I WAS TRAVALLING TOWARDS CTE AFTER BRADEL EXIT. IT WAS HEAVY TRAFFIC. I WAS BREAKING AS THE VEHICLE INFRONT OF ME BREAK DUE TO THE HEAVY TRAFFIC. I MANAGED TO STOP ON TIME. HOWEVER, THE THIRD VEHICLE DID NOT MANAGED TO STOP ON TIME AND KNOCK ONTO THE SECOND VEHICLE AND THUS KNOCK ONTO MY VEHICLE WHICH IS THE FIRST VEHICLE, MY VEHICLE NUMBER IS A BLUE TOYOTA SIENTASMR8536U. SUBSEQUENTLY, AFTER THE ACCIDENT I SUFFERED NECK PAIN AND WENT TO SEE A DOCTOR. I WAS GIVEN 3 DAYS MC. I AM LODGING THIS REPORT FOR RECORD PURPOSES, THAT'S ALL.





3 of 3 Report No. T/20240825/7003

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2024 00:27
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:
This report is lodged at Sengkang NPC Kiosk 1	

NP168





1 of 3 Report No. T/20240826/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 26/08/202	e Report Ma 24 12:34	ide:	Vide Report No.: T/20240825/7003	Station Diary No.:
Informan	's Particular	S		
Name of TAN YEV	Informant: V HIANG		Address: 452B SENGKANG WES	ST WAY #10-405 SINGAPORE 792452
ID Type / NRIC NO	ID No.: / S1785842	2D	Contact No.: Home/Office:	Mobile: 84993990
Nationalit SINGAPO	y: DRE CITIZE	N	Email: Tony7533@gmail.com	
Sex: Male	Age: 57	Date of Birth: 23/06/1967	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Self Employed			Driving Licence Informat Class:	tion: Date of Expiry:

	Injury	Drink Drive:	Date/Time of Accident:	Type of Location
Type of Accident:	Others	No	23/08/2024 22:40	Straight Road
Location:				
DDADDELL DOAD				
BRADDELL ROAD	5			
		Road Surface:		7.75
		Road Surface: Dry		
Clear			Traf	fic Volume:
Weather: Clear Traffic Flow: One Way		Dry	Traf Hea	
Clear Traffic Flow: One Way		Dry Traffic Control:	Hea	vy
Clear Traffic Flow:	ehicles - Head To	Dry Traffic Control: Not Controlled	Hea Any	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBL3428T	Motor van					0
SMR8536U	Motor car					0
SNA8739D	Motor car					0

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





2 of 3 Report No. T/20240826/7043

CONTINUATION OF REPORT

Driver						
Name	TAN YEW HIANG			ID No),	S1785842D
Related Vehicle	SMR8536U (Motor car)			Conta	act No.	84993990
Hospital/Clinic	STANFORD MEDICAL	. CLINIC 8	SURGERY	Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatment	24/08/2024		Date Disc	harge	NIL	
No. of Days grante	ed Medical Leave (MC)	03	Degree of	Injury	Slight	

Brief Details.

To vide with report number T/20240825/7003 that I made on 25/08/2024 0027 hrs.

I found out that there are errors on the police report that I made at Sengkang NPC with the Police officer. I am driving Vehicle number SMR8536U, the second vehicle behind me was SNA8739D and the last vehicle is GBL3428T.





3 of 3 Report No. T/20240826/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2024 12:34
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case:
NP168	