

## 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 15:52 (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

Vehicle Registration Number .....	SMR8536U
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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 .....	Toyota
Model .....	Sienta
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 .....	5148016634-000075

#### 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 .....	3
Driving License Validity .....	Valid
Driving experience .....	39 YEARS AND 1 MONTH
Gender .....	Male
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? .....	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 .....	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) .....	3
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? ..... No

## 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

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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 Traffic Police Department for investigation.**
6. 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.
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.

(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.

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

A hand-drawn diagram on a grid background. A vertical line is drawn between the second and third columns. To the left of this line, there are three small boxes stacked vertically, labeled 'A', 'B', and 'C' from top to bottom. To the right of the vertical line, there are three labels: 'A: SMR8536U', 'B: SNA8739D', and 'C: GBL3428T'. At the bottom right, the text 'CTECSLE)' is written.

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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) / Date & Time

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

























**SINGAPORE  
POLICE FORCE**



T/20240825/7003

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**

Date/Time Report Made: 25/08/2024 00:27		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: TAN YEW HIANG		Address: 452B SENGKANG WEST WAY #10-405 SINGAPORE 792452		
ID Type / ID No.: NRIC NO / S1785842D		Contact No.: Home/Office: Mobile: 84993990		
Nationality: SINGAPORE CITIZEN		Email: tony7533@gmail.com		
Sex: Male	Age: 57	Date of Birth: 23/06/1967	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry: 02/07/2124		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2024 22:00	Type of Location: Bend
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL3428T	Motor car	NISSAN		White	Slightly Damaged	0
SNA8739D	Motor car	TOYOTA		Brown	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240825/7003

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

2 of 3  
Report No. T/20240825/7003

CONTINUATION OF REPORT

<b>Passenger</b>			
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 Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	TAN YEW HIANG		ID No. S1785842D
Related Vehicle	SNA8739D (Motor car)		Contact No. 84993990
Hospital/Clinic	S. T. MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 02/07/2124
Date Treatment	24/08/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03		Degree of 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.

**SINGAPORE  
POLICE FORCE**

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



T/20240825/7003

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Report No. T/20240825/7003

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

This report is lodged at Sengkang NPC Kiosk 1  
NP168

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

Date/Time:  
25/08/2024 00:27

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20240826/7043

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

1 of 3

Report No. T/20240826/7043

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 12:34		Vide Report No.: T/20240825/7003		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN YEW HIANG			Address: 452B SENGKANG WEST WAY #10-405 SINGAPORE 792452		
ID Type / ID No.: NRIC NO / S1785842D			Contact No.: Home/Office: Mobile: 84993990		
Nationality: SINGAPORE CITIZEN			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 Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2024 22:40	Type of Location: Straight Road
Location:  BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
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





**SINGAPORE  
POLICE FORCE**



T/20240826/7043

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

2 of 3

Report No. T/20240826/7043

CONTINUATION OF REPORT

Driver			
Name	TAN YEOW HIANG	ID No.	S1785842D
Related Vehicle	SMR8536U (Motor car)	Contact No.	84993990
Hospital/Clinic	STANFORD MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/08/2024	Date Discharge	NIL
No. of Days granted 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.



**SINGAPORE  
POLICE FORCE**

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



T/20240826/7043

3 of 3

Report No. T/20240826/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

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 12:34

Classification Of Case:

NP168



## Certificate of Insurance

F-W

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: 5148016634-000075

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SMR8536U  
 Chassis Number : NHP1707172897
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

REI/44/2

**365 Infinity Pte Ltd**

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

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**365 Infinity Pte Ltd**

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

And Hereinafter referred to as 'The Owner' of the one part  
Name: Tan Yew Hiang *Tan Yew Hiang*  
Nric No: S1785842D  
Having his residential address at:  
Blk 452B SengKang West Way #10-405 S(792452)  
Tel. (Residential) : 8499 3990  
Next of Kin Contact : 9138 7133 (Wife)  
Hereinafter also known at the 'The Hirer' of the other part

Additional Driver Name: Teo Bok Chin  
Nric No: S7483906A  
Having his residential address at: As Above  
Tel. (Residential) : 9138 7133  
Next of Kin Contact :  
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 : TOYOTA SIENTA HYBRID 1.5X CVT
- Registration No : SMR8536U
- V.I.N : NHP1707172897
- Paint Colour : BLUE
- Interior Colour : GREY



[The Owner's Initial &amp; Stamps]

[The Hirer and/or Additional Hirer Initial &amp; Stamps]



**365 Infinity Pte Ltd**

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

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**2. LEASE PERIOD**

- Period : **12 Months**
- Effective from : **12/12/2023 To 12/12/2024**

**3. RENTAL FEE**

- The rental fee is hereby agreed between both parties at **S\$525.00** per week WITH CDW
- Admin fee of \$100.00 required for including additional driver after contract commenced.
- SECURITY DEPOSIT S\$500.00  
Remarks: All paid rental fee is non refundable upon early termination or returned of vehicle.
- **For Uber 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)**. There after, 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. Consequentially, 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** to the Owner with the following bank details:-



[The Owner's Initial &amp; Stamps]

The Hirer and/or Additional Hirer Initial &amp; Stamps