

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	28/10/2024 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	26/10/2024 22:16 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP1333H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARS N SUCH PTE. LTD.
Company Reg No	2XXXXX077E
Email Address	carsnsuchs@gmail.com
Mobile Phone No	(Phone) +65-81235902
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCFHQ24-000103

DRIVER

Name of Driver	SIM TIAM TAY
NRIC No	SXXXX256E
Date Of Birth	17/12/1963
Occupation	Indoor
Driving Pass Date	10/09/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88093499
Alt. Phone Number	-
Email Address	simgary645@gmail.com
Address	BLK TELOK BLANGAH CRESCENT #08-548
Address complement	-
Postcode	090003
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 - Change/cross lane
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)	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	YEO BEE LAN
Gender	Female

PASSENGER 2

Name	LEE YOKE TIAP
Gender	Female

PASSENGER 3

Name	HO MUN SEONG
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

PLEASE REFER TO POLICE REPORT T/20241028/7053

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 SHC3358M
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 SIM TIAM TAY
Gender Male
Phone No (Phone) +65-88093499
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNP1333H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person YEO BEE LAN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNP1333H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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

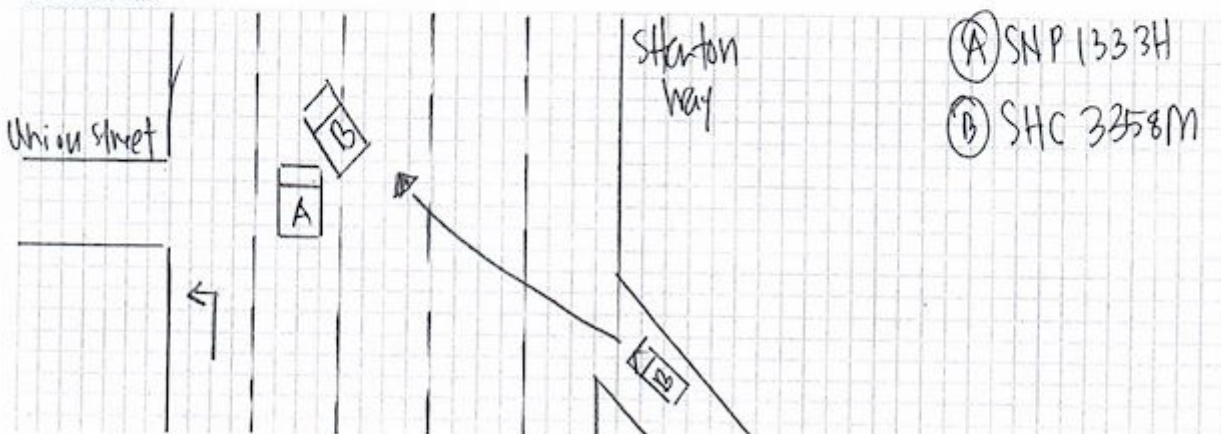
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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 No: 1/2024/1028/7053

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre





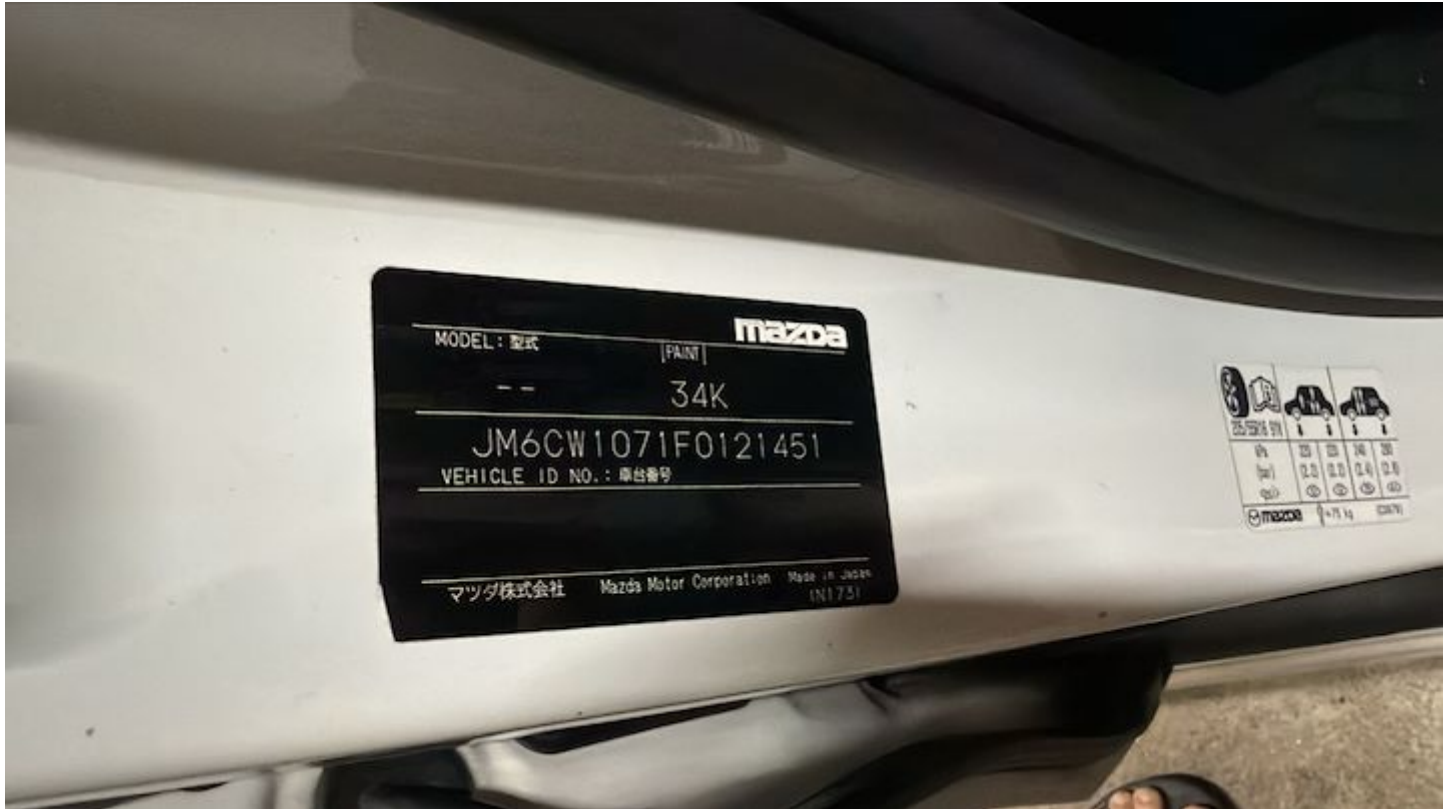


















**SINGAPORE
POLICE FORCE**



T/20241028/7053

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

1 of 4

Report No. T/20241028/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2024 14:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM TIAM TAY			Address: 3 TELOK BLANGAH CRESCENT #08-548 SINGAPORE 090003		
ID Type / ID No.: NRIC NO / S1625256E			Contact No.: Home/Office: Mobile: 88093499		
Nationality: SINGAPORE CITIZEN			Email: SIMGARY645@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 17/12/1963	Type of Informant: Driver		
Race: Others			Language: English		
Occupation: WAITER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2024 22:15	Type of Location: Straight Road
Location: SHENTON WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3358M	Motor car					0
SNP1333H	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/20241028/7053

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

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Report No. T/20241028/7053

CONTINUATION OF REPORT

Driver			
Name	SIM TIAM TAY		ID No. S1625256E
Related Vehicle	SNP1333H (Motor car)		Contact No. 88093499
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
Passenger			
Name	HO MUN SEONG		ID No. NIL
Related Vehicle	SNP1333H (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
Passenger			
Name	LEE YOKE TIAP		ID No. NIL
Related Vehicle	SNP1333H (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
Passenger			
Name	YEO BEE LAN		ID No. NIL
Related Vehicle	SNP1333H (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)	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20241028/7053

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

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Report No. T/20241028/7053

CONTINUATION OF REPORT

Brief Details.

On 26.10.2024 at about 2216hrs, I was travelling along Shenton Way. As I was heading straight, all of a sudden I felt an hard impact on my right front portion. I stopped and alight. Then I realised a taxi SHC 3358M from the pick up point straight away cut onto my lane and hit onto my vehicle. The damage was great. Due to the impact, I consult a doctor and was given 3 days of mc. That's all.



**SINGAPORE
POLICE FORCE**

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



T/20241028/7053

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Report No. T/20241028/7053

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

NP168

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

Date/Time:
28/10/2024 14:06

Classification Of Case:



60 JALAN LAM HUAT, #03-59
CARROS CENTRE
SINGAPORE 737869
TEL: 6749 5615
EMAIL: cars.such@gmail.com

VEHICLE RENTAL AGREEMENT

This **Vehicle Rental Agreement** (hereinafter referred to as the "Agreement") is entered into as of 26/10/2024 by and between CARS N SUCH PTE LTD (name), with a mailing address of 60 JALAN LAM HUAT CARROS CENTRE #02-35/36 S737869

(address) (hereinafter referred to as the "Owner") and SIM TIAM TAY (name), with a mailing address of APT BLK 3 TELOK BLANGAH CRESCENT #08-548 S090003

(address) (hereinafter referred to as the "Renter"), collectively referred to as the "Parties," both of whom agree to be bound by this Agreement.

1. **Vehicle Being Rented.** The Owner agrees to rent the following vehicle to the Renter:

<u>MAZDA</u>	<u>5 2.0A SUNROOF</u>	<u>2015</u>
Make	Model	Year
<u>JM6CW1071F0121451</u>	<u>PE10219615</u>	<u>SNP1333H</u>
Chassis No.	Engine No.	Carplate No.
<u>NIL</u>		

Additional Information

2. **Rental Amount.** The Amount of the Vehicle Rental is \$ 260.00 per Day / Month for a period of 00 YEAR 00 MONTHS 03 DAYS
3. **Mileage Used.** The rental includes unlimited mileage. The Renter will not be required to pay any fees for mileage used.
4. **Vehicle Cost Disclosure.** The full retail value of the Vehicle as of 26/10/24 is \$ 13,800.00. Paper value of \$ 10,682.00.
5. **Security Deposit.** The Renter will provide a deposit of \$ 300, which will be deducted from the amount to be paid over the term of the Rental. The Owner may use this deposit to cover any amounts due under this Agreement.



60 JALAN LAM HUAT, #03-59
 CARROS CENTRE
 SINGAPORE 737869
 TEL: 6749 5615
 EMAIL: cars.such@gmail.com

6. **Rental Duration.** This Agreement will begin on 26/10/2024 7PM and remain in full force and effect until the Vehicle is returned to the Owner. It is agreed that the Renter will return the Vehicle on 29/10/2024 7PM unless the Agreement is terminated earlier or any extension duration agreed upon by the Owner.
7. **Damage of Loss.** As permitted given the extent of the law, the Renter will be responsible for the risk of theft, damage, loss, or destruction of the Vehicle from any and every cause. If while in the Renter's possession the Vehicle becomes damaged, the Renter agrees to pay for any and all costs of repair, up to the current retail value of the Vehicle. If while in the Renter's possession, the Vehicle becomes lost, the Renter agrees to pay the Owner its current retail value after deducting its current paper value.
8. **Late Return.** If the Vehicle is returned to the Owner after the date and time that the Rental period ends, the Renter agrees to pay the Owner a charge of 60 per day for each day beyond the end of the rental period, until the Vehicle is returned. The Owner is allowed to subtract these charges from the security deposit (if applicable) or repossess the Vehicle from the Renter immediately.
9. **Insurance.** Insurance coverage is required for the Vehicle under this Agreement.
10. **Insurance Excess.** In addition to the fees listed in the Rental Amount and Late return fees and Security deposit, The Renter agrees to pay an excess of \$ 2,000.00 if and when the Vehicle is involved in any form of accident caused by the Renter which resulted in an accident insurance claim.
11. **Vehicle Responsibility.** The Renter agrees that they will be the sole operator of the Vehicle over the term of Rental, unless otherwise agreed upon with the Owner.
12. **Vehicle Care.** It is agreed that the Vehicle must only be used in a proper and careful manner consistent with the Owner's instructions and/or as the Vehicle was originally designed.
13. **Legal Fees.** In the event of a dispute resulting in legal action, the successful party will be entitled to its legal fees, including, but not limited to its attorneys' fees and collection fees.
14. **Legal and Binding Agreement.** This Agreement is legal and binding between the Parties as stated above. The Parties each represent that they have the authority to enter into this Agreement.
15. **Governing Law and Jurisdiction.** The Parties agree that this Agreement shall be governed by Singapore State law.



60 JALAN LAM HUAT, #03-59
 CARROS CENTRE
 SINGAPORE 737869
 TEL: 6749 5615
 EMAIL: cars.such@gmail.com

16. Entire Agreement. The Parties acknowledge and agree that this Agreement represents the entire agreement between the Parties. In the event that the Parties desire to change, add, or otherwise modify the terms, they shall do so in writing to be signed by both parties.

17. Acknowledgement. The Parties agree to the terms and conditions set forth in the above 16 bullet pointers as demonstrated by their signature as follows:

Details:	OWNER	RENTER
Name:	Cars N Such Pte Ltd	SIM TIAM TAY
NRIC:	UEN: 202132077E	S1625256E
Contact Number:	8123 5902	88093499
Signed:	 	