

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 Submission	29/08/2022 18:39 (SGT)
Reported by	Driver
Date of Accident	29/08/2022 08:00 (SGT)
Exact Location of Accident	Simei Rd, Singapore
Additional Location Information	SLIP ROAD SIMEI ROAD TO PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF5604C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE. LTD.
Company Reg No	1XXXXX133G
Email Address	BRIAN.HENG@SEV.COM.SG
Mobile Phone No	(Phone) +65-81576008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5127157425

DRIVER

Name of Driver	SUBRAMANIAM THIRUCHELVAM
NRIC No	SXXXX020F
Date Of Birth	17/10/1950
Occupation	Outdoor

Date Of Driving Pass	01/09/1969
Driving experience	52 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97831971
Alt. Phone Number	-
Email Address	BRIAN.HENG@SEV.COM.SG
Address	312B SUMANG LINK
Address complement	11-167
Postcode	822312
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	PASSENGER
Gender	Female

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 SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9881P
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	SUBRAMANIAM THIRUCHELVAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNF5604C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

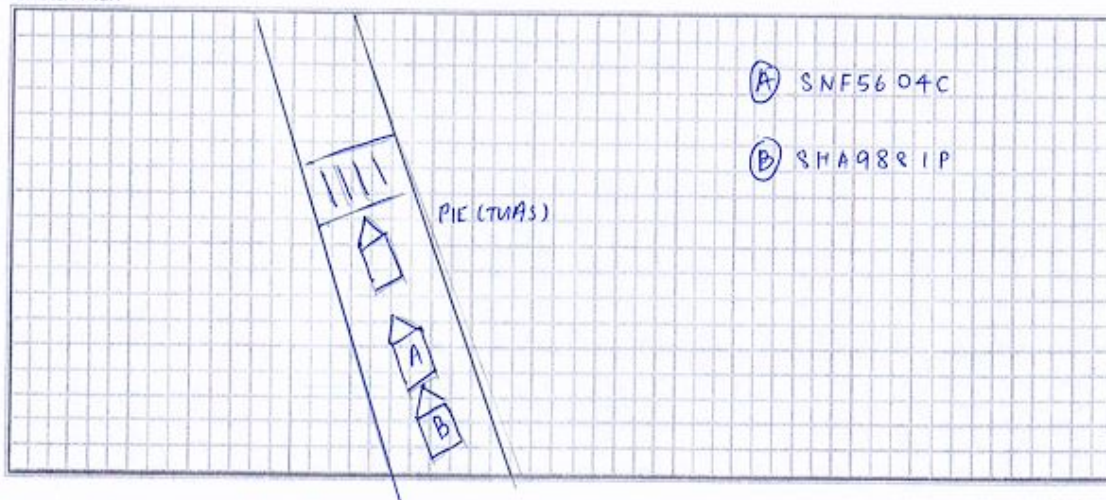
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG SIMEI ROAD TOWARDS
 PIE (TMA5). THE VEHICLE IN FRONT OF MINE
~~SLOWLY~~ SLOWED DOWN AND STOPPED DUE
 TO THE PEDESTRIAN CROSSING. I FOLLOWED
 TO SLOW DOWN AND STOP. SUDDENLY, I FELT
 AN IMPACT FROM THE REAR.

Declaration

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

X.  
 Policyholder's Signature / Date & Time


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

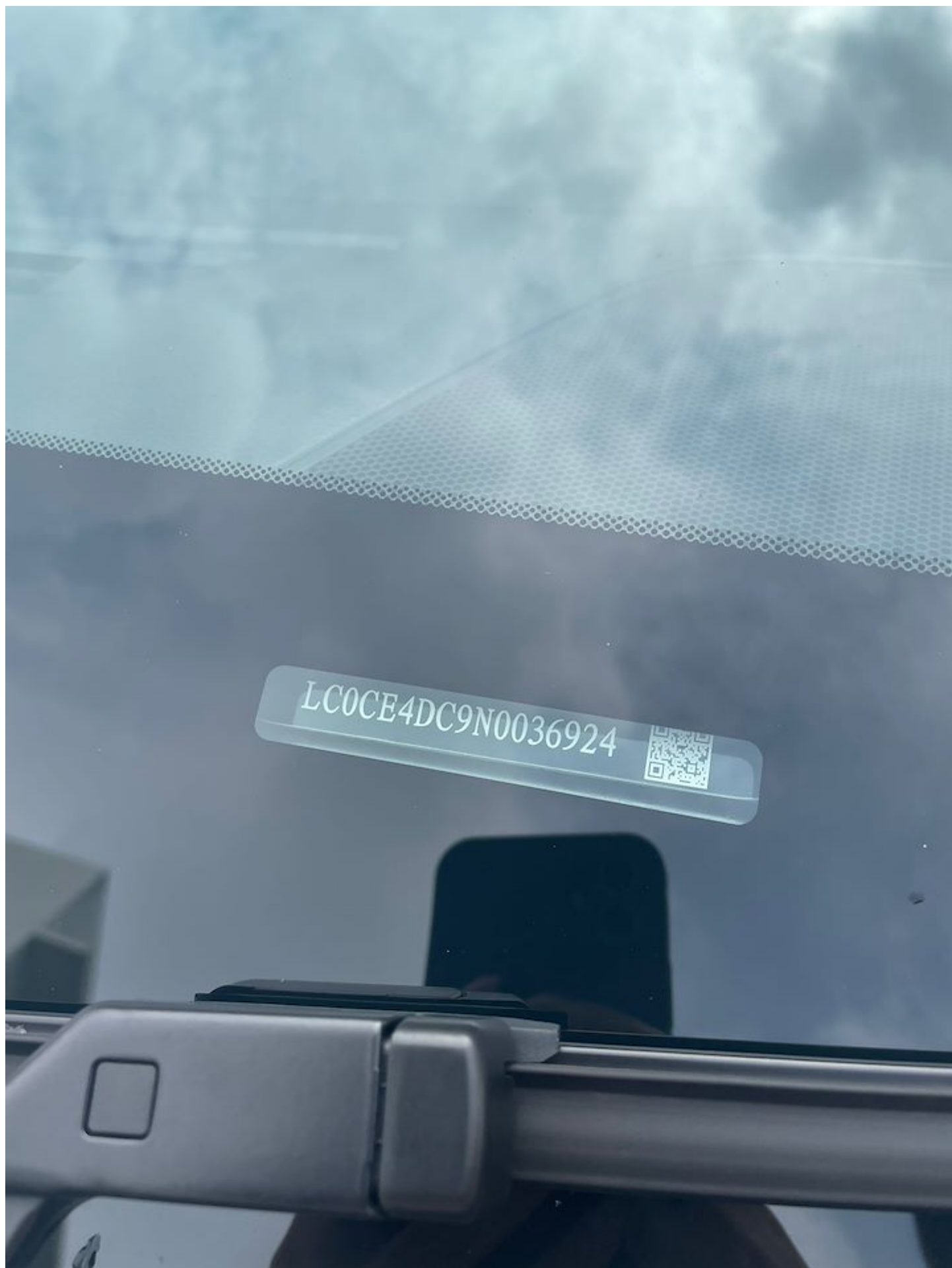
 
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

















**SINGAPORE
POLICE FORCE**



T/20220829/7047

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

1 of 3

Report No. T/20220829/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 16:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUBRAMANIAM THIRUCHELVAM			Address: 312B SUMANG LINK #11-167 SINGAPORE 822312		
ID Type / ID No.: NRIC NO / S0469020F			Contact No.: Home/Office: Mobile: 97831971		
Nationality: SINGAPORE CITIZEN			Email: THIRU171050@GMAIL.COM		
Sex: Male	Age: 71	Date of Birth: 17/10/1950	Type of Informant: Driver		
Race: Sri Lankan			Language: English		Institution / School Name:
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: 29/08/2022 08:00	Type of Location: Bend
Location: SIMEI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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
SHA9881P	Car					0
SNF5604C	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220829/7047

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

2 of 3

Report No. T/20220829/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANIAM THIRUCHELVAM	ID No.	S0469020F
Related Vehicle	SNF5604C (Car)	Contact No.	97831971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2022	Date	29/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Simei Road towards PIE (Tuas).
The vehicle in front of mine slowed and stop due to the pedestrian crossing.
I followed to slow down and stop.
Suddenly, I felt an impact from the rear.

After the accident, I felt unwell and visited PanHealth Family Clinic and was given 3 days MC (29.08.22 to 31.08.22)



**SINGAPORE
POLICE FORCE**

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



T/20220829/7047

3 of 3

Report No. T/20220829/7047

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 / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
29/08/2022 16:23

Classification Of Case:





Certificate of Insurance

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: 5127157425-000047

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SNF5604C**
 Chassis Number : LC0CE4DC9N0036924
2. Name of Policyholder : SINGAPORE ELECTRIC VEHICLES PTE. LTD.
3. Effective Date of Insurance : 06 Jun 2022
4. Expiry Date of Insurance : 05 Jun 2023
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)	:
EXCESS (SECTION 2)	:
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: VINCAR PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : VINCAR PTE LTD (00000614250)
 Date of Issue : 04 May 2022 09:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Singapore Electric Vehicles Pte Ltd.

152 Libi Avenue #01-01

Singapore 408620

Company Registration No.: 199803133G

GST Reg No.: 199803133G



Contract No.

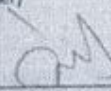
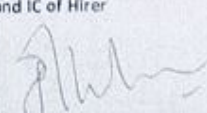
SEV/RAC/22-0030A

Particulars of Hirer

Hirer Name	SUBRAMANIAN THIRUCHELVAM		
Identification Type	NRIC		
Identification No.	S0469020F	Date of Birth	17TH OCTOBER 1950
Mobile Number	89236429	Emergency Contact:	97881802 (Wife)
Registered Address	BLK 312B SUMANG LINK #11-167 SINGAPORE 822312		
Email Address	thiru171050@gmail.com		

Particulars of Vehicle

Vehicle No.	SNF5604C
Brand / Model	BYE / E6 ME/2
Date of Rental Contract	6TH APRIL 2022 TO 6TH APRIL 2023
Other particulars of Vehicle	As per LTA's Vehicle Registration Detail Information.
Road Tax Start Date	
Road Tax End Date	
Insurance Policy No.	5127157425-000047
Insurance Cover Note	As attached
Insurer	NTUC Income
Decal label	As attached
ODO Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As attached
Remarks	
Note: Upon completion of 1 year contract	
CDW No Claim Bonus \$700	

Pursuant to the execution of rental agreement dated _____, I/we acknowledge having taken the physical possession of electric vehicle registration number _____ with above mentioned particulars.	
Singapore Electric Vehicles Pte Ltd (Owner)  Authorised signatory	Name and IC of Hirer (Hirer)  Signature

Pursuant to the expiry/termination of rental agreement dated _____, we acknowledge having taken back physical possession of electric vehicle registration number _____ with above mentioned particulars.	
Date and time of taking back the possession of electric vehicle ODO Meter Reading Rental vehicle condition report Remarks	_____ _____ _____ _____
Singapore Electric Vehicles Pte Ltd (Owner) Authorised signatory	
Name and IC of Hirer (Hirer) Signature	