

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	10/01/2023 08:22 (SGT)
Reported by	Both
Date of Accident	09/01/2023 07:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1024S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE. LTD.
Company Reg No	1XXXX133G
Email Address	sev.cs8090@gmail.com
Mobile Phone No	(Phone) +65-81576008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0000749

DRIVER

Name of Driver	LEI XIAO
NRIC No	SXXXX743F
Date Of Birth	08/07/1965
Occupation	Outdoor

Date Of Driving Pass	31/08/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98238750
Alt. Phone Number	-
Email Address	sev.cs8090@gmail.com
Address	BLK 82B CIRCUIT ROAD #17-26
Address complement	-
Postcode	372082
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	GOJEK PAX
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	PC6315Y
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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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4. The signature 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 this 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 enquires 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/first class 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

<p>(A) SLV1024S</p> <p>(B) PC6315Y</p>	<p>Diagram showing vehicle positions A and B.</p>	<p>RTI</p>
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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG PIE ALONG LANE 3.
I SIGNALED TO CHANGE TO LANE 4 AND STARTED
TO CHANGE LANE. SUDDENLY, I FELT AN IMPACT
FROM THE REAR.

Declaration

We declare the foregoing particulars are true in every respect.

 Police Officer's Signature (Date: 10/10/2022)

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

 Reported by Reporting Person's Signature (Name as in MRIC300 copy)





















Singapore Electric Vehicles Pte Ltd,

152 Ubi Avenue 4 #01-01

Singapore 408826

Company Registration No.: 199803133G

GST Reg No.: 199803133G



Contract No.




SEV/RAC/22-0222A

Particulars of Hirer

Hirer Name	LEI XIAO		
Identification Type	NRIC		
Identification No	S2712743F	Date of Birth	8TH JULY 1965
Mobile Number	98238750	Emergency Contact	93766350
Registered Address	BLK 82B CIRCUIT ROAD #17-26 SINGAPORE 372082		
Email Address	leixiao@leixiao@yahoo.com		

Particulars of Vehicle

Vehicle No.	SLV10245
Brand / Model	BYD / L6H
Date of Rental Contract	21ST NOVEMBER 2022 TO 21ST FEBRUARY 2023
Other particulars of Vehicle	As per LTA's Vehicle Registration Detail Information.
Insurance Policy No	023MF10000749
Insurance Cover Note	As attached
Insurer	India International Insurance
Decal label	As attached
ODO Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As attached
Remarks	

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