

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	09/01/2023 17:53 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 07:50 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1047B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE. LTD.
Company Reg No	1XXXXX133G
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?	No - Claiming third party
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	FOK PAK CHUEN
NRIC No	SXXXX226A
Date Of Birth	01/02/1955
Occupation	Outdoor

Date Of Driving Pass	24/03/1977
Driving experience	45 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92700193
Alt. Phone Number	-
Email Address	sev.cs8090@gmail.com
Address	BLK 130 BEDOK RESERVOIR ROAD #02-1345
Address complement	-
Postcode	470130
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	MS KOH (GRAB PAX)
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 POLICE REPORT T/20230109/7046

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK4646Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD DANIAL BIN ADNAN
NRIC No	SXXXX288E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB2182P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG CHEOW HAN
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	FOK PAK CHUEN
Gender	Male
Phone No	(Phone) +65-92700193
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHTINJURY
Injured person in which vehicle?	SLV1047B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MS KOH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLV1047B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the completion 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 be 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 provided 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 claim and any necessary investigations relating to the claim;
(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 making 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 my correspondence 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 be 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 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 situated 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)

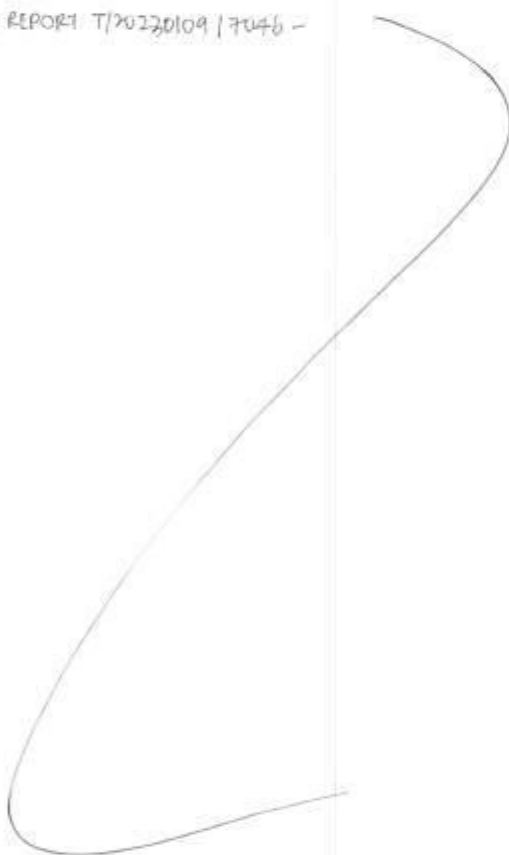
Witnessed by Registering Officer (Personal Name as in NRIC card)

Sketch Plan

<p>(A) SLV1047B</p> <p>(B) SMK4646Z</p> <p>(C) LHB218-2P</p>	<p>EQP</p>	<p>C</p> <p>A</p> <p>B</p>	<p>-</p> <p>-</p>
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Describe Circumstance of the Accident

- REFER TO POLICE REPORT T/20230109/7046 -



Declaration

(We declare the foregoing particulars are true in every respect)


 Drivers Signature of Owner and the policyholder / Date & Time

 09/01/2023
 Witnessed by Requiring Certain Personnel
 (Name as in NRICID copy)











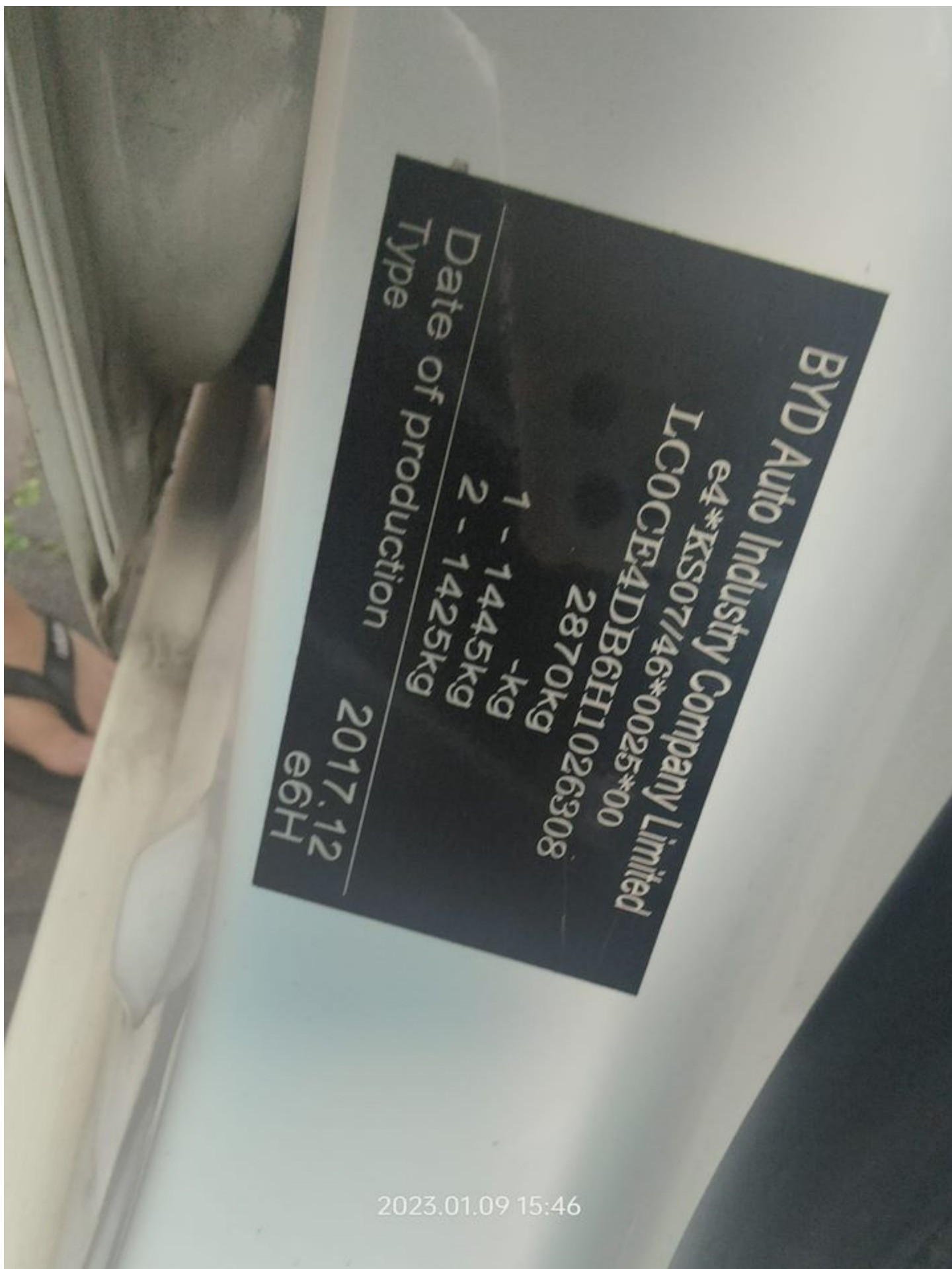














**SINGAPORE
POLICE FORCE**



T/20230109/7046

1 of 4

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

Report No: T/20230109/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2023 15:09	Vide Report No.: G/20230109/0052	Station Diary No.:
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Informant's Particulars

Name of Informant: FOK PAK CHUEN		Address: 130 BEDOK RESERVOIR ROAD #02-1345 SINGAPORE 470130	
ID Type / ID No.: NRIC NO. / S1117226A		Contact No.: Home/Office:	Mobile: 92700193
Nationality: SINGAPORE CITIZEN		Email: PCFOK2002@YAHOO.COM.SG	
Sex: Male	Age: 67	Date of Birth: 01/02/1955	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name
Occupation: SELF EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2023 07:50	Type of Location: Straight Road:
Location: MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB2182P	Car					0
SLV1047B	Car				Seriously Damaged	1
SMK4646Z	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20230109/7046

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Report No. T/20230109/7046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHEOW HAN	ID No.	S1255603I
Related Vehicle	SHB2182P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	FOK PAK CHUEN	ID No.	S1117226A
Related Vehicle	SLV1047B (Car)	Contact No.	92700193
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MUHAMMAD DANIAL BIN ADNAN	ID No.	S9639288E
Related Vehicle	SMK4646Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details

I was travelling along ECP towards City on the extreme right lane.
The vehicle in front of mine came to a stop.
I followed to slow down and stop.
Suddenly, I felt an impact from the rear.
The impact caused my vehicle to surge forward and collide onto the vehicle in front.

TP was on scene and took my SD-card.
I had a passenger with me at the time of accident. she was conveyed to the hospital.

**SINGAPORE
POLICE FORCE**

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



T/20230109/7046

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Report No.: T/20230109/7046

CONTINUATION OF REPORTSketch 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 / TP1B /
MOHAMMED FERQZ BIN HUSS1EN
Contact No.: 65476206

NP168

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

Date/Time:
09/01/2023 15:09

Classification Of Case:



SINGAPORE
POLICE FORCE



T/20230109/7046

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

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Report No: T/20230109/7046

CONTINUATION OF REPORT

Her details are as follow:
Name: Ms Koh
Contact No: 97545777

I felt unwell after the accident and visited Advance Clinic & Surgery Pte Ltd and was given 5 days MC.



Singapore Electric Vehicles Pte Ltd.
 352 Ubi Avenue 4 #01-03
 Singapore 408820
 Company Registration No: 190803133G
 GST Reg No: S930011376



Contract No.

SEV/HAC/22-0187A

Particulars of Hirer

Hirer Name	FOK PAK CHUEN		
Identification Type	NRIC		
Identification No.	S1117226A	Date of Birth	15T FEBRUARY 1955
Mobile Number	92700193	Emergency Contact	87749008
Registered Address	BLK 130 BEDOK RESERVOIR ROAD #02-1345 SINGAPORE 470130		
Email Address	PCFOK2002@YAHOO.COM		

Particulars of Vehicle

Vehicle No.	SLV1047B
Brand / Model	BYD / E6H
Date of Rental Contract	15TH NOVEMBER 2022 TO 15TH FEBRUARY 2023
Other particulars of Vehicle	As per LTA's Vehicle Registration Detail Information.
Insurance Policy No	SPMF1000000303
Insurance Cover Note	As attached
Insurer	Allians
Decal label	As attached
ODD Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As attached
Remarks	

Singapore Electric Vehicles Pte Ltd
 (Owner)

Authorised signatory



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.

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

ODD Meter Reading

Rental vehicle condition report

Remarks

Singapore Electric Vehicles Pte Ltd
 (Owner)

Authorised signatory

Name and IC of Hirer
 (Hirer)

Signature