

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	16/01/2023 15:42 (SGT)
Reported by	Driver
Date of Accident	15/01/2023 17:00 (SGT)
Exact Location of Accident	548 Hougang St 51, Singapore 530548
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG5825B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE. LTD.
Company Reg No	1XXXXX133G
Email Address	simweeleng88@gmail.com
Mobile Phone No	(Phone) +65-81676008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6y
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	SIM WEE LENG (SHEN WEILONG)
NRIC No	SXXXX588D
Date Of Birth	06/10/1976
Occupation	Outdoor

Date Of Driving Pass	03/02/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81111827
Alt. Phone Number	-
Email Address	simweeleng88@gmail.com
Address	BLK 110 BUKIT BATOK WEST AVENUE 6 #12-120
Address complement	-
Postcode	650110
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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	SLR8828P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

IMPORTANT NOTICE

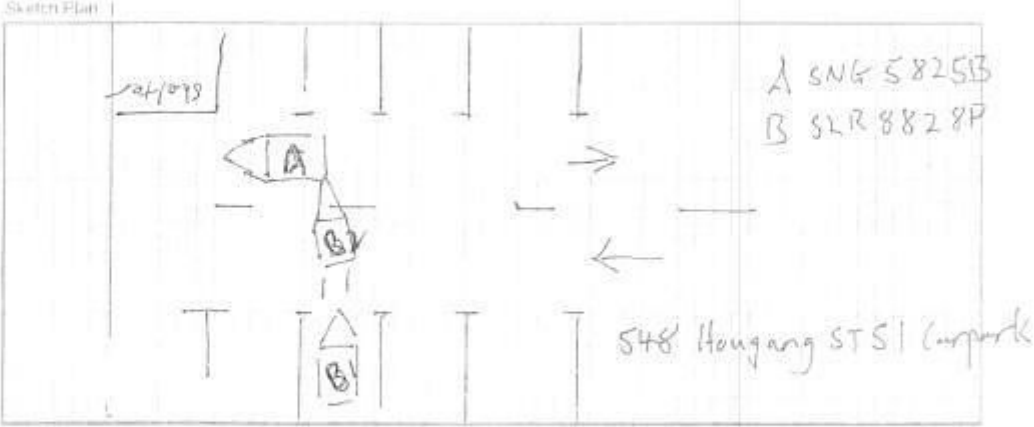
1. Please report correctly the details of the accident to assist your claims process.
2. This form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any false misrepresentation in submitting information may affect insurance companies to provide policy benefit.
4. The issue and accuracy 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 insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and this report if this report is a false or made is another approach by interested parties.
7. By the completion of this report to the Insurer/ Insured party, you hereby confirm to the accuracy of this report at the same and in case of the report being made as false, wrong and
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
a) My assets, my working and the General Insurance Association of Singapore's (GIA) may use, provided to collect, use, disclosed and/or process my personal information set out in this form and any other personal information provided by me or provided by my agent (collectively the "Personal Information") and include and transfer such Personal Information to all companies who have insured vehicles involved in the accident (all insurers) who have insured vehicles involved in the accident which are collectively referred to as the "Insurers"; the Insurers, lawyers/law firms, the Monetary Authority of Singapore and its relevant government agencies (such as the police), for the purposes 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 his claims;
iii) complying and/or dealing with my instructions or responding to my enquiries to me;
iv) administering my claims including the making of correspondence, statements, images, reports and notices to me, which report include a signature of certain personal data about me including about delivery of the same as well as on the external cover of envelopes and/or packages; and/or
v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
b) all insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may use 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 not be disclosed by any of the Insurers, and/or GIA to third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for use in relation to the above Purposes.

Policyholder/Insured, Actual Driver


Driver's Sign (read Driver's consent for processing of claim)
A Time


Witnessed by (Print Name) 
Date and time (DD/MM/YYYY)
16/01/2023

Sketch Plan



Describe Circumstances of the Accident

I stopped my vehicle to pick up passenger at 548 Hongang St S1 car park after I pick up my customer I check my blind spot is clear then I reverse suddenly I felt a impact from my rear left side so I stopped, I alighted from my car and saw vehicle B have come out from car park lot and collided onto my car.

Declaration

I/we declare the foregoing particulars are true in every respect

 
Driver's Signature (Print Name) _____
A. Tan


Witness's Signature (Print Name) _____
B. Tan

 18/01/2023
Witnessed by Reporting Officer (Print Name) _____
C. Tan

























Singapore Electric Vehicles Pte Ltd.

187-11-Avenue #01-01
Singapore 408420
Company Registration No. 1998031130
UEN Reg No. 1998031130



Contract No.

SEV/RAC/22-0104

Particulars of Hirer

Hirer Name	SIM WEE LENG (SIEN WEILONG)		
Identification Type	NRIC		
Identification No.	57631588D	Date of Birth	6TH OCTOBER 1976
Mobile Number	81111827	Emergency Contact	86164549
Residential Address	BLK 110 BUKIT BATOK WEST AVENUE 6 #12-120 SINGAPORE 650110		
Email Address	simweeleng88@gmail.com		

Particulars of Vehicle

Vehicle No.	SNGS2258
Brand / Model	BYD / E6 MET-2
Period of Rental Contract	22ND AUGUST 2022 TO 22ND AUGUST 2023
Registration No. of vehicle	As per LTA's vehicle registration details information
Insurance Policy No.	UEN 1998031130
Insurance Cover Note	As attached
Insurer	Alliant
Serial label	As attached
ODO Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As attached
Remarks	
Upon completion of 1 year contract	
Completion Bonus \$1000	
CPIV 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.

Name and IC of Hirer
(Hirer)

Signature Sim Wee Leng 57631588D

Singapore Electric Vehicles Pte Ltd
(Owner)

Authorised signatory



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