

NATIONAL Assessment Centre Services

Date In: 16/01/2023 15:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2300153	U-moll (within 3hrs, AIC this)		
Veh No: SUR 8828P	1-Motor Claim Form		
D.O.A: 15/01/2023 17:00	1-Motor Y/O (within 30 days, TP this)		
OD: TP / Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand In Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SUR 8828P	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NA2300153	Invoice Preparation Checklist
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$40
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
Excluding against INC Only (over \$10,000)	
6) TR: Redemption	\$70
7) NI: NI & DA / SMRT Survey	\$140
8) NIUC: Additional Services	
QD:	
*NI: Courtesy Car / Tpt Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$20
*NI: DV / Collect Excess Coordination	\$1
TP (NI): TP (Non-INC) against INC	\$10
9) NI: NIUC Mobile	10
Invoice total	Fees Charged
Amount paid	Due Amount

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
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

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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 willful 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 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 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 insurers 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

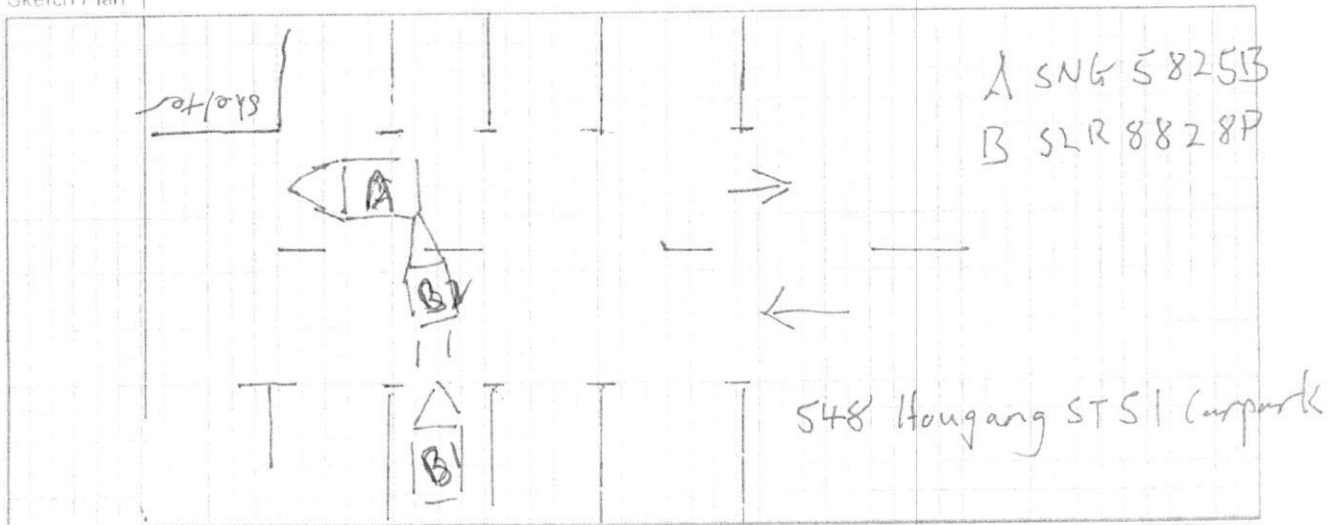
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 stoppe d my vechicle to pick up passenger at 548 Hongang St 51 car park after I pick up my customer I check my blind spot is clear than I reverse suddenly I felt a impact from my rear left side so I stopped, I alighted from my car and saw vechicle 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

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 Electric Vehicles Pte Ltd.

157 Ubi Avenue 4 #01-01

Singapore 408820

Company Registration No: 199803133G

GST Reg No: 199803133G



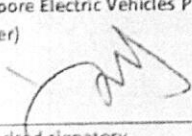

Contract No: SEV/RAC/22-01B1

Particulars of Hirer

Hirer Name	: SIM WEE LENG (SHEN WEILONG)		
Identification Type	: NRIC		
Identification No	: S7631588D	Date of Birth	: 6TH OCTOBER 1976
Mobile Number	: 81111827	Emergency Contact	: 86164549
Registered Address	: BLK 110 BUKIT BATOK WEST AVENUE 6 #12-120 SINGAPORE 650110		
Email Address	: <u>simweeleng88@gmail.com</u>		

Particulars of Vehicle

Vehicle No.	: SNG5825B
Brand / Model	: BYD / E6 ME-2
Date of Rental Contract	: 22ND AUGUST 2022 TO 22ND AUGUST 2023
Other particulars of Vehicle	: As per LTA's Vehicle Registration Detail Information.
Insurance Policy No	: SPMF100000503
Insurance Cover Note	: As attached
Insurer	: Allianz
Decal 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	
- CDW No Claim Bonus \$700	

<p>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.</p>	
<p>Singapore Electric Vehicles Pte Ltd (Owner)</p>  <p>Authorised signatory</p> 	<p>Name and IC of Hirer (Hirer)</p> <p><u>Sim Wee Leng S7631588D</u></p> <p>Signature</p>

<p>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.</p>	
<p>Date and time of taking back the possession of electric vehicle</p> <p>ODO Meter Reading</p> <p>Rental vehicle condition report</p> <p>Remarks</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Singapore Electric Vehicles Pte Ltd (Owner)</p> <p>_____</p> <p>Authorised signatory</p>	<p>Name and IC of Hirer (Hirer)</p> <p>_____</p> <p>Signature</p>

Email: sm@idac.com.sg Tel no. 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 15/01/2023 (dd/mm/yy) Time of Accident: 1700 (24-HR-FORMAT)

Vehicle No.: SNG 5825B Vehicle Make & Model / Engine (cc): BYD Private Hire: (Y) (N)

Exact location of Accident: 548 Henggang St 51 car park

Policyholder's Name / IC No.: Singapore ELECTRIC VEHICLES PTE LTD (Company) 1998031334

Driver's Name / IC No.: SIM WEE LENG (SHEH WEILONG) 576315880 (As Above) ☐

Driver's Contact No.: 81111 827 Company Contact No / Owner Contact No: 8167 6008

Driver's Address: APT BLK 110 BUKIT BATOK WEST AVE 6 #12-120 SIN 650110

Owner Email address: SEV.LS 7090 @GMAIL.COM Insurance Company: India

Driver Email address: SIMweeleng88@gmail.com

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hire) or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver):

*Passenger Name: Army boy Gender: (Male) (Female) x ()

*Passenger Name: Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustained: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No.: SLR 8828P Vehicle No:

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Designated Workshop Name: Contact No:



INDIA INTERNATIONAL INSURANCE PTE LTD

55, Reg. No. 1987037926 (EST. Reg. No. M2-0007800-00)
 04 Cecil Street, #04-01, #05-006, 02-1010 Building, Singapore 049711
 Office: (65) 63476100 Email: india@indiainternational.com.sg
 Fax: (65) 62214171 Website: www.indiainternational.com.sg

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D23MFL0000749		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SNG5825B	
Chassis No	: LC0CE4DC7N0090433	
2. Name of Policyholder	: SINGAPORE ELECTRIC VEHICLES PTE. LTD.	
3. Effective date of Insurance	: 01 Jan 2023	
4. Expiry date of Insurance	: 31 Dec 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his their permission The Hirer</p> <p>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</p>	
6. Limitations as to use*	<p>Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward) (2) Use for racing, pace-making, reliability trial, or speed-testing. (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (4) Use for any purpose in connection with the Motor Trade</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>	
Excess Section I WITHIN SINGAPORE	: SGD	
Excess Section I OUTSIDE SINGAPORE	: SGD	
Excess Section II WITHIN SINGAPORE	: SGD	
Excess Section II OUTSIDE SINGAPORE	: SGD	
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: AUTO LEASE (PTE.) LTD.	
SU NROOF EXCESS: \$200.00		
FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD & OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,000.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE, WEST MALAYSIA & THAT PART OF THAILAND WITHIN 50 MILES OF THE BOARD BETWEEN THAILAND AND WEST MALAYSIA		
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).		
Agent Broker	B000018 COMFORTDELGRO INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	05 01 2023 14:33:47	
MZ406 - Hire Car (G.R)		
		 Nalini Venugopal MD & CEO