

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	13/02/2023 11:50 (SGT)
Reported by	Driver
Date of Accident	11/02/2023 14:50 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND8366E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE LTD
Company Reg No	1XXXXX133G
Email Address	OPS@SEV.COM.SG
Mobile Phone No	(Phone) +65-92382680
Alternative Phone No	(Office) +65-89098133

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	ABDUL GAFFOOR MALICK BATCHA
NRIC No	SXXXX804Z
Date Of Birth	12/10/1970
Occupation	Outdoor

Date Of Driving Pass	25/06/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92382680
Alt. Phone Number	-
Email Address	OPS@SEV.COM.SG
Address	BLK 233B SUMANG LANE #14-315
Address complement	-
Postcode	822233
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	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

ON 11/02/2023 AT ABOUT 14 50HRS, I WAS DRIVING VEHICLE A (SND8336E) ALONG PUNGGOL WAY TOWARDS TPE. AS I TRAVELLING STRAIGHT ON THIRD LANE, FRONT VEHICLE C (SKK8187D) APPLIED BRAKE AND STOP. I APPLY BRAKE AND MANAGE TO STOP IN TIME. AS MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE MY VEHICLE. VEHICLE B (SKX3007E) COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO VEHICLE C REAR BUMPER. ACCORDING TO VEHICLE C DRIVER, HE STOP HIS VEHICLE AS VEHICLE D (FBT3624B) STOP SUDDENLY UNDER THE OVERHEAD BRIDGE TO SEEK SHELTER DUE TO RAIN. VEHICLE B DRIVER SUSTAINED BRUISES ON HIS KNEE AND CONVEYED BY AMBULANCE TO HOSPITAL. THAT'S ALL

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	SKX3007E
Vehicle Manufacturer	Toyota

Vehicle Model	TOYOTA / ESTIMA AERAS 2.4 A
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ANTHIGA TEO
NRIC No	SXXXX179A
Contact Number	-
Address	227B SUMANG LANE #09-258
Address complement	-
Postcode	822227
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK8187D
Vehicle Manufacturer	Mercedes
Vehicle Model	BENZ / CLA180 (R18 BI)
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ANG TIEN WOOL(HONG TIANWEI)
NRIC No	SXXXX984I
Contact Number	(Phone) +65-93665437
Address	100 PUNGGOL WALK #05-01
Address complement	-
Postcode	828790
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBT3624B
Vehicle Manufacturer	Yamaha
Vehicle Model	AEROX GDR155A CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ZALI BIN ZAINOL
NRIC No	SXXXX138D
Contact Number	-
Address	13 BEDOK SOUTH ROAD #11-623
Address complement	-
Postcode	460013
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	ZALI BIN ZAINOL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BUISES ON KNEE

Injured person in which vehicle?	FBT3624B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

[Handwritten Signature]

**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ



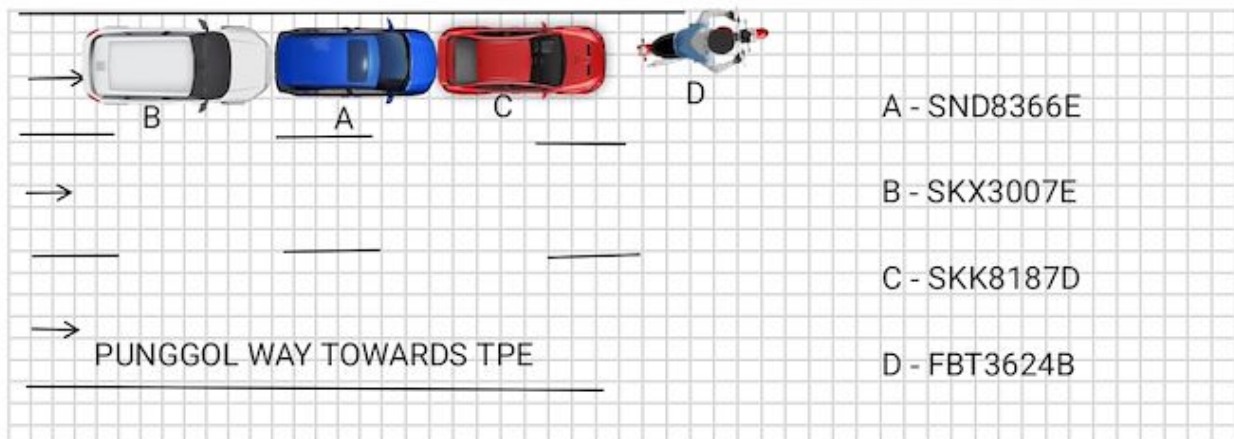
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

11/02/2023 - 16:45HRS



Describe Circumstances of the Accident

ON 11/02/2023 AT ABOUT 14 50HRS, I WAS DRIVING VEHICLE A (SND8336E) ALONG PUNGOL WAY TOWARDS TPE. AS I TRAVELLING STRAIGHT ON THIRD LANE, FRONT VEHICLE C (SKK8187D) APPLIED BRAKE AND STOP. I APPLY BRAKE AND MANAGE TO STOP IN TIME. AS MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE MY VEHICLE. VEHICLE B (SKX3007E) COLLIDED ONTO VEHICLE A REAR BUMPER. DUE TO THE IMPACT MY VEHICLE PUSHED FORWARD AND COLLIDED ONTO VEHICLE C REAR BUMPER. ACCORDING TO VEHICLE C DRIVER, HE STOP HIS VEHICLE AS VEHICLE D (FBT3624B) STOP SUDDENLY UNDER THE OVERHEAD BRIDGE TO SEEK SHELTER DUE TO RAIN. VEHICLE B DRIVER SUSTAINED BRUISES ON HIS KNEE AND CONVEYED BY AMBULANCE TO HOSPITAL. THAT'S ALL

Declaration

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

11/02/2023 - 16:45HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel

























