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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 22/02/2023 12:24 (SGT) Reported by Driver Date of Accident 21/02/2023 09:30 (SGT) Exact Location of Accident Selegie Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF1914J

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 E6 ME-2 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

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

DRIVER

Name of Driver **CHUA SHENG YONG** NRIC No SXXXX515B Date Of Birth 09/09/1961 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/07/1981 41 YEARS AND 7 MONTHS Male (Phone) +65-94366991 - sev.cs8090@gmail.com 41 BANGKIT ROAD #06-01 - 679978 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No GRAB PASSENGER Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHC7639B

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92481396
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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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurans to the GIA Reports Managament Centra established by the General insurance Association of Sugapore (GIA) for accreang and this copies of this report will for a live be made available upon approximating interesting parties
- 8) The lodgement of this report to the visusers, you hereby consent to the autivising of this report at the centre and to copies of the rapid being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

i understand, acknowledge, agreet and consent that

(a) My insurer, my workshop and the General insurance Association of Bingapore ("GiA") may are permanent to collect, use, disclose and/or process my personal data/personal information set out in his 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 inqualities who have insured vehicle(s) involved in this accident (all insurer(s) who have insuled vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurers Towyscartaw firms, the Monetary Auctionity of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

disprocessing, flanding about desiring with my claims occuding the sectioned of the claims and any necessary investigations research to

(ii) investigating the accident ancher my column.

(iii) carrying out analog clearing with my instructions or responding to any enquiries by me.

(+) administrating my claims (archading the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring shoul delivery of the same as well as on the external cover of envelopescenal packages), invitar

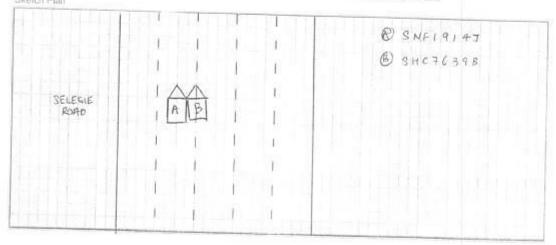
(v) complying with applicable law in administering, processing, handling and or dealing with my claims (collectivity the "Purposes")

(b) all insurer(s) who have insured venicle(s) involved in this accident and the fisurers lawyers/aw firms may/org pomethal 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 treaters and/or GIA to their third-party service providers or agents

proceeding their lawyers/law firms), which may be siled cutside of Singapore. for one or more of the above Purposes

Policytograms S Sketch Plan University of Artimo



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on an arrangement of the Accident	
(attention) and the contract of the contract o	
T MAC TENSITY CO	
I WAS TRAVELLING ALONG SECEGIE PORD ON LANE 4.	
SUPPENLY, VEHICLE & (SHC7639B) LUT INTO MY LANE	
April 10 15 10 15	
AND COLLEGED ONTO THE FROM RIGHT PODTION OF MY	
VEHICLE.	
fation	
plane the foreigning particulars are true in Serry respect	
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