

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	28/02/2023 15:00 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 08:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (NEAR EXIT 17D)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8903A
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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	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 your vehicle?	Yes
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	SOH WEE LENG DANIEL
NRIC No	SXXXX961D
Date Of Birth	21/07/1965
Occupation	Outdoor

Date Of Driving Pass	16/01/1986
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92290255
Alt. Phone Number	-
Email Address	sev.cs8090@gmail.com
Address	BLK 670A CHOA CHU KANG CRESCENT #15-501
Address complement	-
Postcode	681670
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	Raining
Road Surface	Wet

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)	3
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	LIMO JOB PAX
Gender	Male

PASSENGER 2

Name	LIMO JOB PAX
Gender	Female

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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7865P
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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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 GRS Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and this report will be a fee for more accurate claim adjustment by individual policies.
7. By the lodgement of this report to the insurers, I/We hereby consent to the archiving of this report in the Centre and to copies of the report being made available if/when:
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) I/We and the General Insurance Association of Singapore (GIAS) may be permitted to collect, store, check up and/or process my personal data/personal information set out in this form and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insured (or who have insured vehicles) involved in this accident (as "Insurers") who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers, lawyers/law firms, the Judiciary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
(i) processing, handling and/or dealing with my claims include 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 making of correspondence, statements, invoices, reports or notices to me, which may involve disclosure of certain personal data about me in being about delivery of the same as well as on the external cover of my/our parcels/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 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 can be disclosed by any of the Insurers and/or GIAS to their third-party service providers or agents (including their lawyers/law firms) which may be used outside of Singapore for one or more of the above Purposes.





Policyholder Signature (Date: 28/07/2023)
 Driver's Signature (Date: 28/07/2023)
 Insurer's Signature (Date: 28/07/2023)

Sketch Plan: **PIE TOWARDS CHANGI (NORTH EXIT 170)**

		<p>① SNE8903A</p> <p>② SLH7865P</p>
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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON LANE 1.
THE VEHICLE IN FRONT OF MINE SLOWED DOWN AND STOP.
I FOLLOWED TO SLOW DOWN TO STOP BUT MY VEHICLE
COULD NOT STOP IN TIME AND COLLIDED ONTO THE
VEHICLE IN FRONT.
NO INJURIES FOR ALL.

Declaration

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


Driver's Representative (Name & Title)


Driver's Signature (Name & Title) (Date)


Witnessed by Reporting Officer (Name & Title) (Date)























