

NATIONAL Assessment Centre Services (part 1 of 2) NA2300609			
Date In: 28/02/2023 15:00	Job description	Date & Time Completed	Done by
Ref No: NA23002160/Y	SAS e-filing		
Vehicle: SKF 8903A	E-mail (with AIC 2013)		
D.O.A: 28/02/2023 08:25	1-Motor Claim Form		
65 TP: Reporting Only	1-Motor W/O (with AIC 2013, 2014, 2015)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Vehicle No: SLM 7865P	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:	
Insured/Driver Liability: (93) (Note: Use Status (WO): 1N: 0-20%, P: 21-70%, 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 referral.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: INC 1011110788.0014	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 of Injury:	
Location:	
Weather:	
Road Condition:	
Vehicle Condition:	
Witness:	
Police Report:	
Insurance Company:	
Other:	

NA2300609	Invoice Preparation Checklist		Ass't
Insurance Particulars:	1) All: Accident Passbook (\$30)	✓	
Owner/Owner:	2) DA: Damage Assessment (\$100)	INC (\$55)	
Contact No:	3) TP: Towing Fee	\$10/\$45	
Damaged Portion: Wing	4) PE: Follow-Through Survey	\$125	
	5) PE: Follow-Through Survey (Barisway)	\$30	
	6) TR: Res/Speedie	\$75	
	7) NE: Res/DA + SMIT Survey	\$145	
	8) NUC Additional Fee:		
Checked by (Engi-in-Charge):	9) NUC		
	* NUC: Courtesy Car / Tot Allowance	\$35	
	* NUC: Repair Coordination	\$10	
	* NUC: Post Repair Inspection	\$25	
	* NUC: DV / Collect Excess Coordination	\$5	
	* NUC: (11) : TP (Non-INC) against INC	\$25	
	* NUC: (11) : Move	10	
	Invoice Total	File Charged	
		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	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

IMPORTANT NOTICE


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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 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 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 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.



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

PIE TOWARDS CHANGI (NORTH EXIT 17D)

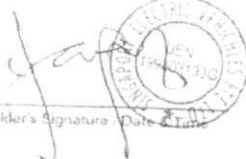
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 40%; width: 10%; height: 10%; border: 1px solid black; text-align: center; line-height: 10px;">B</div> <div style="position: absolute; top: 20%; left: 40%; width: 10%; height: 10%; border: 1px solid black; text-align: center; line-height: 10px;">A</div> <div style="position: absolute; top: 70%; left: 40%; width: 10%; height: 10%; border: 1px solid black; text-align: center; line-height: 10px;">PIE</div> </div>	<p>(A) SNE8903A</p> <p>(B) SLM7865P</p>
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Describe Circumstance of the Accident

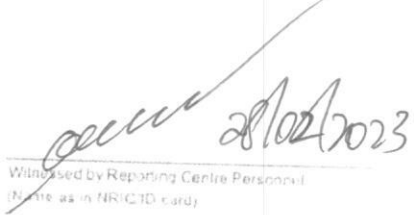
I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON LANE 1.
THE VEHICLE IN FRONT OF MINE SLOWED DOWN AND STOP.
I FOLLOWED TO SLOW DOWN TO STOP BUT MY VEHICLE
COULD NOT STOP IN TIME AND COLLIDED ONTO THE
VEHICLE IN FRONT.
NO INJURIES FOR ALL.

Declaration

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)

ACCIDENT STATEMENT

Date of accident: 28-02-2023 Time: 08:25 AM

Location of accident: PIE TOWARDS CHANGI (NEAR EXIT 17D)

Vehicle Number: SNE8903A

Make/Model: BYD

Insurer: INDIA INTERNATIONAL INSURANCE

Eng. cc & Transmission: 30.0KW

Policy No: D23MFL0000749

Policy Type: C/ TRFT/ TPO

Name: SINGAPORE ELECTRIC VEHICLES PTE LTD

NRIC/FIN no.: 199803133G

Email: SEV.CS8090@GMAIL.COM

Contact no.: 8157 6008

Name: SOH WEE LENG DANIEL

NRIC/FIN no.: S1724961D

Email: -

Contact no.: 9229 0255

Occupation: Indoor / Outdoor

D.O.B: 21-07-1965

Address: 610 A CHOA CHU KANG CRESCENT #15-501 SINGAPORE 681670

Driving pass date: 16-01-1986

Relationship with Policyholder: HIRER

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: -

Passenger (incl. Driver): 3 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	<u>LINO JOB</u>	<u>LINO JOB</u>
Gender:	<u>Male</u> / Female	Male / <u>Female</u>

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	<u>-</u>	<u>-</u>
Contact no.:	<u>-</u>	<u>-</u>

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>-</u>		Yes / No	Yes / No
<u>-</u>		Yes / No	Yes / No

	Vehicle B	Vehicle C
Vehicle no.:	<u>SLM7865P</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks:		

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder/

Workshop:

Driver

Signature:

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, 1959 (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	: SNE8903A	
Chassis No	: LC0CE4DC0N0038853	
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/her 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	: SPEEDO CAPITAL PTE. LTD.	
SUNROOF 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 BOARDER 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

Singapore Electric Vehicles Pte Ltd.

152 Ubi Avenue 4 #01-01

Singapore 408820

Company Registration No. 199803133G

GST Reg No. M90372069A



Contract No. : SEV/RAC/22-0018C

Particulars of Hirer



Hirer Name	: SOH WEE LENG DANIEL		
Identification Type	: NRIC		
Identification No.	: S1724961D	Date of Birth	: 21TH JULY 1965
Mobile Number	: 92290255	Emergency Contact	: 81894433 (Wife)
Registered Address	: BLK 670A CHOA CHU KANG CRESCENT #15-501 SINGAPORE 681670		
Email Address	: dansoh.ph@gmail.com		

Particulars of Vehicle

Vehicle No.	: SNE8903A
Brand / Model	: BYD / E6 ME-2
Date of Rental Contract	: 19TH APRIL 2022 TO 19TH APRIL 2023
Other particulars of Vehicle	: As per LTA's Vehicle Registration Detail Information.
Road Tax Start Date	:
Road Tax End Date	:
Insurance Policy No	: SPMF1000000503
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	:

Note: Upon completion of 1 year contract

- Completion Bonus \$1,000
- CDW 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.	
Singapore Electric Vehicles Pte Ltd (Owner)	Name and IC of Hirer (Hirer)
 Authorised signatory	 Signature

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)	Name and IC of Hirer (Hirer)
Authorised signatory	Signature