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SN09232S0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/02/2023 15:00 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (28/02/2023 15:00 (SGT))



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 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

INSURED/POLICYHOLDER

Is company? 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

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	(1 Hollo) 100 02200200
Email Address	sev.cs8090@gmail.com
Address	BLK 670A CHOA CHU KANG CRESCENT #15-501
Address complement	BER 070A CHOA CHO RANG CRESCENT #15-501
Postcode	681670
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	2
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	
PASSENGER 2	Male
Nama	
Name Gender	LIMO JOB PAX 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 quallable for attacks and	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
D	Yes
Reasons for not uploading a video of the accident	WITH OWNER

Vehicle Registration Number	SLM7865P
Vehicle Manufacturer	-
Vehicle Model	3. 7
Vehicle Variant	1.5
Vehicle Colour	-
Vahiala Catagoni	-
	Private car
Name of Driver	-
Contact Number	_
Address	922 922
Address complement	
Postcode	1
	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	
No Of Passanger (Including Driver)	
No. Of Fassenger (including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 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 Traffic Police Department for investigation.
- 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 the 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)

Lunderstand, acknowledge, agree and consent that,

(a) My insurer my workshop and the General Insurance Association of Singapore ("GIA") may/are parmitted 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 enquines 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.

Policyholders Signature	BILLOWER PROPERTY AND ADDRESS OF THE PARTY O	Signature (if driver is not the	policyholder) / Date – V	National by Repor	ting Centre Personnel
Sketch Plan	PIE ZOWARD	8 ottomers			
					B SLM7865P
			B	PIE	
			A		

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON LANE I.

THE VEHICLE IN FRONT OF MINE SLOWED DOWN AND STOP.

I FOLIOLIED TO SLOW DOWN TO STOP BUT MY VEHICLE

COULD NOT STOP IN TIME AND CONTRED ONTO THE

VEHICLE IN FRONT.

NO INJURIES FOR ALL.

Declaration

LWe declare the foregoing particulars are true in every respect

Policyholder's dignature pare Trail

Times

realis not the policyholder) ! Date

Witnessed by Reporting Centre Personnel

Date of accident: 28 02.2023 Time: 08.25 AM location of accident: PIE ToWARDS CHANGT (NEAR EXIT 1740) Vehicle Number: SNE8903A Make/Model: BVD Insurer: INDIA INTERNATIONAL INSURANCE Eng. or & Transmission: 30.0th Policy No: D23MFL0000749 Balicy type: 6/ FFFT 120 Name: SINGAPORE FLECTRIC VEHICLES PTE LID NRIC/FIN no: 199803133G Email: SEV. CSR090@GMAIL. COM Contact no: 81576008 Name: SOH WEE LENG DANIEL NRIC/FIN no: 91724961P Email: Contact no: 9729 0265 Occupation: Indoor Outdon Dividen Diving pass date: 16-01-1986 Address: 670 A CHON CLUM KANG ORECCENT \$15-501 SINGAPORE 681670 Driving pass date: 16-01-1986 Relationship with Policyholder: HIRER Weather conditions: Clear Maining Road surface: Dry/WD Police report: Yes/DD Video Footage (6) No Prosection Letter: Yes/DD If Yes against whom: Passenger (incl. Driver): 3 Please provide ALL passengers details: Passenger 1 Passenger 2 Name:		ACCIDENT STATEME	NT		4
Vehicle Number: SNE8903A Insurer: INDIT INTERNATIONAL INSURANCE Policy No: D23MFL0000749 Policy No: D23MFL0000749 Name: SINGAPORE ELECTRIC VEHICLES PIE LID Email: SEV. CSR090@GMAIL.COM Contact no: 8157 6008 Name: SOH WEE LENG DANIEL Email: Occupation: Indoor Countdo Address: 670 A Chop Clau KANG ORECCENT \$45-50) SINGAPORE (8167) Doi: 21-02-1965 Address: 670 A Chop Clau KANG ORECCENT \$45-50) SINGAPORE (8167) Driving pass date: 16-01-1986 Relationship with Policycholder: MLEER Video Footage (10) No If Yes against whom: Police report: Yes/(10) Prosection Letter: Yes/(10) Prosection Letter: Yes/(10) Passenger (incl. Driver): 3 Please provide ALL passengers details: Passenger (incl. Driver): 3 Please provide Injuries details: Witness: Yes/ No If Yes, provide Injuries details: Witness: Yes/ No If Yes, provide Injuries details: Name: Contact no: Injuries: Yes/ No If Yes, provide Injuries details: Name: Contact no: Occupation in S.LM3865P Driver name: Nemarks Vehicle in S.LM3865P	Date of accident	- A	STANCE OF STANCE OF STANCE		
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Vehicle Number: SNERGOSA Insurer: INDIA INTERNATIONAL INSURANCE Policy No: D23MFL0000749 Protection: D23MFL0000749 Name: SINGAPORE FLECTRIC VEHICLES PIE LID Email: EV. CSCCAO @ GMAIL-COM Name: SOH WEE LENG DANIEL Email: Contact no: S157 6.008 Address GNO A CHOM CLU KANG ORECCENT \$H.5-501 SINGAPORE 68 1670 Driving pass date: 16-01-1986 Relationship with Policyholder: HIREE Transmission: 1998 SINGAPORE FLECTRIC VEHICLES PIE LID Contact no: S172496 ID Contact no: S172496 ID Contact no: S172496 ID Driving pass date: 16-01-1986 Relationship with Policyholder: HIREE Transmission: 1998 SINGAPORE 68 1670 Prosection Letter: Yes/Or Prosection Letter: Yes/Or Passenger (Incl. Driver): 3 Please provide ALL passengers details: Passenger (Incl. Driver): 3 Please provide ALL passengers details: Passenger (Incl. Driver): 3 Please provide injuries details: Witness: 1 Name: 100 708 Witness: Yes/ No If Yes, provide injuries details: Witness: 1 Vehicle no: SLM38659 Driver name: No. Seatbelt Contact no: Injuries: Yes/No Vehicle no: SLM38659 Driver name: No. SLM38659 Drive					
Policy No. D23MFL0000749 Policy No. D23MFL0000749 Name: CINGAPORE FLECTRIC VEHICLES PIE LID Email: EEV. CS80A0 GMAIL COM Name: SOH WEE LENG DANIEL Email: Contact no. S172496 ID Relationship with Policyholder: HIRER Contact no. Injuries: Yes/No If Yes against whom: Passenger (incl. Driver): Passenger (incl. Driver					
Name: SINGAPORE ELECTRIC VEHICLES PTE LID Email: SEV. CSROAO @ GMAIL-COM NRIC/FIN no.: Id9803 33G Contact no.: 8157 6008 Name: SOH WEE LENG DANIEL Email: Contact no.: 9229 0255 Occupation: Indoor Outded Address: 610 A Chay Chu KANG ORECCENT \$H5-501 SINGAPORE 68 1670 Driving pass date: 16-01-1986 Relationship with Policyholder: HIRER Frosenger Incl. Driver: 3 Please provide ALL passengers details: Passenger (incl. Driver): 3 Please provide ALL passengers details: Passenger (incl. Driver): 3 Please provide Injuries details: Witness: Yes/ No If Yes, provide injuries details: Witness: Yes/ No If Yes, provide injuries details: Name: Contact no.: Injuries: Yes/ No If Yes, provide injuries details: Name: Veh No. Seatbelt Convertinous Sunday Vehicle Injuries: Yes/ No If Yes, provide injuries details: Name: Contact no.: Driver name: NRIC/FIN no.: Id9803 33G Contact no.: Contact no.: Driver name: NRIC/FIN no.: Contact no.: Contac	Insurer	INDIA INTERNATIONAL INSURANCE	Eng. cc 8	k Transmissio	W40.0F.
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	Claim Type:				



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10H Ruilding | Sin

Office [65] 63476100 Email insure@in.com.sg Fox [65] 62244174 Website www.ni.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RILES, 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

Chassis No

: LC0CE4DC0N0038853

2. Name of Policyholder

SINGAPORE ELECTRIC VEHICLES PTE, LTD.

3 Effective date of Insurance

01 Jan 2023

SNE8903A

4. Expiry date of Insurance

31 Dec 2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with his/their permission.

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

6. Limitations as to use*

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

The Policy does not cover

- (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.

*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.

Excess Section I WITHIN SINGAPORE SGD

Excess Section I OUTSIDE SINGAPORE SGD

Excess Section II WITHIN SINGAPORE SGD

Excess Section II OUTSIDE SINGAPORE

SGD SGD

Windscreen Excess 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 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

: 05 01/2023 14:33:47 Date of Issue MZ406 - Hire Car (G/R)

For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO

letchmy/05/01/2023 14:33:47

05/01/2023 14:42:09

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 WEELENG DA	NIEL
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.co	om
Particulars of Vehicle		
Vehicle No.	: SNE8903A	
Brand / Model	BYD / E6 ME-2	
Date of Rental Contract	19TH APRIL 2022 T	O 19TH APRIL 2022
Other particulars of Vehicle		Registration Detail Information.
Road Tax Start Date	i i a per entra remete	negistration betain morniation.
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		
Singapore Electric Vehicles Pte Ltd (Owner) UEN 199803133G		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.] Name and IC of Hirer [Hirer]
Authorised signatory		Signature
Pursuant to the expiry/termination of rental agree , we acknowledge hat possession of electric vehicle registration number with above mention. Date and time of taking back the possession of electric vehicle condition report. Remarks	oving taken back physical ed particulars.	
Singapore Electric Vehicles Pte Ltd (Owner)		Name and IC of Hirer (Hirer)
Authorised signatory		Signature