

**NATIONAL Assessment Centre Services** (part 1 of 2) **SN0923280009**

Date In: <b>28/07/2023 16:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA-11230021674</b>	SAS e-illing		
Veh No: <b>SKW 3696X</b>	E-mail (with in 3hrs, A/C 2hrs)		
D.O.A: <b>28/07/2023 11:20</b>	1-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Repeating Only	1-Motor W/O (whats: OD 2hrs, 20 mins)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: **SKW 3696X** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) T'inter: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): N: 0-30%, F: 21-79%, P: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

( ) Walk-In Customer: Customers Information strictly Confidential & Strictly NO repair or repatriation.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date of Turn: ( )

Actions: ( )

**NBA2300613**

Invoice Preparation Checklist	Ass't
1) AR: Accident Reporting (33%)	
2) DA: Damage Assessment (\$100) INC (\$55)	
3) TP: Towing Fee \$10/\$45	
4) PT: Follow-Through Survey \$150	
5) PT: Follow-Through Survey (Survey) \$50	
6) TR: Refinement \$75	
7) NI: New DA + SMRT Survey \$140	
8) NTUC Additional Services	
GR:	
*NB: Courtesy Car / Test Allowance	\$5
*NB: Repair Coordination	\$15
*NB: Post Repair Inspection	\$20
*NB: DV / Collect Excess Coordination	\$1
*NB: (H1): TP (Non-INC) against INC	\$10
*NB: (H2) Motor	10
Invoice dated	Fis Charged
Invoice dated	Used / Received

## 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 16:56 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 11:20 (SGT)
Exact Location of Accident	Cairnhill Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG8409A
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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	E6h
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?	No - Reporting only
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	TOH POH CHYE
NRIC No	SXXXX107H
Date Of Birth	19/02/1955
Occupation	Outdoor

Date Of Driving Pass .....	10/07/1975
Driving experience .....	47 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92290255
Alt. Phone Number .....	-
Email Address .....	sev.cs8090@gmail.com
Address .....	BLK 759 JURONG WEST STREET 74 #14-108
Address complement .....	-
Postcode .....	640759
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SKW3696X
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) .....	-


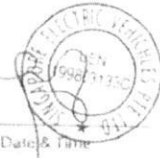
## SKETCH PLAN

### IMPORTANT NOTICE


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 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:

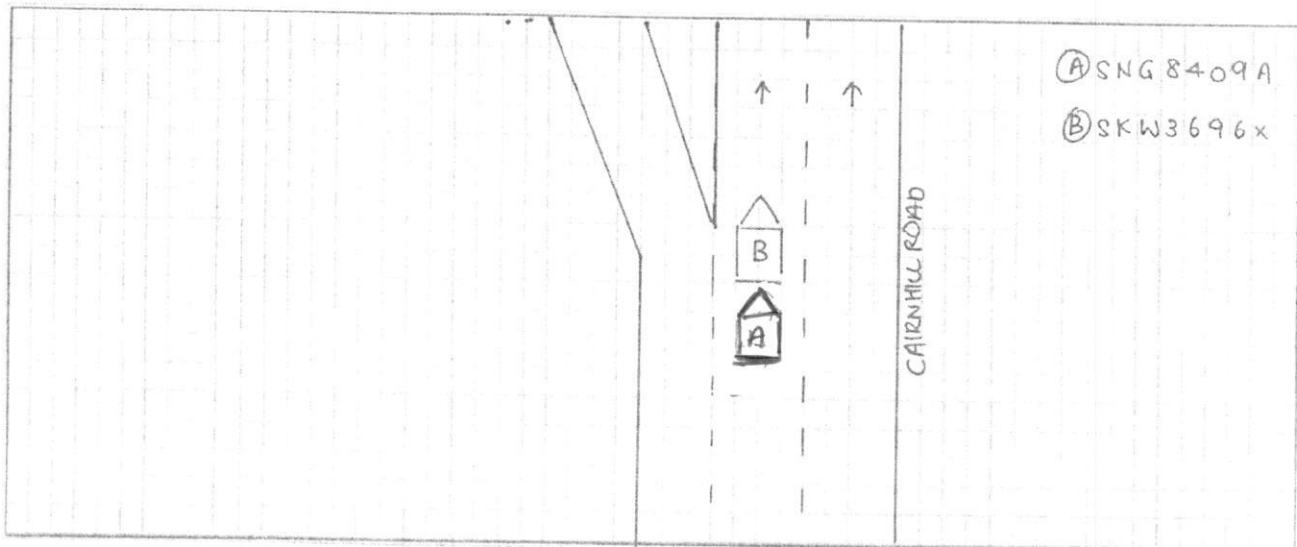
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 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 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):  28/02/2023

### Sketch Plan



# ACCIDENT STATEMENT

Date of Accident: 28/02/2023

Time: 11:20 AM

Location: CAIRNHILL ROAD

Vehicle No: SNG8409A

Model: BYD E6

Insurance: INDIA INTERNATIONAL INSURANCE

Year: 20.0KW

Policy No: D23MFLD000749

Owner: SINGAPORE ELECTRIC VEHICLES PTE LTD

Registration: 199803133G

Contact: SEV.CS8D90@GMAIL.COM

Plate: 8157 600E

Driver: TED POH CHYE

Age: 51115107H

Address: 759 JURONG WEST STREET 74 #14-108 SINGAPORE 640759

Phone: 8318 7997

DOB: 19-02-1955

Height: 19-02-1955

Address: 759 JURONG WEST STREET 74 #14-108 SINGAPORE 640759

DOB: 19-02-1955

Height: 19-02-1955

Signature: [Signature]

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SKW3696X

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## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D23MFL0000749</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: SNG8409A	
Chassis No	: LC0CE4DC5N0066132	
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 their 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><b>The Policy does not cover</b></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)		
		 <b>Nalini Venugopal</b> MD & CEO

**Singapore Electric Vehicles Pte Ltd.**

152 Ubi Avenue 4 #01-01  
Singapore 408820  
Company Registration No. 199803133G  
GST Reg No. 199803133G





Contract No. SEV/RAC/22-0203

**Particulars of Hirer**

Hirer Name	TEO POH CHYE		
Identification Type	NRIC		
Identification No.	S1115107H	Date of Birth	19TH FEBRUARY 1955
Mobile Number	96865548	Emergency Contact	96865548 (Wife)
Registered Address	BLK 759 JURONG WEST STREET 74 #14-108 SINGAPORE 640759		
Email Address	pohchye55@gmail.com		

**Particulars of Vehicle**

Vehicle No.	SNG8409A
Brand / Model	BYD / F6 MF 2
Date of Rental Contract	9TH SEPTEMBER 2022 TO 9TH MARCH 2023
Other particulars of Vehicle	As per LTA's Vehicle Registration Detail Information
Insurance Policy No.	SPMI 1000000503
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	41000 completion bonus \$700 CPW REBATES IF MILEAGE FREE

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