

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	28/03/2023 15:06 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 18:30 (SGT)
Exact Location of Accident	Arab St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF1322S
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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?	No - Claiming third party
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	CHIA TECK KEE
NRIC No	SXXXX366H
Date Of Birth	19/06/1971
Occupation	Outdoor

Date Of Driving Pass	06/09/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85350335
Alt. Phone Number	-
Email Address	sev.cs8090@gmail.com
Address	BLK 136 SIMEI STREET 1 #10-80
Address complement	-
Postcode	520136
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	GRAB PAX
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230328/7033

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	SKC6669K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA TECK KEE
Gender	Male
Phone No	(Phone) +65-85350335
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNF1322S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

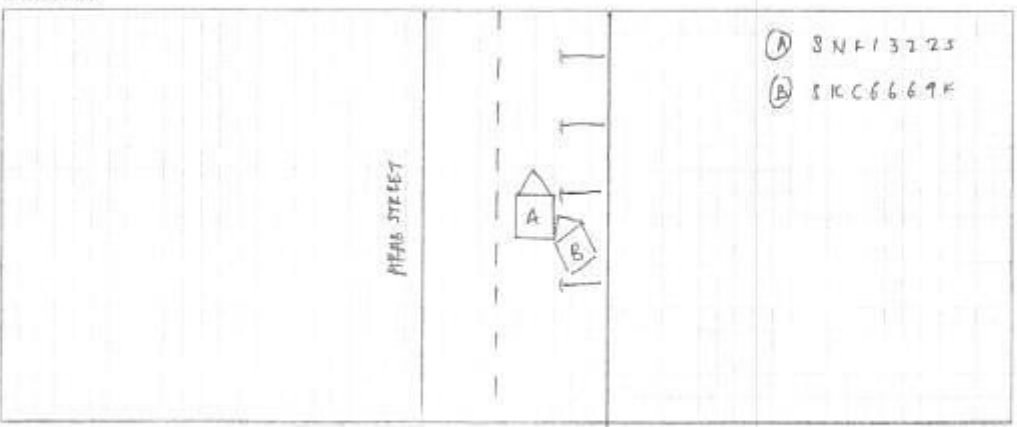
1. This report is strictly the domain of the insurers to speed up the claims process.
2. This Form must be completed by the Policyholder and the Actual Driver.
3. Information provided must be as factual and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to refuse to pay under the policy.
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 agent 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 provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to an insurer(s) who have insured vehicle(s) involved in this accident (all insurers 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 making 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 to the external costs of investigating my 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/ could be outside of Singapore, for one or more of the above Purposes.

Signature of Policyholder: 
Date: 

Signature of Actual Driver: 
Date: 

Accepted by Reporting Centre (Insured): 
Date: 28/03/2023

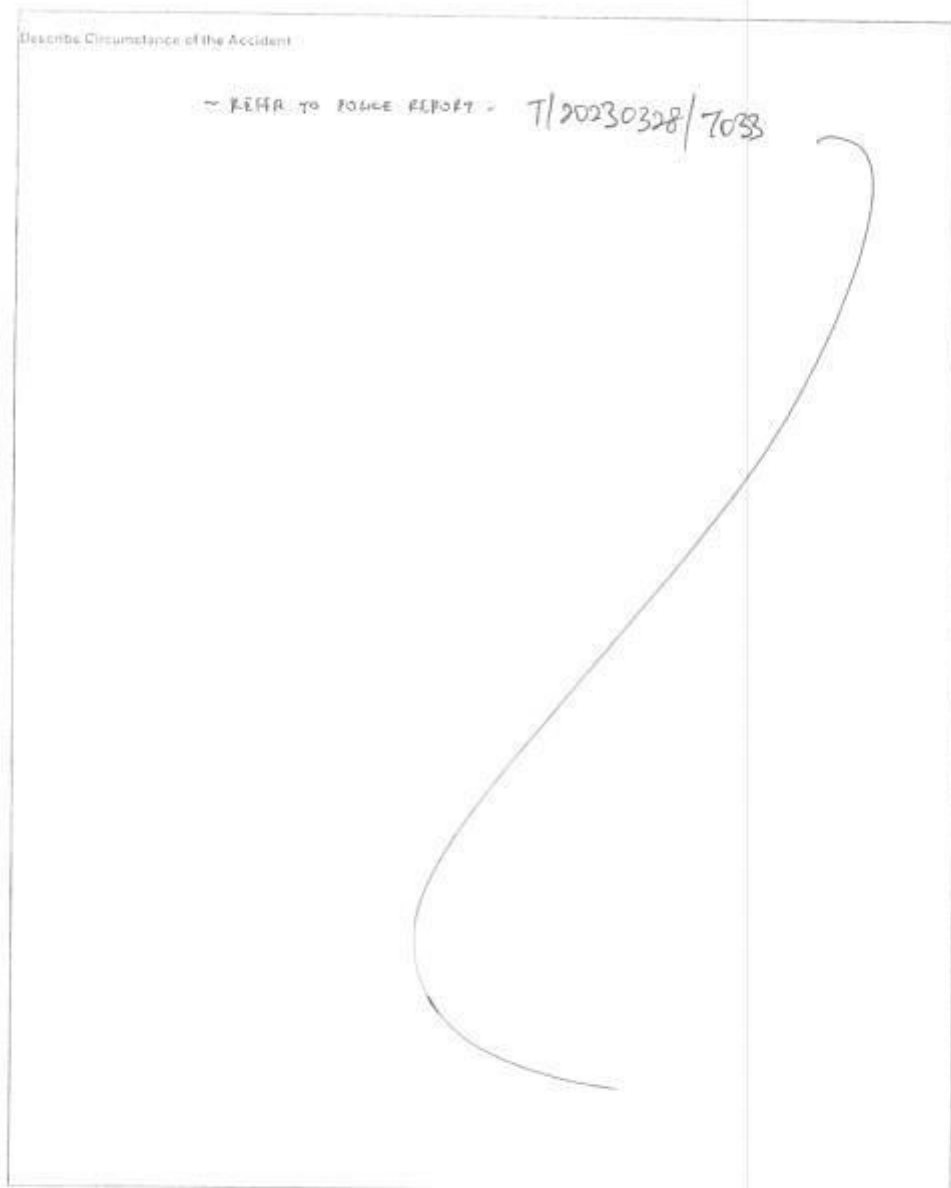
Sketch Plan



(A) SNF13225
(B) SKC6669K



Describe Circumstance of the Accident:

~ REFER TO POLICE REPORT ~ T/20230328/7033



Declaration

I/We declare the foregoing particulars are true in every respect

Driver's Signature of Truth of and to the best of his/her/its Date & Time

 28/03/2023

Witnessed by Reporting Officer (Signature) & Date























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230328/7033

1 of 3

Report No. T/20230328/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2023 13:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHIA TECK KEE			Address: 136 SIMEI STREET 1 #10-80 SINGAPORE 520136		
ID Type / ID No.: NRIC NO / S7121366H			Contact No.: Home/Office: Mobile: 85350335		
Nationality: SINGAPORE CITIZEN			Email: tkdchia@gmail.com		
Sex: Male	Age: 51	Date of Birth: 19/06/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 27/03/2023 18:30	Type of Location: Straight Road
Location: ARAB STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKC6669K	Car					0
SNF1322S	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20230328/7033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA TECK KEE	ID No.	S7121366H
Related Vehicle	SNF1322S (Car)	Contact No.	85350335
Hospital/Clinic	FAITH CLINIC (SIMEI)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/03/2023	Date	28/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details:

I was travelling straight along Arab Street.
Suddenly, vehicle B came out from the parking lot along Arab Street and collided onto the rear portion of my vehicle.
I felt unwell and visited Faith Clinic and was given 3 days MC (28.03.23 to 30.03.2023)



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230328/7033

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Report No. T/20230328/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP163

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/03/2023 13:22

Classification Of Case:



Singapore Electric Vehicles Pte Ltd.

151 Loo Avenue #02-01
Singapore 408526
Company Registration No. 199601133G
UEN Reg No. 199601133G



Contract No.


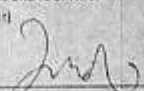
SEV/RAC/22-0228

Particulars of Hirer

Hirer Name	CHIA TECK KEE		
Identification Type	NRIC		
Identification No.	S7121366H	Date of Birth	19 June 1971
Mobile Number	85350335	Emergency Contact	96905019 (Lkay)
Registered Address	BLK 136 SIMEL ST1 #10-80 SINGAPORE 520136		
Email Address	tkc.hia@gmail.com		

Particulars of Vehicle

Vehicle No.	SNF13225
Brand / Model	BYD / E6 MF-2
Date of Rental Contract	08TH NOVEMBER 2022 TO 08TH NOVEMBER 2023
Other particulars of Vehicle	As per LTA's Vehicle Registration Detail Information
Insurance Policy No.	SPMF1000000503
Insurance Cover Note	As attached
Insurer	Alliance
Decal label	As attached
ODO Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As attached
Remarks	Main Hirer
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)  Authorised signatory	Name and IC of Hirer (Hirer)  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) _____ Authorised signatory	
Name and IC of Hirer (Hirer) _____ Signature	