

# NATIONAL Assessment Centre Services

SN10923350004

Date In: 28/03/2023 15:06	Job description	Date & Time Completed	Done by
Ref No: N109233500031897	SAS e-Milling		
Veh No: SKIF 13225	E-mail (within 24hrs, AIC 2hrs)		
D.O.A: 27/03/2023 18:30	1-Motor Claim Form		
QC: TP Reporting Only	1-Motor W/O (within 24hrs, AIC 2hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SKC 6069K	INC: ( ) / Non-INC: ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	(Note: Est. Status (W/O): N: 0-30%, F: 21-70%, F: 30-100%)	
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 repair.

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

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

REMARKS: ( ) INC ( ) / ( ) Non-INC ( )

1) Apply to: Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Location of Injury: ( )

Time of Injury: ( )

Weather: ( )

Witness: ( )

Police Report: ( )

Insurance Claim: ( )

Invoice Preparation Charge	
1) A/R: Accident Processing (\$30)	
2) D/A: Damage Assessment (\$100)	INC (\$50)
3) T/P: Towing Fee (\$10/\$45)	
4) P/T: Follow-Through Survey (\$12)	
5) P/T: Follow-Through Survey (Barter)	\$30
6) T/R: Re-inspection (\$75)	
7) N/A: New Day / Night Survey (\$140)	
8) N/A: Additional Services	
9) N/A: Additional Services	
10) N/A: Additional Services	
11) N/A: Additional Services	
12) N/A: Additional Services	
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99) N/A: Additional Services	
100) N/A: Additional Services	



## 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. 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:


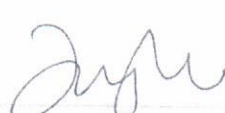
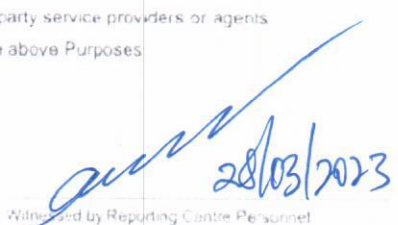
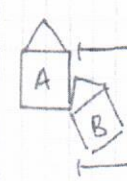
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

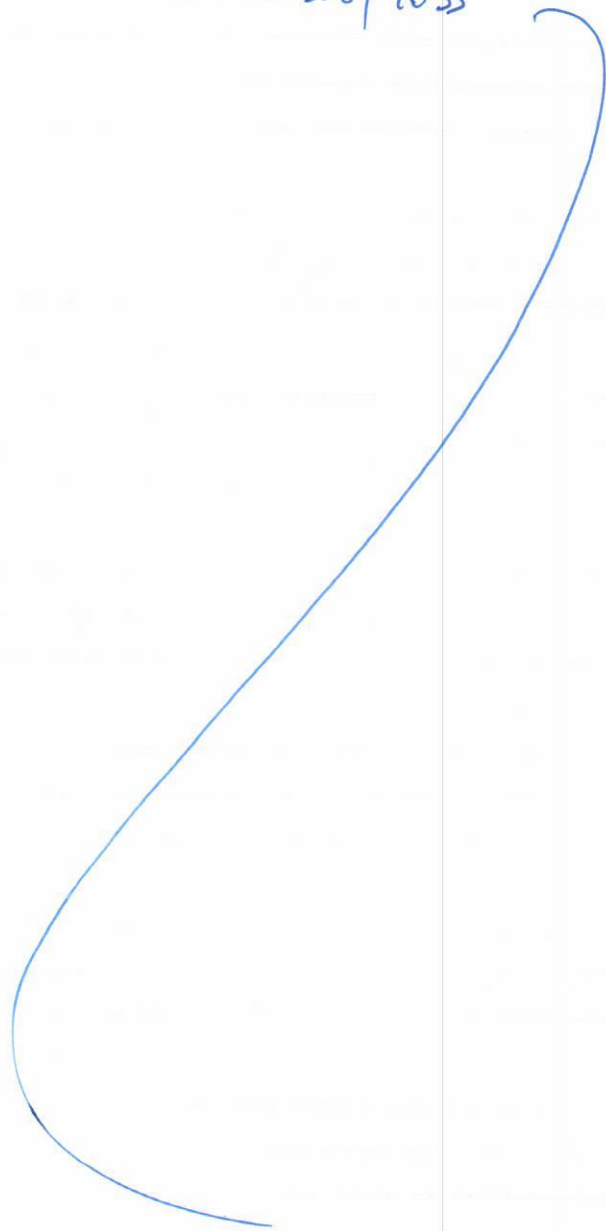
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card): \_\_\_\_\_

Sketch Plan

		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">ATLAS STREET</p> </div> <div style="width: 30%; text-align: center;">  </div> <div style="width: 30%;"> <p>① SNF13225</p> <p>② SKC6669K</p> </div> </div>		

Describe Circumstance of the Accident

- REFER TO POLICE REPORT - T/20230328/7033



Declaration

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

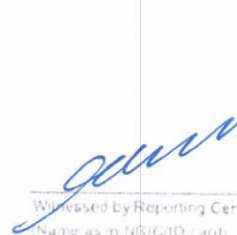
Policyholder's Signature Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

 28/03/2023



# SINGAPORE POLICE FORCE



T/20230328/7033

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

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**



T/20230328/7033

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

2 of 3

Report No. T/20230328/7033

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
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**



T/20230328/7033

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

3 of 3

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 / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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:



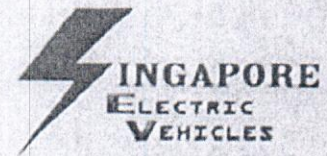
**Singapore Electric Vehicles Pte Ltd.**

151 Ubi Avenue 4 #01-01

Singapore 408826

Company Registration No. 199803133G

GST Reg No. 199803133G



Contract No.

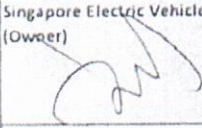
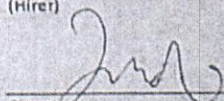
SEV/RAC/22-0228

**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 (LARRY)
Registered Address	BLK 136 SIMEI ST1 #10-80 SINGAPORE 520136		
Email Address	tkdchia@gmail.com		

**Particulars of Vehicle**

Vehicle No.	SNF1322S
Brand / Model	BYD / E6 ME-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	

Singapore Electric Vehicles Pte Ltd (Owner)		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 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	



# ACCIDENT STATEMENT

Date of accident: 27/03/2023

Time: 6:30PM

Location of accident: ARAB STREET

Vehicle Number: SNF1322S

Make/Model: DYD E6

Insurer: INDIA INTERNATIONAL

Engine & Transmission: 70.0 KW

Policy No: D23MFL0000749

Policy Type: C/TPFT/TPD

Name: SINGAPORE ELECTRIC VEHICLES PTE LTD

NRIC/FIN no: 199803133G

Email: SEV.CS8090@GMAIL.COM

Contact no: 8157 6008

Name: CHIA TECK KEE

NRIC/FIN no: S7121366H

Email: -

Contact no: 8535 0335

Occupation: Indoor / Outdoor

D.O.B: 19-06-1971

Address: 136 SIMEL STREET 1 #10-80 SINGAPORE 520136

Driving pass date: 01-09-1994

Relationship with Policyholder: HIREK

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): 2

Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	GRAB PASSENGER	
Gender:	Male / Female	Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1

Witness 2

Name:	-	-
Contact no:	-	-

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Van No.	Seatbelt	Consented to be interviewed
CHIA TECK KEE	SNF1322S	Yes / No	Yes / No
		Yes / No	Yes / No

Vehicle B

Vehicle C

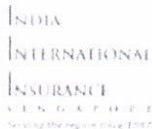
Vehicle no:	SKC6669K	
Driver name:		
NRIC/FIN no:		
Contact no:		
Insurance Co:		
Remarks:		

Signature: [Signature]

Signature:

Signature:

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	: SNF1322S	
Chassis No	: LC0CE4DC8N0011528	
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.</p> <p>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.</p> <p>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)</p> <p>(2) Use for racing, pace-making, reliability trial, or speed-testing.</p> <p>(3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(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 COMFORT DELGRO 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