





## 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	10/04/2023 12:43 (SGT)
Reported by	Actual Driver
Date of Accident	08/04/2023 16:36 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ9287L
-----------------------------	----------

#### 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 - 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	TAN CHIN HUAT
NRIC No	SXXXX369H
Date Of Birth	20/03/1964
Occupation	Outdoor

Date Of Driving Pass .....	13/03/1985
Driving experience .....	38 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88180839
Alt. Phone Number .....	-
Email Address .....	sev.cs8090@gmail.com
Address .....	BLK 103 PASIR RIS STREET 12 #09-135
Address complement .....	-
Postcode .....	510103
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 .....	GRAB PAX
Gender .....	Male

#### PASSENGER 2

Name .....	GRAB 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJA179U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-97955275
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 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

<p>① SN J9287L</p> <p>② SJ A179U</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>↑</p> <p>↑</p> <p>↑</p> </div> <div style="text-align: center;"> <p>↑</p> <p>↑</p> <p>↑</p> </div> <div style="text-align: center;"> <p>↑</p> <p>↑</p> <p>↑</p> </div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; margin: 5px;">A</div> <div style="border: 1px solid black; padding: 5px; margin: 5px;">B</div> <div style="margin-left: 10px;">ORCHARD ROAD</div> </div>
--------------------------------------	--

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG ORCHARD ROAD.

I SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC.

SUPPENLY, I FELT AN IMPACT FROM THE REAR.


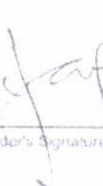
I HAD 2 PASSENGERS WITH ME AT THE TIME OF

ACCIDENT.

Declaration

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

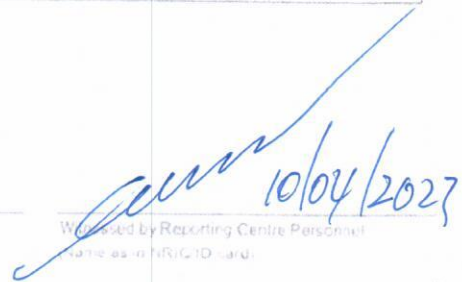
Policyholder's Signature Date & Time



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



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



10/04/2023

# ACCIDENT STATEMENT

Date of accident: 08/04/2023

Time: 4:36 PM

Location of accident: ORCHARD ROAD

## Details of Own Vehicle

Vehicle Number: SNJ9287L

Make/Model: BYD E6

Insurer: INDIA INTERNATIONAL INSURANCE

Eng. cc & Transmission: 70.0 KW

Policy No: D23MFL000749

Policy Type: C/TRFT/TPO

Name: SINGAPORE ELECTRIC VEHICLES PTE LTD

NRIC/FIN no.: 199803133G

Email: SEV\_CS8000@GMAIL.COM

Contact no.: 81576008

Name: TAN CHIN HUAT

NRIC/FIN no: S1679369H

Email: -

Contact no.: 8818 0839

Occupation: Indoor / Outdoor

D.O.B: 20-03-1964

Address: BLK 103 PASIR KIS STREET 12 #09-135 SINGAPORE 510103

Driving pass date: 13-03-1985

Relationship with Policyholder: HIKER

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: GRAB PASSENGER

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	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

## Details of Other Vehicle

Vehicle B

Vehicle C

Vehicle no.: SJA179U

Driver name:

NRIC/ FIN no.:

Contact no:

9795 5275

Insurance Co:

Remarks:

(Make/Model, Passenger, property info & etc)

## Claim Type & Reporting Only

Claim Type: Own Damage Third Party Reporting Only

Policyholder/

driver

Workshop:

Signature:



**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 198703292K (SST Reg. No. M2-00784400X)  
64 Cecil Street, #04-05 | #06-02 | IQR Building | Singapore 069711  
Office: (65) 62476100 Email: insure@indcom.sg  
Fax: (65) 62244174 Website: www.indcom.sg

**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.

<b>CERTIFICATE NO.: D23MFL0000749</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: SNJ9287L	
Chassis No	: LC0CE4DC8N0371415	
2. Name of Policyholder	: SINGAPORE ELECTRIC VEHICLES PTE. LTD.	
3. Effective date of Insurance	: 08 Mar 2023	
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. The Hirer. 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 <b>The Policy does not cover</b> (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	
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: VINCAR 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	: 09/03/2023 21:46:16	
MZ406 - Hire Car (G/R)		
		 Nalini Venugopal MD & CEO