

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 15:27 (SGT)
Reported by Actual Driver
Date of Accident 10/04/2023 09:05 (SGT)
Exact Location of Accident Heng Mui Keng Terrace, 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 - 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 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	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)	4
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	GRAP PAX
Gender	Male

PASSENGER 2

Name	GRAP PAX
Gender	Female

PASSENGER 3

Name	GRAP 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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT1835Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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 judgement 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/are 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:

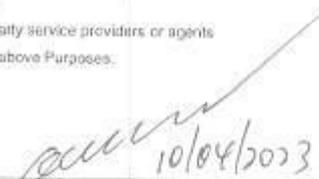
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

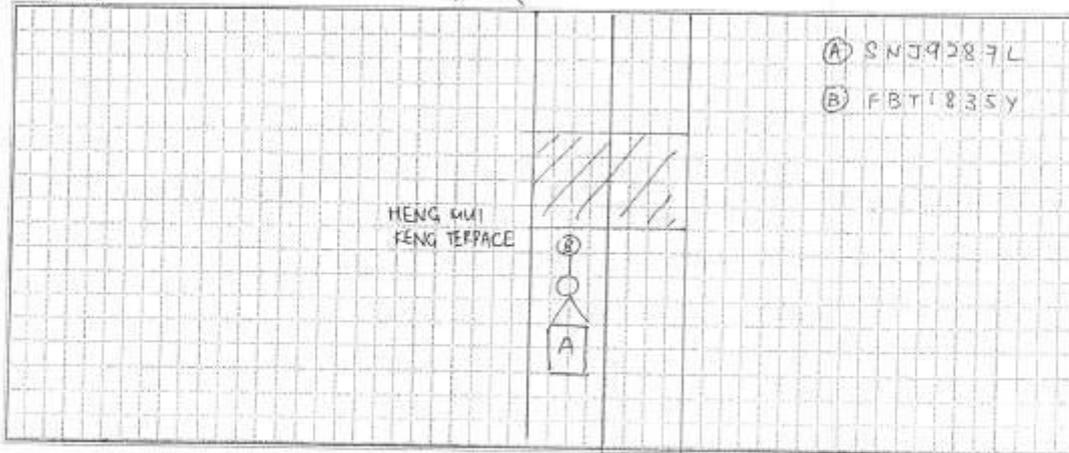
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time

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

 10/04/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG HENG MAI KENG TERRACE,
I DID NOT NOTICE THAT THE BIKE IN FRONT STOPPED,
I COULD NOT STOP IN TIME AND COLLIDED ONTO HIS
VEHICLE.

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)

[Signature]
10/04/2023























Singapore Electric Vehicles Pte Ltd.
 152 Ubi Avenue 4 #04-05
 Singapore 408826
 Company Registration No.: 199803113G
 GST Reg No.: 199803133G



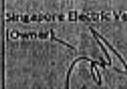
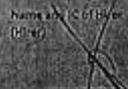
Contract No. SEV/RAC/23-0023A

Particulars of Hirer

Hirer Name	TAN CHIN HUAT		
Identification Type	NRC		
Identification No.	51679369H	Date of Birth	20TH MARCH 1964
Mobile Number	88180839	Emergency Contact	81828990 (WIFE)
Registered Address	BLK 103 PASIR RIS STREET 12 #09-135 SINGAPORE 510103		
Email Address	JSSONTANCHIHUAT@GMAIL.COM		

Particulars of Vehicle

Vehicle No.	SN9287L
Brand / Model	BYD / EG ME-2
Date of Rental Contract	9TH MARCH 2023 TO 9TH MARCH 2024
Other particulars of Vehicle	As per TA's Vehicle Registration Detail Information.
Insurance Policy No.	106433
Insurance Cover Note	As attached
Insurer	India International Insurance
Decal label	As attached
ODO Meter Reading at the time of renting out	
Routine servicing schedule	
Rental vehicle condition report	As Attached
Remarks	
Upon completion of 1 year contract	
Completion Bonus \$1,000	
CDW No. 021185015700	

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)  Authorized signatory	Name and / or Title of Hirer (Hirer)  Signature

Pursuant to the expiry/termination of rental agreement dated _____, I/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)  Authorized signatory	Name and / or Title of Hirer (Hirer)  Signature
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