

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	17/04/2023 15:15 (SGT)
Reported by	Actual Driver
Date of Accident	16/04/2023 16:25 (SGT)
Exact Location of Accident	1 Pasir Ris Cl, Singapore 519599
Additional Location Information	DOWNTOWN EAST EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE7920G
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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	XU JIAN
NRIC No	SXXXX466E
Date Of Birth	27/09/1978
Occupation	Outdoor

Date Of Driving Pass	28/11/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97235678
Alt. Phone Number	-
Email Address	sev.cs8090@gmail.com
Address	15 WOODLANDS DRIVE 72 #03-42
Address complement	-
Postcode	738096
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?	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	GOJEK PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230417/2039

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	SLN678D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH YU JIAN
NRIC No	SXXXX909C
Contact Number	(Phone) +65-91211396
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	XU JIAN
Gender	Male
Phone No	(Phone) +65-97235678
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE7920G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.
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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 third parties about delivery of the same as well as on the external cover of envelopes/postal 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/are 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;



Editorial Signature / Date & Time

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

Witnessed by Reporting Officer
Name as in NREGS Card

Sketch Plan

① SNE 79 206

② SENE 67 80

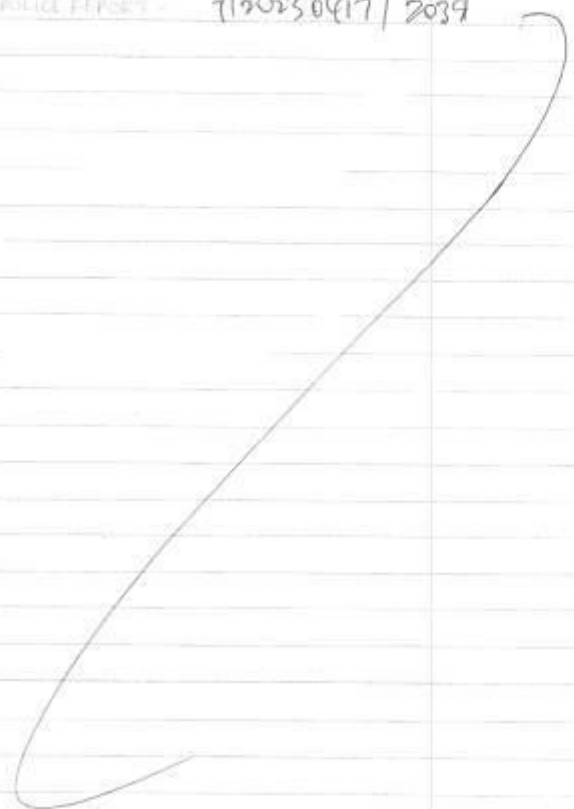
A

B

DOWNTOWN
EAST

Describe Circumstance of the Accident

- REFER TO POLICE REPORT - 7/2023 0417 / 2039



Declaration

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



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (I declare & not the policyholder) / Date & Time

[Signature] 17/04/2023
Witnessed by Reporting Centre Personnel
(Must be in NRIC photo)





















**SINGAPORE
POLICE FORCE**

Police Station Of Ong N
Bettok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

T20230417/2039

1 of 3

Report No: T20230417/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/04/2023 13:03

Video Report No.:

Station Diary No.
52

Informant's Particulars

Name of Informant: YU JIAN		Address: 15 WOODLANDS DRIVE 72 #03-42 SINGAPORE 738096	
ID Type / ID No. NRIC NO: S7866466E	Contact No. Home/Office	Mobile: 97235678	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 27/09/1978	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 16/04/2023 16:25	Type of Location: Gradient
Location: PASIR RIS CLOSE			
Weather: Drizzling	Road Surface: Wet		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN578D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	White		0
SNE7920G	Car	BYD	E6 (ME-2)	White		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20230417/2039

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Report No. T/20230417/2039

CONTINUATION OF REPORT

Driver Name	POH YU JIAN	ID No.	S9132909C
Related Vehicle	SLN678D (Car)	Contact No.	94211396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	XU JIAN	ID No.	S7866466E
Related Vehicle	SNE7920G (Car)	Contact No.	97235678
Hospital/Clinic	KEYSTONE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/04/2023	Date Discharge	16/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On the 16/04/2023 at 1625hrs I had just fetched a passenger at Downtown East area, I was just exiting the area and going down the slope. However the vehicle in front of mine had braked and so I had braked as well. all of a sudden I felt an impact from the rear of my vehicle (SNE7920G). The other vehicle (SLN678D) had rear ended my vehicle, we had exited our vehicle, exchanged particulars and took photo of our respective vehicle. We had then agreed to settle on insurance claims, as such we then continued on our respective journeys.

SINGAPORE
POLICE FORCE

7/20230417/2039

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Police Station Of Origin
Borealis P.O.
30 Borealis North Road SINGAPORE 469878
Tel No: 65 33 244000

Report No: 7/20230417/2039

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:

SGT S LIM SHAO WEL
CLARENCE

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
17/04/2023 13:03

Officer In Charge Of Case:
IP / CIA /
SR STAFF SGT FAHKROL RAZI BIN SUHAIME
Contact No: 65470000

Classification Of Case:

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234H000C Vehicle Registration No: SNE79206
 Name (as shown in NRIC): Xu Jian NRIC/FIN/Passport No: SXXXXY66E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97235678
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: 1 PASIR RIS CLOSE DOWNTOWN EAST E417
 Insurance Company: TRINITY INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IS 023WFL0000749

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

5/2015/027