

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 First Submission | 26/07/2023 17:05 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 25/07/2023 18:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JUNCTION OF HOUGANG AVE 3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNH3458K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SINGAPORE ELECTRIC VEHICLES PTE LTD |
| Company Reg No | 199803133G |
| 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 | - |
| 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 | Etika Insurance Pte Ltd |
| Policy Number / Cover Note Number | M0034338 |

DRIVER

| | |
|----------------------|---|
| Name of Driver | ONG WEIWEN STANLEY @ ONG WEE BOON STANLEY |
| NRIC No | S82224621 |
| Date Of Birth | 17/07/1982 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 05/09/2001 |
| Driving experience | 21 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81576008 |
| Alt. Phone Number | - |
| Email Address | ELITE.KEY101@GMAIL.COM |
| Address | 25 GERALD CRESCENT S797732 |
| Address complement | - |
| Postcode | - |
| 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? | 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 | UNKNOWN |
| 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

REFER TO ATTACHED REPORT

ATTACHMENT(S)

| | |
|---|------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SMJ2709U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LIM CHIN HO |
| NRIC No | S8573455E |
| 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 | ONG WEIWEN STANLEY @ ONG WEE BOON STANLEY |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | REFER TO POLICE REPORT |
| Injured person in which vehicle? | SNH3458K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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

Yen  26/7/2023 3.43pm

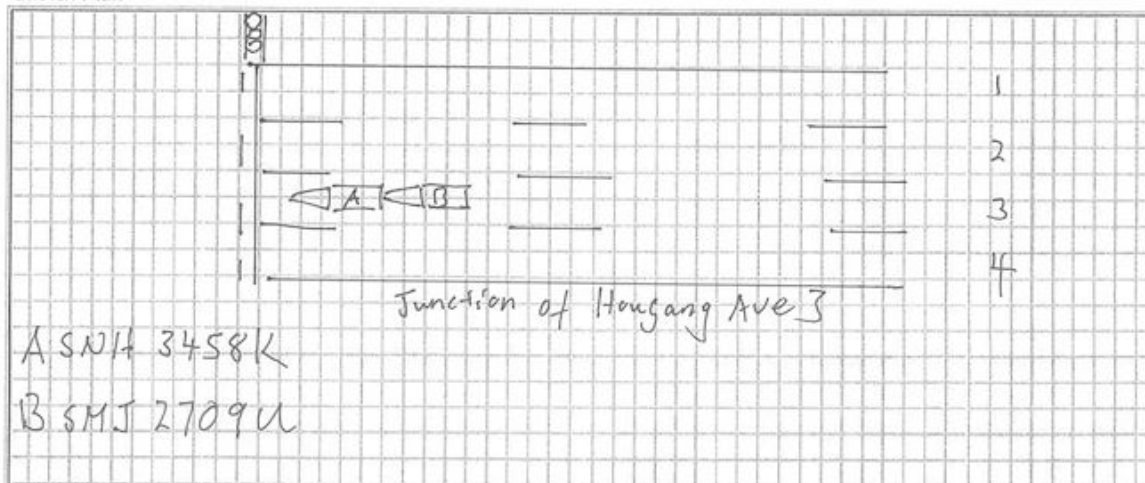
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 26/7/2023 3.43pm

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



Sketch Plan



Junction of Honggang Ave 3

A SWH 3458K

B SMJ 2709U


Describe Circumstance of the Accident

7/20230726/7060

Declaration

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

X.  
Policyholder's Signature / Date & Time

 26/7/2023
3.43pm
Driver's Signature (if driver is not the policyholder) / Date & Time

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



































**SINGAPORE
POLICE FORCE**



T/20230726/7060

1 of 3

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

Report No. T/20230726/7060

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 26/07/2023 15:16 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|--|
| Name of Informant: ONG WEIWEN STANLEY | | | Address: 25 GERALD CRESCENT SINGAPORE 797732 | | |
| ID Type / ID No.: NRIC NO / S8222462I | | | Contact No.: Home/Office: Mobile: 82286898 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: STANLEYONG6898@GMAIL.COM | | |
| Sex: Male | Age: 41 | Date of Birth: 17/07/1982 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Private-hire car driver | | | Driving Licence Information: Class: 3 Date of Expiry: 26/07/2023 | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 25/07/2023 18:30 | Type of Location: T-Junction |
| Location: HOUGANG AVENUE 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| 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 |
|-------------|------|------|-------|-------|----------|-------|
| SNH3458K | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230726/7060

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

2 of 3
Report No. T/20230726/7060

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|-----------|---|
| Name | ONG WEIWEN STANLEY | | ID No. S8222462I |
| Related Vehicle | SNH3458K (Car) | | Contact No. 82286898 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: 26/07/2023 |
| Date | 26/07/2023 | | Date 26/07/2023 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

I stopped completely at the junction as soon as I sighted amber from the traffic light. First car just behind the stop line. I felt an impact from my rear and alighted from the car and saw the car collided onto my car rear. I want to highlight there was a gentleman passenger at the point.

Next day morning , i woke up to aches and pain felt on my back and went to seek medical assistance at Mount Alvernia. I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230726/7060

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

3 of 3
Report No. T/20230726/7060

CONTINUATION OF REPORT

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 26/07/2023 15:16 |
| Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000 | Classification Of Case: |

NP168



**INTERVIEW FORM**

Name (Driver) : Ong Wei Wen Stanley

Policy No : M0034338

Vehicle No : SMH 3758K

Place of Accident : Junction of Hougang Ave 3

Insured Driver's relationship with Insured : Hirer

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1 + 2

Injury to Insured and/or Insured driver, please indicate which hospital:
Yes

Third Party Vehicle No (if any) : SMJ 27094

No of passenger(s) in Third Party Vehicle : _____

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Head to Rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
+ Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

[Signature]
Attended by (Name & Signature) / Date
Workshop Name: _____

eTiQa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

www.etiqa.com.sg
Company Reg. No. 201310154K

A Member of Maybank Group

Singapore Electric Vehicles Pte Ltd.

152 Ubi Avenue 4 #01-01
Singapore 408826
Company Registration No.: 199803133G
GST Reg No.: 199803133G



Contract No. SEV/RAC/22-0209A

Particulars of Hirer

| | | | |
|---------------------|---|-------------------|-------------------|
| Hirer Name | ONG WEIWEEN STANLEY @ONG WEE BOON STANLEY | | |
| Identification Type | NRIC | | |
| Identification No. | S8222462I | Date of Birth | 17TH JULY 1982 |
| Mobile Number | 82286898 | Emergency Contact | 86791816 (Mother) |
| Registered Address | 25 GERALD CRESCENT SINGAPORE 797732 | | |
| Email Address | elite.key101@gmail.com | | |

Particulars of Vehicle

| | |
|--|---|
| Vehicle No. | SNH3458K |
| Brand / Model | BYD / E6 ME-2 |
| Date of Rental Contract | 20TH OCTOBER 2022 TO 20TH OCTOBER 2023 |
| Other particulars of Vehicle | As per LTA's Vehicle Registration Detail Information. |
| Insurance Policy No. | CN013364 |
| Insurance Cover Note | As attached |
| Insurer | Etiga |
| 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 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