





## 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 Authorised 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 Report 27/05/2019 15:49  
 Date Of Accident 24/05/2019 13:30  
 Exact Location Of Accident DELTA ROAD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK1213J  
**Insured/Policyholder**  
 Name Of Registered Owner WHEELS EXPRESS RENTAL & LEASING PTE LTD  
 Co Reg No 201810594C  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-90603343

### Vehicle Particulars

Manufacturer HONDA  
 Model FIT  
 Exact Purpose for which vehicle was being used at time of accident COMMERCIAL  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken REPORTING ONLY  
 Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5108389112  
 Cover Note Number -

### Driver

Name of Driver LEE LIAN SHENG IVAN  
 NRIC No S9023806Z  
 Date Of Birth 04/07/1990  
 Occupation OUTDOOR  
 Date Of Driving Pass 08/12/2010  
 Driving Experience 8 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-94799822  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address	BLK 675D YISHUN AVE 4 #11-818
Postcode	764675
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7479Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAJEEVAN S/O KUNJUKRISHNAN
NRIC/Passport Number	S1778084J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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:

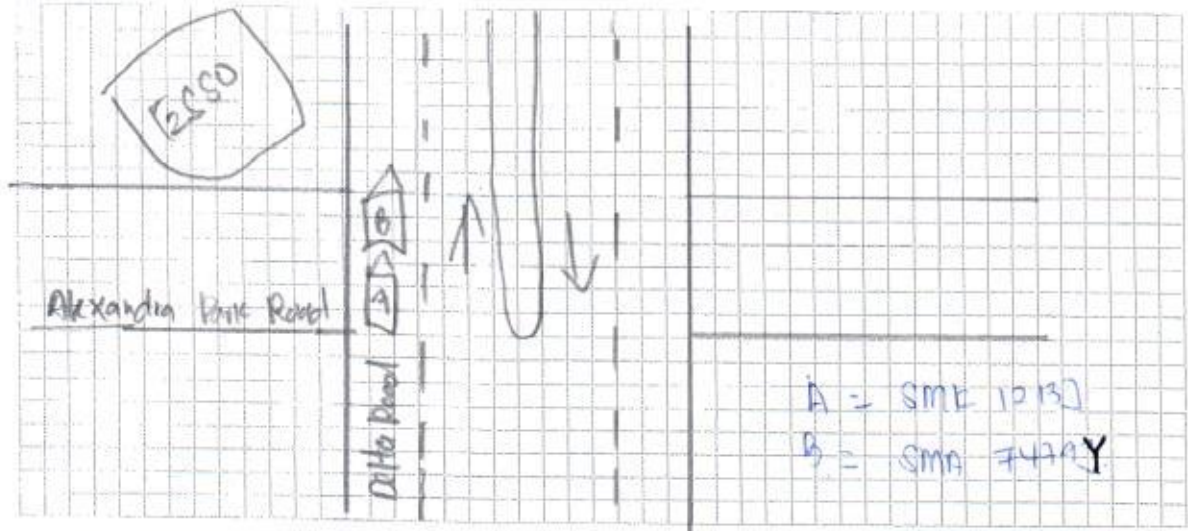
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/05/19 at around 1330 I was travelling towards Delta Rd where the traffic was slow due to upcoming traffic junction. At the point of time, I was cruising my vehicle where I had a cough. Not noticing a red vezel in front of me hence my car collided with the vezel causing an accident. There were no injuries at scene.

## 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:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



VEHICLE NO: Smk 1213J

MAKE &amp; MODEL: Honda Fit Hybrid

DATE OF ACCIDENT	24 / 05 / 2019
TIME OF ACCIDENT	1.30 AM/PM
LOCATION OF ACCIDENT	Delta Road
Exact Purpose use during accident	
NAME OF OWNER	WHEELS EXPRESS RENTAL & LEASING P/L
TELP NO	90603343
NRIC	
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5108389112
NAME OF DRIVER	As above / (If No: LEE LIAN SHENG IVAN)
NRIC	S90238062 Any passengers: NO
DATE OF BIRTH	04 / 07 / 1990
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	08 / 12 / 2010
GENDER	<u>Male</u> / Female
CONTACT NO.	94799822
ADDRESS	Office: BIK 675D YISHUN AVE 4 #11-818 (764675) Home:
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: <u>Wrcr.</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes: Who?
CONTACT NO.	94799822
POLICE REPORT	<u>No</u> / If yes: Where?
VEHICLE B NO.	SMA 74794 Any Passenger: around 3 to 4
NAME	Sajwan S/o N. Kupakrishnan S17780847 m: 8618 2721
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki Bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Tel: 67476106 (6 lines)

**6 Speed Autowerkz Pte Ltd**

68 Kaki Bukit Avenue 6  
 #02-05 ARK @ KB, Singapore 417896  
 Tel: 6384 7037 Fax: 6384 7039  
 Email: 6speedautowerkz@gmail.com

**6 Speed Autowerkz Pte Ltd**

68 Kaki Bukit Avenue 6  
 #02-05 ARK @ KB, Singapore 417896  
 Tel: 6384 7037 Fax: 6384 7039  
 Email: 6speedautowerkz@gmail.com

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 1 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE

08 Dec 2010

NP 420A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9023806Z



Name

LEE LIAN SHENG IVAN

李 廉 紳

Race

CHINESE

Date of birth

04-07-1990

Sex

M

Country of birth

SINGAPORE

S9023806Z

REPUBLIC OF SINGAPORE  
DRIVING LICENCE

Portrait of a man

License Number: **S9023806Z**  
Name: **LEE LIAN SHENG IVAN**

Birth Date: **04 Jul 1990**  
Issue Date: **08 Dec 2010**

Barcode: 001918226C

3740370

Barcode

IRUC No: **S9023806Z**

IRUC No: **S9023806Z**

Date of Issue: **12-07-2005**

APT BLK 8750 YISHUN AVENUE 4 #11-818  
SINGAPORE 764875

Date: **18/12/2017**

IRUC No: **S9023806Z**



Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108389112		WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GPC	drivo CLASSIC	SMK1213J	SMK1213J	28/03/2019	27/03/2020

## Claim Handling

Accident MT/1046321

Policy No.	5108389112	Vehicle No.	SMK1213J	GST Registration No.	
Certificate No.					
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD			Policyholder NRIC	201810
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90603343	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	27/05/2019 19:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	24/05/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DELTA ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	27/05/2019 19:09:39 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMARKET	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	408891
Unit No.	05-04	Related Policy Number	5108705465		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE LIAN SHENG (VAN)	Driver NRIC	S90238062	Driver DOB	04/07/1988
Register Date of Driver License	08/12/2010	Driver Age	28	Driving Experience	8
Contact No.(Mobile)	94799822	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 67SD #11-818	Address 2	YISHUN AVENUE 4	Address 3	FERNANDO
Address 4	SINGAPORE 764675	Address Type	Singapore address	Post Code	764675
Unit No.	11-818				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Contact No.(Mobile)	90603343	Contact No.(Home)	
Email Address		OI Vehicle Number	SMK1213J
Claim Description	SMK1213J / SMA7479Y ON 24 May 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	27/05/2019 19:13
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No.	MT/1046321	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2019 19:14
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	SAS	Normal	SAS 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	Photos	Normal	Photos 2019-5-27
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:14	Photos	Normal	Photos 2019-5-27
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 May 2019 19:13	Photos	Normal	Photos 2019-5-27

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading