

Claimants Particulars:	1) AR: Accident Reporting (\$30);	35.00
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$30)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Re-survey)	\$30
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) N1: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
QC Checked by (Bugs-In-Charge):	ON*	
	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N5+INC) against INC	\$20
	9) N12: Idao Mobile	30
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



## 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	13/08/2019 14:55
Date Of Accident	09/08/2019 11:20
Exact Location Of Accident	RESORT WORLD BASEMENT ENTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ2861L
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90287921
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109056461
Cover Note Number	
Driver	
Name of Driver	BOO SEE HOU
NRIC No	S7906953A
Date Of Birth	21/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90287921
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 471A FERNVALE STREET #15-93
Postcode	791471
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 - CHANGE/CROSS LANE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

#### 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 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	SH7086P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



VEHICLE NO: SMD 2861L

MAKE &amp; MODEL: Honda Freed Hybrid 156 A

DATE OF ACCIDENT	09 / 08 / 2019
TIME OF ACCIDENT	11 / 19 AM / PM
LOCATION OF ACCIDENT	resort world Basement Entry
Exact Purpose use during accident	
NAME OF OWNER	KC car Rental Pte Ltd
TELP NO	
NRIC	201810588M
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC Income
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	6B 7108 3777
NAME OF DRIVER	As above / If No: <u>Buo See Hou (Wu Sihao)</u>
NRIC	S7906953A
DATE OF BIRTH	21 / 03 / 1979
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	21 / 03 / 1979
GENDER	<u>Male</u> / Female
CONTACT NO.	908 1921
ADDRESS	81K 471A Female Street #15-93 (S) 791471
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / <u>If No: Hire</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.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SH 7086P
NAME	
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883

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

Tel: 67476106 (6 lines)

## 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 Authorised Driver.
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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:

13/8/2019 1:36pm

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

GIA/IVIC SketchPlanForm\_V3

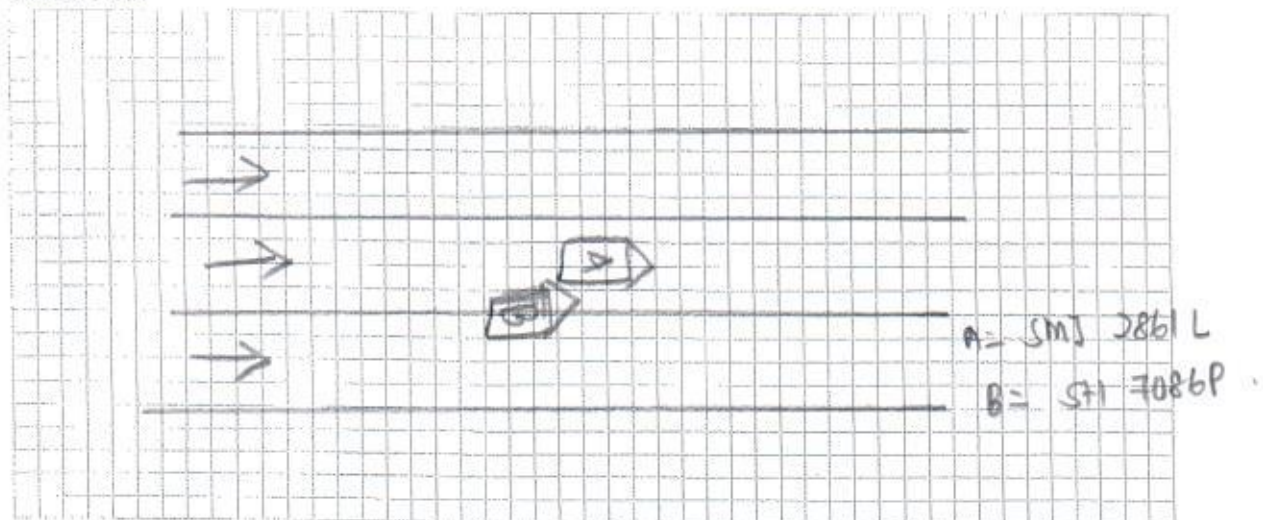
1

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PLEASE EMAIL A COPY TO : [WHEELSEXPRESSRENTAL@GMAIL.COM](mailto:WHEELSEXPRESSRENTAL@GMAIL.COM)



# SKETCH PLAN







## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14<sup>th</sup> August 2019, I was fetching a group of Indian passengers from Holiday Inn Singapore Orchard City Centre to Resort World Sentosa B1 Pickup. I was moving from 3rd lane to 2nd lane and proceeding to drop my customers, when suddenly taxi car SH 7086P cut into my lane and side brushed my right hand rear portion of my car SMJ 2861 L.

## 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: 13/8/2019 136pm	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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WHEELSEXPRESS RENTAL PTE LTD V3

\*\* PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7906953A



Name

BOO SEE HOU  
(WU SIHAO)

巫 潤 豪

Race

CHINESE

Date of birth

21-03-1979

Sex

M

Country of birth

SINGAPORE

S7906953A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7906953A

Name:

BOO SEE HOU  
(WU SIHAO)

Birth Date: 21 Mar 1979

Issue Date: 21 Jul 2010



4559318

NRIC No: S7906953A



Date of issue

27-03-2010

APT BLK 471A FERNVALE STREET #15-93  
SINGAPORE 791471

NRIC No: S7906953A

Date: 13/01/2016

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 17 Apr 2002



N: 428A



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5109056461"/>	Date of Accident	<input type="text" value="09/08/2019 14:50"/>
Vehicle No.(For Motor)	<input type="text" value="SMJ2861L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109056461	5109056461-000018	KC CAR RENTAL PTE LTD	201810588M	GFM	drive CLASSIC	SMJ2861L	SMJ2861L	19/04/2019	18/04/2020

## Claim Handling

Accident MT/1057388

Policy No.	5109056461	Vehicle No.	SMJ2861L	GST Registration No.
Certificate No.	5109056461-000018			
Policyholder Name	KC CAR RENTAL PTE LTD			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90287921	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	13/08/2019 16:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/08/2019	Time of Accident hh:mm	11:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	RESORT WORLD BASEMENT ENTRY			

## ▼ Total Excess Applicable

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?
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMAR	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-04	Related Policy Number	5109056461	

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	BOO SEE HOU	Driver NRIC	S7906953A	Driver DOB
Register Date of Driver License	17/04/2002	Driver Age	40	Driving Experience
Contact No.(Mobile)	90287921	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 471A #15-93	Address 2	FERNVALE STREET	Address 3
Address 4	SINGAPORE 791471	Address Type	Singapore address	Post Code
Unit No.	15-93			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KC CAR R
Contact No.(Mobile)	90603343	Contact No. (Home)	
Email Address		O1 Vehicle Number	SMJ2861L
Claim Description	SMJ2861L / SH7086P ON 9 Aug 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	13/08/2019 16:29	Received	



Report Taken By

LIEW SHAN HUI

Print AK letter

Save Submit

## Attachment



Accident No.	MT/1057388	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 16:37
Path *		Category *	Confidential
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:37	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:33	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Aug 2019 16:29	Photos	Normal	Photos 2

## Video List

Uploaded By/Date	Folder Date	File Name	
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