

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 Submission 08/02/2021 15:29 (SGT)
Date of Accident 08/02/2021 06:55 (SGT)
Exact Location of Accident 557 Thomson Rd, Singapore 298181
Additional Location Information along thomson road towards Far East Flora
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD1603D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Titanium Limousines Pte Ltd
Company Reg No 201213055R
Email Address ANNA@TITANIUMLIMOUSINES.COM.SG
Mobile Phone No (Phone) +65-81390895
Alternative Phone No +65-83199003

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0015775
Cover Note Number -

DRIVER

Name of Driver Yu Xiang
Passport No/FIN G3921204N
Date Of Birth 23/12/1980
Occupation Indoor

Date Of Driving Pass	07/07/2020
Driving experience	7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83199003
Alt. Phone Number	-
Email Address	yujiarui1220@sina.com
Address	6 Suffolk Walk #17-08
Address complement	-
Postcode	307464
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 material 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

PASSENGER 1

Name	Daughter
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 statement attached

ATTACHMENT(S)

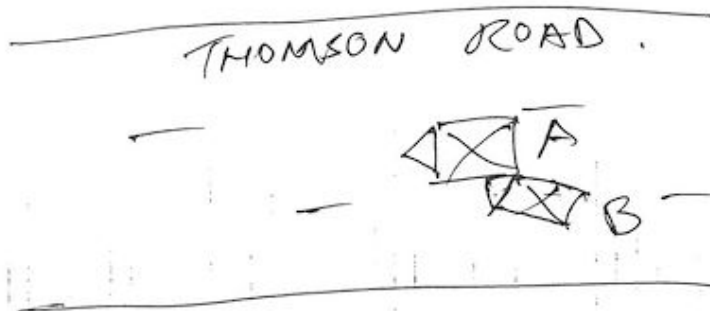
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU1816A
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
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



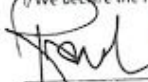
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. - SMD 1603D
 B. - SFU 1816A.

I was driving straight in my lane towards Far East Flora along Thomson Road on Lane 2 when suddenly vehicle B hit onto my left passenger rear side while he was switching lane.

DECLARATION

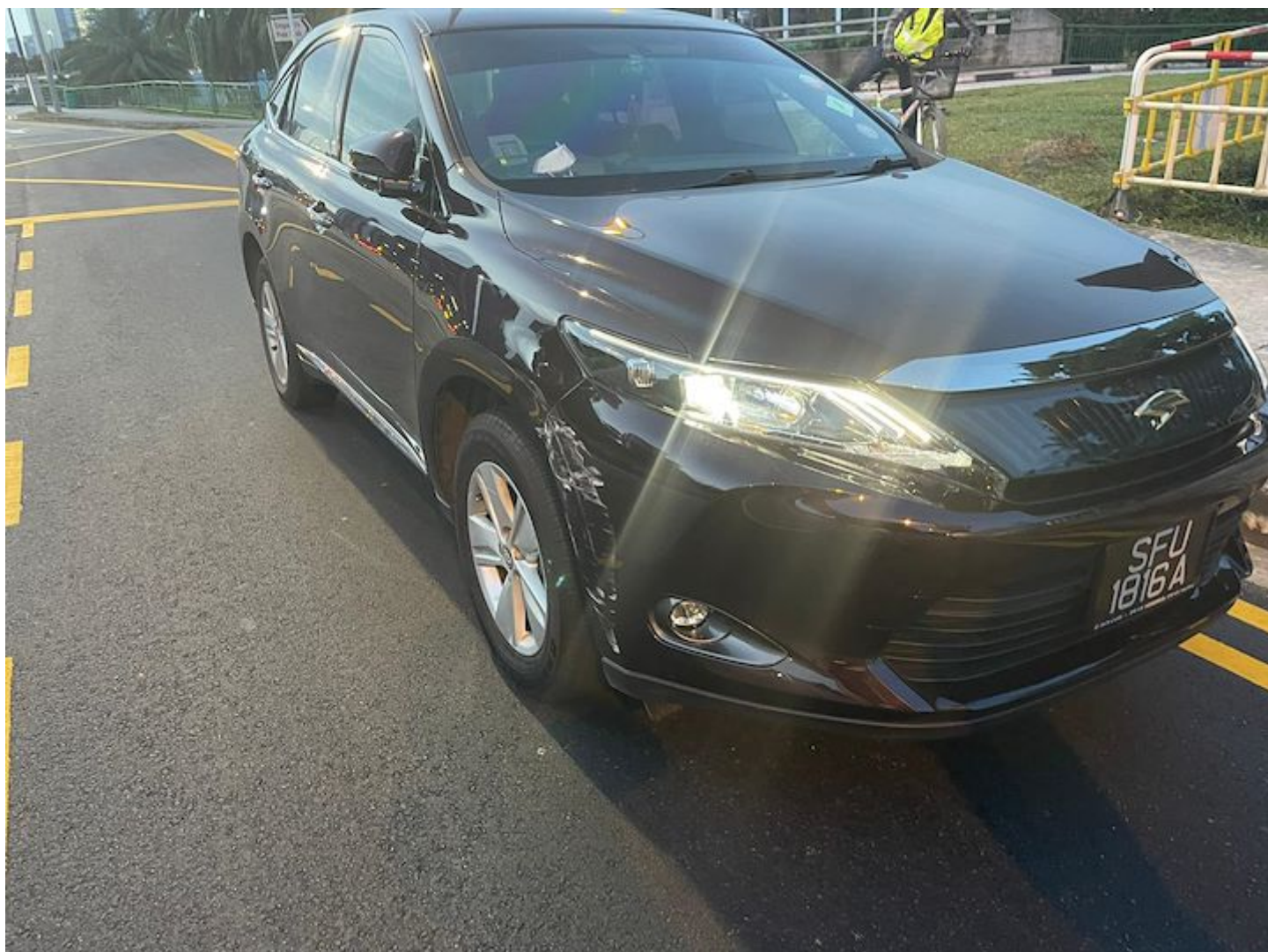
I/We declare the foregoing particulars are true in every respect.

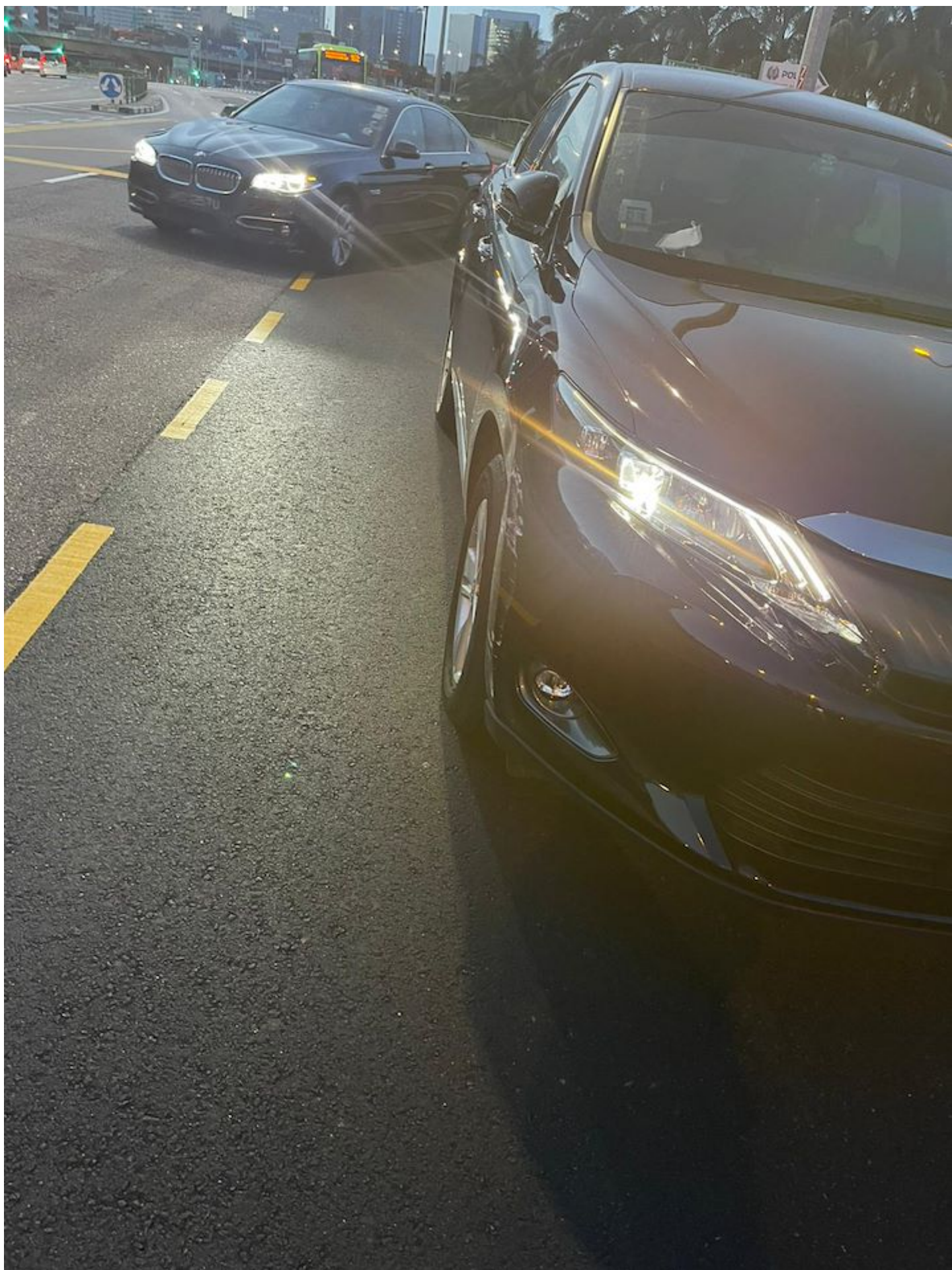

 Policyholder's Signature
 Date & Time:


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

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























6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SM D16030

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : _____ Time of Accident : _____

Place of Accident : _____

Insurance Company: ETIQA

(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:

Fleet Policy

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: S66S0020G

Date: 8/2/21

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

6:55 am

Time

8 Feb

Location of Accident

Thomson Rd towards Far East Flora.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

SMD 1603D

Name of Policyholder

TITANIUM LIMOUSINES PTE LTD

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

201213055R

Address

5(079903) 10 ANSON ROAD #23-028 International House

Contact Number

Tel: 90042550

Hp: Anna

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

TOYOTA ALPHARD

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: 2493CC

Exact Purpose for which vehicle was being used at the time of accident

Personal

Are you claiming under your own insurance policy?

☐ Yes☒ No

Remarks:

TP

Vehicle category

☐ Private☒ Commercial☐ Motorcycle**INSURANCE COMPANY (VEHICLE A)**

Name of Insurance Company

ETI & A

Type of Policy

☒ Comprehensive☐ TP Fire & Theft☐ Third party

Fleet Policy

☒ Yes☐ No

Policy Number

MO015775

DRIVER

Name of Driver

YU XING

NRIC/ FIN/ Passport

G-3921204N

Date of Birth

23/12/80

Occupation

Interior Designer

Driving Pass Date

07/7/20

Gender

☐ Male☒ Female

Contact Number

Tel:

Hp: 83199003

Address

yujia rui 1220@sina.com

Email Address

Was driver an employee of the Insured's Company?

☐ Yes☒ No

If No, relationship of Driver with the Insured.

Lease

(Monthly from 23/7/20)

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

☒ Clear☐ Raining☐ Others

Road Surface

☒ Wet☐ Dry☐ Others

Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No☐ Yes

Was any other vehicle(s) or property damaged?

☐ No☒ Yes

Was there any camera video footage (in car)?

☐ No☒ Yes**DETAILS OF POLICE ACTION**

Was the accident reported to the Police?

☒ No☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No☐ Yes

If Yes, against whom?

Anna

 Titanium Limousines Pte Ltd
Reg. No. 201213055R

Xing

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

Was Injured conveyed to hospital by ambulance? _____

☐ Yes☐ No☐ Yes☐ No**DETAILS OF INJURED PERSON 2**

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

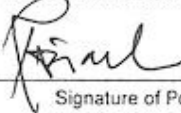
If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

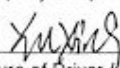
Was Injured conveyed to Hospital by Ambulance? _____

☐ Yes☐ No☐ Yes☐ No**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

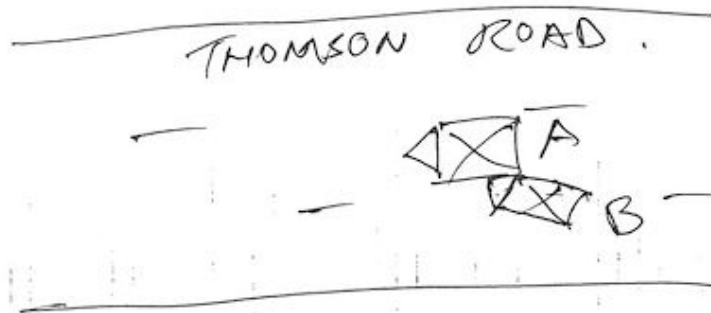

Signature of Policy Holder
(Company Chop if applicable)

Date & Time _____


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time _____

SKETCH PLAN



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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.:

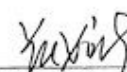
SKETCH PLAN**IMPORTANT NOTICE**

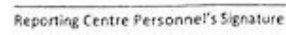
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.: