

# 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 ..... 15/11/2021 16:19 (SGT)  
Date of Accident ..... 14/11/2021 13:50 (SGT)  
Exact Location of Accident ..... Dunman Rd, Singapore  
Additional Location Information ..... TURNING LEFT INTO ONAN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP5340Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TITANIUM LIMOUSINES PTE LTD  
Company Reg No ..... 201213055R  
Email Address ..... shah@titaniumlimousines.com.sg  
Mobile Phone No ..... (Phone) +65-90042550  
Alternative Phone No ..... +65-90042550

### 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 ..... Private car  
Transmission ..... Auto  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... M0016546  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SALINA BINTE AHMAD  
NRIC No ..... S1711779C

Date Of Birth .....	27/05/1965
Occupation .....	Indoor
Date Of Driving Pass .....	27/12/2003
Driving experience .....	17 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98275837
Alt. Phone Number .....	-
Email Address .....	shah@titaniumlimousines.com.sg
Address .....	BLK 342 TAMPINES ST 33 #06-282
Address complement .....	-
Postcode .....	520342
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

#### PASSENGER 1

Name .....	SHAZWANI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211114/2071. (HEAD TO SIDE COLLISION)

#### 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 .....	SGE1394Y
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SALINA BINTE AHMAD
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMP5340Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SHAZWANI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMP5340Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

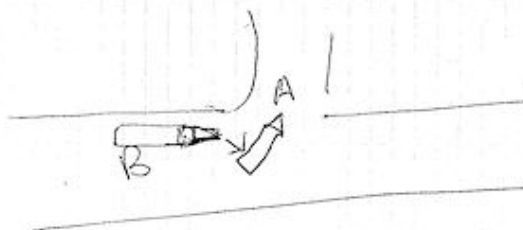


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



REFER TO POLICE REPORT.

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

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eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : SALINA BINTE AHMAD  
 Policy No : M0016546  
 Vehicle No : 8MP5340Y  
 Place of Accident : ONAN ROAD

Insured Driver's relationship with Insured : Wife

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1

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

DRIVER & PASSENGER INJURED

Third Party Vehicle No (if any) : 56A1394Y

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

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

NIL

Type of collision and the extensiveness of the damages to all vehicles involved:

SIDE TO SIDE

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)

**Titanium**  
LIMOUSINES PTE LTD  
CO. REG. NO. 201213055R

Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name:

Etiga Insurance Berhad (Company Reg. No. T09FC0054K)  
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
 T: +65 6336 0477 F: +65 6339 2109

A Member of the **CELESTIAL GROUP**

































**SINGAPORE  
POLICE FORCE**



T/20211114/2071

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20211114/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2021 23:01		Vide Report No.:		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: SALINA BINTE AHMAD			Address: APT BLK 342 TAMPINES STREET 33 #06-282 SINGAPORE 520342		
ID Type / ID No.: NRIC NO / S1711779C			Contact No.: Home/Office: Mobile: 98275237		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 56	Date of Birth: 27/05/1965	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Machinesense			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2021 13:50	Type of Location: Bend
Location:  ONAN ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE1394Y	Car	NISSAN	X-TRAIL 2.0 CVT	Brown	Slightly Damaged	0
SMP5340Y	Car	TOYOTA	VELLFIRE 7-SEATER 2.5Z CVT	Black	Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20211114/2071

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20211114/2071

CONTINUATION OF REPORT

**Brief Details.**

On 14/11/2021 at about 1354hrs, I was driving my vehicle (SMP5340Y) at Onan road outside Dunman Food Court. The traffic volume was light, and the road surface was dry. I was driving at Onan Road and was about to turn left into Dunman Food Court, Suddenly I felt an impact on the left side of my vehicle and I notices that a vehicle (SGE1394Y) had collided into my vehicle. I got off my vehicle and did a check. I notice my vehicle left back side door to my back car bumper was damaged. Subsequently I exchanged particular with the driver of (SGE1394Y).

Subsequently I felt pain and I went to seek medical attention at Mount Alvernia Hospital and gotten 5days MC from 14/11/2021 to 18/11/2021.

I wish to add that there are CCTV installed in my vehicle.





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20211114/2071

3 of 3

Report No. T/20211114/2071

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report E/ Sgt 2 TAN QI AN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2021 23:01
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No. 65476414	Classification Of Case:
Authentication Stamp NP168	5N 061
SIGNATURE	


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20211116/2071

1 of 3

Report No. T/20211116/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
16/11/2021 14:20

Vide Report No.:

Station Diary No.:  
73

**Informant's Particulars**

Name of Informant:  
SALINA BINTE AHMAD

Address:  
APT BLK 342 TAMPINES STREET 33 #06-282 SINGAPORE  
520342

ID Type / ID No.:  
NRIC NO / S1711779C

Contact No.:

Home/Office:

Mobile: 98275237

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 56 27/05/1965

Type of Informant:  
Driver

Race:  
Boyanesse

Language:

Institution / School Name:

Occupation:  
MACHINESENESE

Driving Licence Information:  
Class:

Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2021 13:50	Type of Location: Bend
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Location:

DUNMAN ROAD

Weather: Sunny	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
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Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No
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**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE1394Y	Car	NISSAN	X-TRAIL 2.0 CVT	Brown		0
SMP5340Y	Car	TOYOTA	VELLFIRE 7-SEATER 2.5Z CVT	Black		1



**SINGAPORE  
POLICE FORCE**



T/20211116/2071

2 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20211116/2071

CONTINUATION OF REPORT

**Brief Details.**

vide T/2021114/2071

The changes are made to the accident location. The exact location - Dunman Road > (left turn) Onan Road after Joo Chiat Rd





SINGAPORE  
POLICE FORCE



1/20211116/2071

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 520682  
Tel No. 1800-5871899

3 of 3

Report No. 1/20211116/2071

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
G /  
Sgt 3 GOH JUN KIAT JASON

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/11/2021 14:20

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No. 65476414

Classification Of Case:

Authentic Stamp  
NP168 SINGAPORE  
POLICE FORCE

SIGNATURE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE  
138 Robinson Road #07-09  
The Corporate Office  
Singapore 068906  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm

## ADDENDUM

## (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : SS1Y21BF000E Vehicle Registration No : SMP5340Y  
Name(as shown in NRIC) : SALINA BINTE AHMAD  
(\*Vehicle Driver/~~Vehicle Owner~~) (\*Please delete as appropriate)  
NRIC/Passport No : S1711779C  
Address : 342 TAMPINES ST 33 #06-282 (S)520342  
Contact (Tel) : \_\_\_\_\_ (H/P) : 98275837  
(Email) : shah@titaniumlimousines.com.sg  
Date Of Accident : 14 NOVEMBER 2021 Time Of Accident : 1350HRS  
Place Of Accident : DUNMAN ROAD TURNING LEFT INTO ONAN ROAD  
Insurance Company : Etiga Insurance Pte Ltd

## (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:-

- 1) FLEET POLICY - YES
- 2) COLLISION - HEAD TO SIDE
- 3) EXACT LOCATION OF ACCIDENT - DUNMAN ROAD TURNING LEFT INTO ONAN ROAD



SIGNATURE OF VEHICLE OWNER/DRIVER  
DATE:

**Titanium**  
LIMOUSINES PTE LTD  
CO.REG.NO. 201213555R





MZ400  
70000125  
Cov. Type: Comprehensive

**CERTIFICATE OF INSURANCE**

\* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) \* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 \* ROAD TRANSPORT ACT, 1987 (MALAYSIA) \* MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**CERTIFICATE No.** M0016546

- |  |                             |  |
|--|-----------------------------|--|
| 1. Index Mark and Registration Number of Vehicle                           | SMP5340Y                    |  |
| 2. Name of Policyholder  | Titanium Limousines Pte Ltd |  |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 31/03/2021                  |  |
| 4. Date of Expiry of Insurance   | 30/03/2022                  |  |
| 5. Persons or Classes of Persons entitled to drive                         |                             | Engine No : 2ARJ214407<br>Chassis No : AGH300214526<br>Hire Purchase : Maybank Singapore Limited |

(A) THE POLICYHOLDER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER:  
(i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
(iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

**Policy Owner's Protection Scheme**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

G0P93167 31/03/2021 10:43:10



For and on behalf of **Etiqa Insurance Pte. Ltd.**

Approved Insurer

Authorised Signature



### TITANIUM LIMOUSINES PTE LTD CAR RENTAL AGREEMENT

#### HIRER PARTICULARS

Name	SALINA BINTE AHMAD
Contact	98275837
Address	342 TAMPINES STREET 33 #06-282, (s) 520342
NRIC	S 1711779 C
Gender	FEMALE
Date Of Birth	27-05-1965
Class 3/3A License	Class 3
Registration Date	27-12-2003
Additional Driver	Not Applicable
NRIC	Not Applicable

#### VEHICLE PARTICULARS

Car Make / Model	Toyota Alphard 2.5 S
Colour	BLACK
Vehicle Registration	SMP 5340 Y
Petrol / Diesel / Hybrid	PETROL

#### COLLECTION / RETURN DETAILS

Collection Date	10 NOVEMBER 2021
Collection Time	1300 hrs
Mileage Check Out	
Fuel Level Check Out	
Return Date	1 DECEMBER 2021
Return Time	
Mileage Check In	
Fuel Level Check In	
Rental Period	1 year

#### PAYMENT DETAILS

Deposit	\$1000.00
Daily Rate	\$185.00
CDW (Collision Damage Waiver) Daily Rate	\$ 5.00
Additional Charge	\$ Not Applicable (1-time charge for additional driver)
Payment Account Number	Paynow to 90042550
Singapore Excess Section 1	\$500.00
Singapore Excess Section 2	\$500.00
Malaysia Excess Section 1	- Singapore Usage ONLY
Malaysia Excess Section 2	- Singapore Usage ONLY

#### HIRER SIGNATURE & Co STAMP

HIRER NAME: SALINA AHMAD  
 DATE / TIME: 10/11/2021-1300hrs  
 AMT DEPOSIT REFUNDED: \_\_\_\_\_  
 -HIRER TO SIGN HERE WHEN VEHICLE RETURNED \_\_\_\_\_

#### AUTHORISED PERSONNEL

NAME: Shah  
 DATE / TIME: 10/11/21 - 1300hrs