

# 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 ..... 09/12/2021 16:48 (SGT)  
Date of Accident ..... 08/12/2021 19:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPP SERANGOON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC5584S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NEWLINE LEASING PTE LTD  
Company Reg No ..... 2XXXXX257N  
Email Address ..... XDETOX32@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98205375  
Alternative Phone No ..... +65-98205375

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... M0017553  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED NOR BIN WAHID  
NRIC No ..... SXXXX977E

Date Of Birth .....	22/12/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	23/12/1977
Driving experience .....	44 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98205375
Alt. Phone Number .....	-
Email Address .....	XDETOX32@GMAIL.COM
Address .....	BLK 54 TEBAN GARDENS ROAD #03-550
Address complement .....	-
Postcode .....	S60054
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 ATTACHMENT

#### 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 .....	SHD7209D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ZAINUDDIN BIN MOHD SALLEH
NRIC No .....	SXXXX900J
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMK4333B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TEO SIEW HAR
NRIC No .....	SXXXX589B
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**

**IMPORTANT NOTICE**

- Please report promptly the details of the accident to speed up the claims process.
- The Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be truthful and accurate, as possible. Any false representation or withholding of material facts may allow insurance companies to repudiate policy benefits.
- The issue and acceptance of this Family Insurance Companies is not an admission of policy liability on the part of the insurance companies.
- Accident report may be referred to the Police for investigation
- This report will be forwarded by the lawyers of the GIC Family Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 if/when:
- 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 (GIAS) may be 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 disclosed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurers who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/law firms, the Ministry of Justice of Singapore and any relevant government agency/authorities (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 duties dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making 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 its external cover of envelop/packet/packaging); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- collectively the "Purposes")
- (c) all insurer(s) who have insured vehicles involved in the accident and the Insurers' law firm/law firms, may be permitted to collect, use, disclose and/or process my Personal Information to one or more of the above Purpose(s); and
- (d) my Personal Information may be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their law firm/law firms), which may be located outside of Singapore, for one or more of the above Purpose(s).

**NEWLINE LEASING PTE LTD**  
 UEN No. 202121257N  
 Tel: 8859293 / 91012122

Policyholder's Signature / Date & Time: \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_

**Sketch Plan**

Opp. Singapore Road

Vehicle A: SNC 55445  
 Vehicle B: SHD 7209D  
 Vehicle C: SHK 4333B

**Describe Circumstances of the Accident**

Enter the description:

**Declaration**

We declare the foregoing particulars are true in every respect.

**NEWLINE LEASING PTE LTD**  
 UEN No. 202121257N  
 Tel: 8859293 / 91012122

Policyholder's Signature / Date & Time: \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_

































