

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 08/18/2021 (dd/mm/yy) Time of Accident: 19:15 (24-HR-FORMAT)
Vehicle No.: SNC5584S Vehicle Make & Model / Engine (cc): TOYOTA SIENNA HYBRID 1.5X Private Hire: ☒ Y / ☐ N
Exact location of Accident: Upp Serangoon Road.
Policyholder's Name / IC No.: Newline Leasing Ate Ltd. ROC/UEN (Company): 203121257N.
Driver's Name / IC No.: Mohamed Nor Bin Wehid (S1280977E). (As Above) ☐
Driver's Contact No.: 98205375. Company Contact No / Owner Contact No: _____
Driver's Address: Btk 54 Teban Gardens Road #03-550 (S) 600054.
Owner Email address: xdetox32@gmail.com Insurance Company: E/ICA Insurance.
Driver Email address: xdetox32@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee ☒ Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 01

*Passenger Name: _____ Gender: Male / Female x()
*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Zainuddin Bin Mohd Salleh (S1720900J) Vehicle No: B SHD7809D.

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): Teo Siew Har (S1776589B). Vehicle No: C SMK4333B.

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

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**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 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' 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.

NEWLINE LEASING PTE LTD
UEN: 202121257N
Tel: 86859393 / 91012322

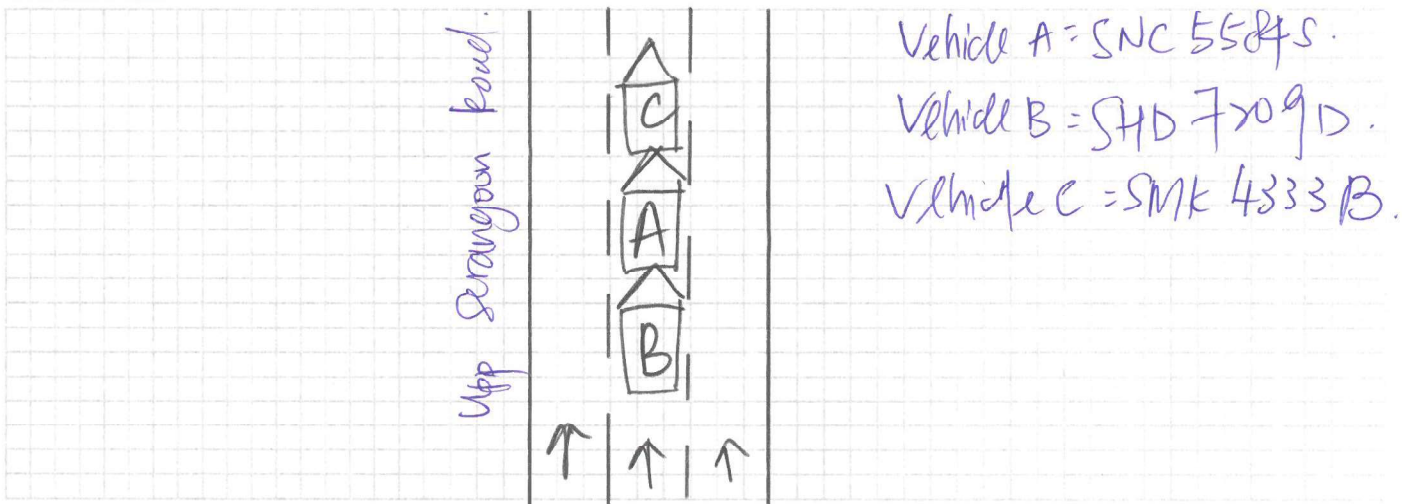
W. Nor

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



2

Refer to the attachment.

We declare the foregoing particulars are true in every respect.

Wm

Witnessed by Reporting Centre
Personnel

On the 08/12/2021 at about 19:15 hrs along Upp Serangoon Road

While I was travelling on my own lane, my front vehicle slow down and stop hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of vehicle (C).

When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicle involved.

I have video footage to support my case.

Vehicle A : SNC 5584S

Vehicle B : SHD 7209D

Vehicle C : SMK 4333B



NEWLINE LEASING PTE LTD
UEN: 202121257N
Tel: 86859393 / 91012322



M. Nor