

## 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 Actual 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 First Submission .....	31/08/2024 12:00 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/08/2024 22:30 (SGT)
Exact Location of Accident .....	Jervois Rd, Singapore
Additional Location Information .....	EXIT TO RIVER VALLEY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKR5293M
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PRECISE CAR RENTAL PTE LTD
Company Reg No .....	201818221G
Email Address .....	CARLEASING@PRECISEAUTO.SG
Mobile Phone No .....	(Phone) +65-94897930
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 car
Transmission .....	Auto
CC .....	1496
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number .....	M0022809

#### DRIVER

Name of Driver .....	LI JIYONG
NRIC No .....	S9018905J
Date Of Birth .....	02/06/1990
Occupation .....	Outdoor
Driving Pass Date .....	31/08/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	15 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91529274
Alt. Phone Number .....	-
Email Address .....	CARLEASING@PRECISEAUTO.SG
Address .....	BLK 438 ANG MO KIO AVE 10 #04-1343
Address complement .....	-
Postcode .....	560438
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

ON 30/08/2024 AT 2230HRS, I WAS DRIVING MY RENTED CAR (SKR5293M) ALONG JERVOIS ROAD IN THE LEFT LANE. UPON REACHING THE JUNCTION BETWEEN RIVER VALLEY ROAD, I WAS ENTERING TO THE SLIP ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT A TAXI (SHF190H) DASHED OUT FROM THE EXIT OF SHELL PETROL KIOSK WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC AND THEN COLLIDED ONTO REAR PORTION OF MY RENTED CAR. BOTH DRIVERS HAD EXCHANGED PARTICULARS AFTER THE ACCIDENT COLLISION. I FELT DISCOMFORT AFTER THE ACCIDENT IMPACT SO I WILL GO TO SEE DOCTOR LATER. HENCE, I HERET TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SHF190H) INSURANCE FOR MY ACCIDENT DAMAGES

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHF190H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	LI JIYONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKR5293M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

- correctly the details of the accident to speed up the claims process.  
must be completed by the Policyholder and/or the Actual Driver.  
on 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.  
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded by the insurers to 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.
  - 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:

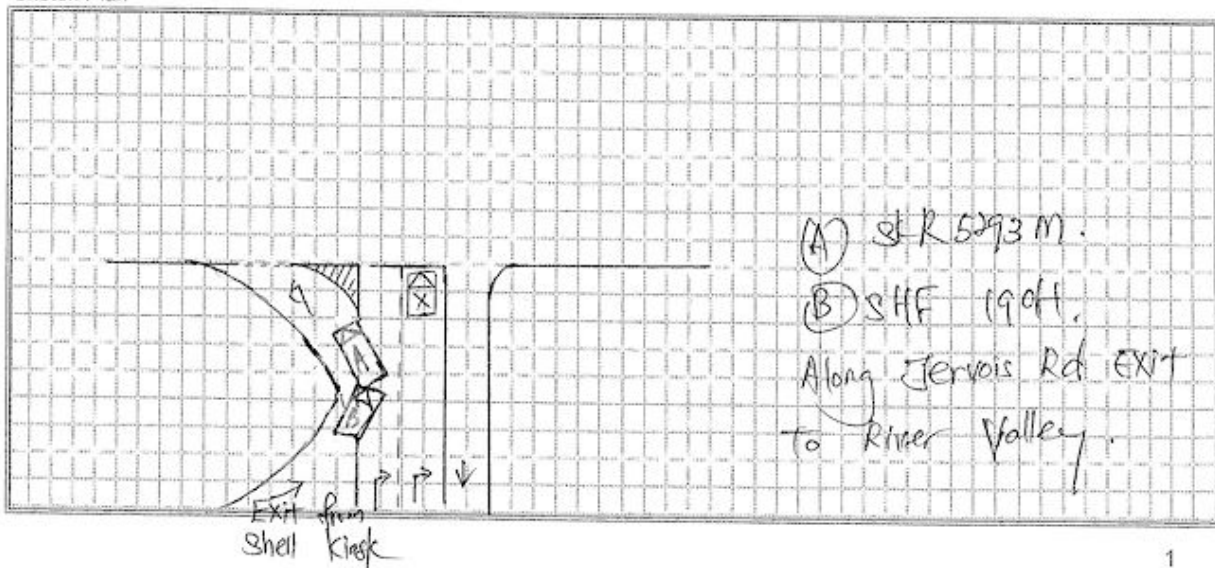
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - 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
  - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- 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
- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## Sketch Plan



Describe Circumstance of the Accident

On 30/08/24 @ 2230 hrs, I was driving my rented car (SHR 5293M) along Jervois Road in the left lane, upon reaching the junction between River Valley Road, I was entering to the slip road. Suddenly I felt an impact from behind and I realized that a taxi (SHF 190H) dashed out from the exit of Shell Petrol kiosk without check & give way to the oncoming traffic and then collided onto rear portion of my rented car. Both drivers had exchanged particulars after the accident collision.

I was felt discomfort after the accident impact so I will go to see doctor later.

Hence I here-to lodge this report to claim against Veh. B (SHF 190H). Insurance for my accident damages.

**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# INTERVIEW FORM

Name (Driver) : Li JiYong

Policy No : M0022009

Vehicle No : 81CR 5293M

Place of Accident : Along Jervois Rd EXH To River Valley.

Insured Driver's relationship with Insured : Hire

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : No

Injury to Insured and/or Insured driver, please indicate which hospital:  
Yes, later driver will seek for medical assist.

Third Party Vehicle No (if any) : SHE 190H

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

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
No

Type of collision and the extensiveness of the damages to all vehicles involved:  
3rd party hit to Insured from behind.

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

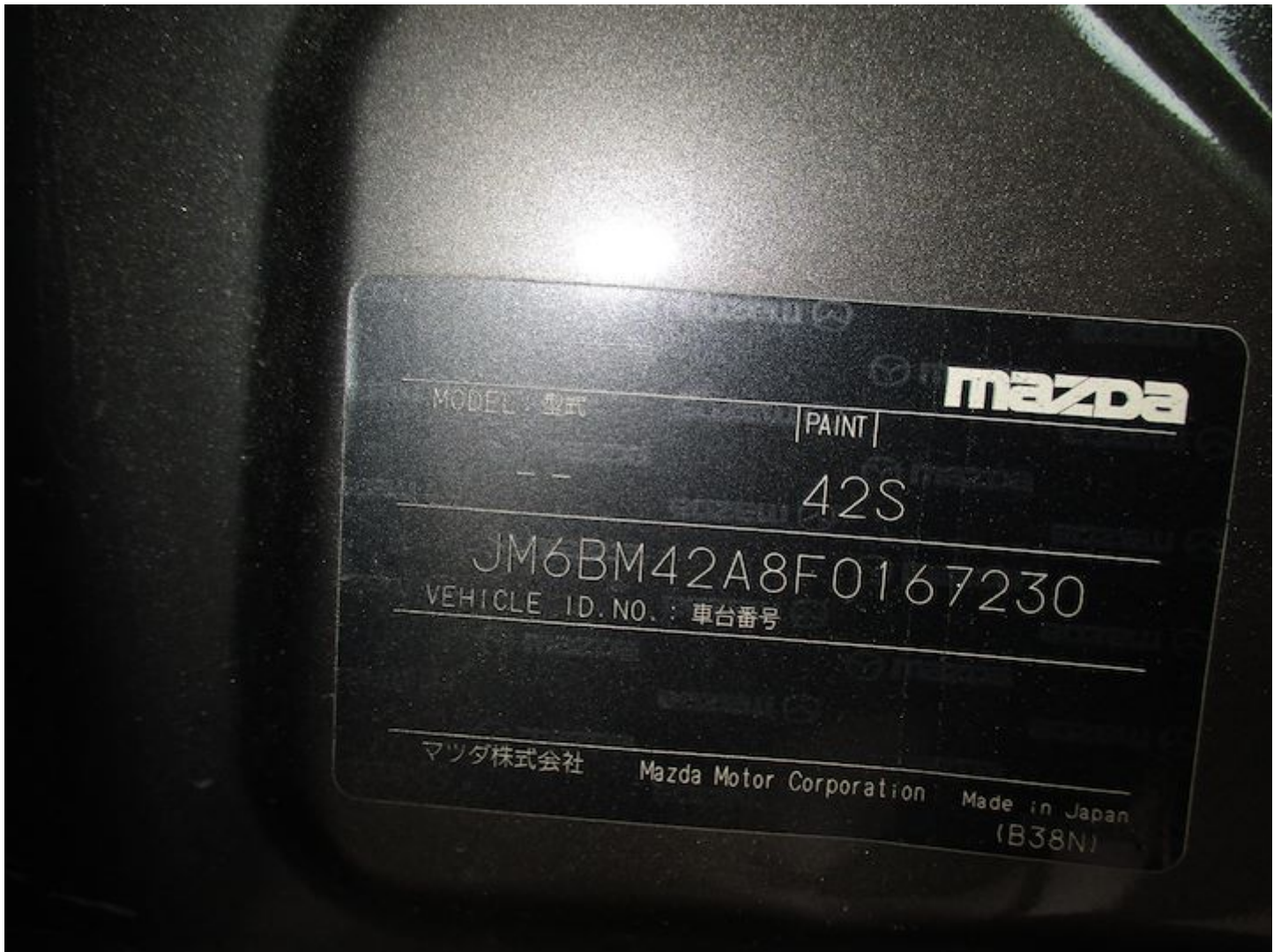
Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) : JiYong  
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) : \_\_\_\_\_  
 Workshop Name: \_\_\_\_\_

Etiqa Insurance Berhad (Company Reg. No. 109FC0054K)  
 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**





























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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X248V0006 Vehicle Registration No: SKR5293M  
 Name (as shown in NRIC): LI JI YONG NRIC/FIN/Passport No: 27018905J  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9152 9079  
 Email Address: \_\_\_\_\_  
 Date of Accident: 30/05/27 Time of Accident: 22:30  
 Place of Accident: JERVOIS RD  
 Insurance Company: BTQIA

**(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:

— AMEND VEHICLE NUMBER

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

4/Jan/2023



PZ400

70000268

Cov. Type: Third Party Only

eTiQa

**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.** M0022809

- |  |                            |                                |     |       |
|--|----------------------------|--------------------------------|-----|-------|
| 1. Index Mark and Registration Number of Vehicle                           | SKR5293M                   |                                |     |       |
| 2. Name of Policyholder  | Precise Car Rental Pte Ltd |                                |     |       |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 06/05/2024                 | Excess: Section II             | S\$ | 2,000 |
| 4. Date of Expiry of Insurance   | 05/05/2025                 |                                |     |       |
| 5. Persons or Classes of Persons entitled to drive                         |                            | Engine No : P520255332         |     |       |
|  |                            | Chassis No : JM6BM42A8F0167230 |     |       |

(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.sdlic.org.sg](http://www.sdlic.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).

GOP93167 08/05/2024 14:44:02

For and on behalf of Etiqa Insurance Pte. Ltd  
Approved Insurer

  
Authorised Signature



PRECISE CAR RENTAL PTE. LTD.  
 UEN: 201818221G  
 1 Kaki Bukit Avenue 6 #02-34 Autobay@Kaki Bukit  
 S(417883)  
 TEL: 67457367

RA NO : U 1573  
 DATE : 04/07/2024

### Rental Agreement

Vehicle Number	Make/Model	Usage	Salesman
SKR 5293 M	MAZDA MAZDA 3	PHV	Zhen Rui

HIRER'S PARTICULARS		DOVER'S PARTICULARS	
Name: LI JIYONG		Name:	
Address:		Address:	
Email:		Email:	
Telephone (HP):		Telephone (HP):	
Telephone (Home):		Telephone (Home):	
NRIC No.:		NRIC No.:	
Date of Birth:		Date of Birth:	
Driving Experience:		Driving Experience:	
Insurance Excess: (OD) (TP)		Insurance Excess: (OD) (TP)	
Insurance Excess with CDW: (OD) (TP)		Insurance Excess with CDW: (OD) (TP)	

RENTAL CHARGES	
Hours(s) 0 @ \$ /Hour	
Day(s) 1 @ \$ 60.00/Day	
Week(s) 13 @ \$ 420.00/Week	
Month(s) 0 @ \$ /Month	
Collision Damage Waiver (CDW)	
Malaysia Entry Charges	
Others:	
UPFRONT RENTAL	
Total:	
Security Deposit:	
Grand Total:	

SECURITY DEPOSIT REFUND	
Security Deposit Refund:	
Mode of Refund:	
Recipient Signature:	
Date:	

VEHICLE CONDITION CHECK	
<p>I/We declare that the above particulars are true and correct in every respect and have checked the vehicle and affirm that there are no other defects besides those listed in the diagram above. I/We understood the terms and conditions of the hire agreement printed overleaf.</p>	
Signature of Hirer	Date:

Date Out: 04/07/2024	Date In: 04/10/2024
Time Out: 02:00pm	Time In: 02:00pm
Mileage at Pickup:	Mileage on Returning:
Fuel Level at Pickup:	Fuel Level on Returning:
Hire period expires on 04/10/2024 at 02:00pm. If unstated, rental period will be calculated based on 24 hour timeframe from the time of collection of vehicle.	
Surcharge of fuel will be at \$50 per 1/4 tank. There will be no refund for excess fuel upon return of vehicle	