

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 Submission 29/09/2022 10:28 (SGT)
Reported by Both
Date of Accident 28/09/2022 08:50 (SGT)
Exact Location of Accident MCE, Singapore
Additional Location Information TWDS ECP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM7244G

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 Toyota
Model Axio
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 1496

INSURANCE COMPANY

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

DRIVER

Name of Driver KAMARUDIN BIN AHMAD
NRIC No S1421480A
Date Of Birth 24/10/1960
Occupation Indoor

Date Of Driving Pass	07/01/1987
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +62-811845646
Alt. Phone Number	-
Email Address	KAMARUDIN_AHMAD@BAHTERANIYA.COM
Address	41 LORONG MARICAN
Address complement	-
Postcode	416086
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ENDANG PALUPI
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

ON 28/09/2022 AT 0850HRS, I WAS DRIVING MY RENTED CAR (SLM7244G) WITH ONE PASSENGER (MY WIFE) ALONG MCE TOWARDS ECP (INSIDE TUNNEL) IN THE 4TH LANE FROM THE RIGHT. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT A TAXI (SHD3177M) SWERVE INTO MY LANE FROM THE LEFT AND THEN COLLIDED ONTO MY REAR PORTION OF MY RENTED CAR. BOTH PARTIES HAD EXCHANGED PARTICULARS AFTER ACCIDENT IMPACT. ME AND MY PASSENGER WILL VISIT MY DOCTOR IF WE FEEL ANY DISCOMFORT AFTER THIS. HENCE, I HERE TO LODGE THIS RPEORT TO CLAIM AGAINST TAXI (SHD3177M)'S INSURANCE FOR MY ACCIDENT DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	NOT AVAILABLE. WITH TP WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3177M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TEO HUP KHIAM
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)	-

SKETCH PLAN

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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.



Samf.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
28/9/22 @ 11:35 AM

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SLM 7244G

(B) SHD 3177M

Along MCE towards
ECP (Inside Tunnel)

Describe Circumstances of the Accident

On 28/09/2022 @ 0850 hrs, I was driving my rented car (SLM 7244G) with 1 passenger (my wife) along MCE towards ECP (inside tunnel) in the 4th lane from the right. Suddenly, I felt an impact from behind and I realised that a taxi (SHD 3177M) swerve into my lane from the left and then collided onto my rear portion of my rented car. Both parties had exchanged particulars after accident impact. Me and my passenger will visit my doctor if we feel any discomfort after this. Hence, I hereto lodge this report to claim against taxi (SHD 3177M)'s 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



INTERVIEW FORM

Name (Driver) : Kamarudin Bin Ahmad

Policy No : M0022809

Vehicle No : SLM 7244G

Place of Accident : Along MCE towards ECP (Inside tunnel)

Insured Driver's relationship with Insured : Hirer

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:
To be confirm by driver & passenger

Third Party Vehicle No (if any) : SHD 3177M

No of passenger(s) in Third Party Vehicle : 3 or 4

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:
T-P hit to Insured

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

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)

\$amir f.
 Driver (Name & Signature)

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 GIC Group

LETTER OF UNDERTAKING

I/We, Precise Car Rental P/L, the owner of vehicle no. SLM 7244G.

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Svc.

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder



.....
Company stamp

28/9/22

.....
Date























eTiqa

Insurance

M2400

31023901

Cov. Type: Third Party Only

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 | SLM7244G | | |
| 2. Name of Policyholder | Precise Car Rental Pte Ltd | | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 23/09/2022 | Excess: Section II | \$S 1,500 |
| 4. Date of Expiry of Insurance | 05/05/2023 | | |
| 5. Persons or Classes of Persons entitled to drive | Engine No | : 2NR8691317 | |
| | Chassis No | : NRE1610022981 | |

(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 or www.lia.org.sg or 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).

GOPTLAY 21/09/2022 16:11:10



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


Authorised Signature

PRECISE AUTO
RENTAL

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

RA NO : U 1070
DATE : 22-09-2022

Rental Agreement

Vehicle Number	Make/Model	Usage	Salesman
SLM7244G	TOYOTA AXIO	Personal	

HIRER'S PARTICULARS		DRIVER'S PARTICULARS	
Name: KAMARUDIN BIN AHMAD		Name:	
Address: 41 LORONG MARICAN Singapore 416086		Address:	
Email:		Email:	
Telephone (HP):		Telephone (HP):	
Telephone (Home):		Telephone (Home):	
NRIC No.: S1421480A		NRIC No.:	
Date of Birth:		Date of Birth:	
Driving Experience:		Driving Experience:	
Insurance Excess: 2000 (OD) 2000 (TP)		Insurance Excess: (OD) (TP)	
Insurance Excess with CDW: (OD) (TP)		Insurance Excess with CDW: (OD) (TP)	

RENTAL CHARGES	
Hours(s) @\$ /Hour	
Day(s) @\$ /Day	
Week(s) @\$ /Week	
Month(s) @\$ /Month	
Collision Damage Waiver (CDW)	
Malaysia Entry Charges	
Others:	
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: 22-09-2022	Date In: 29-09-2022
Time Out: 03:30pm	Time In: 03:30pm
Mileage at Pickup:	Mileage on Returning:
Fuel Level at Pickup: 2 bar	Fuel Level on Returning:
<p>Hire period expires on 29-09-2022 at 03:30pm. If not stated, rental period will be calculated based on 24-hour timeframe from the time of collection of vehicle.</p>	
<p>Surcharge of fuel will be at \$50 per 10 tank. There will be no refund for excess fuel upon return of vehicle</p>	