NATIONAL Assessment Cent	re Services	[wef 1 Jan'05]	1374T7		
Date In: 810 19-16-76	Job descripti	ON	Date &Time Completed	Doi	ie py
Resno: Ha IHCIGOTATOMY	SAS e-filin	g			
Veh No: Lix 1260 K	E-mail (with	ia Shrs, AIC 2hrs)			a
D.O.A: 3/10/19-08:NO	i-Motor Cl	aim Form	M11065958-201	Mola	12:06
OD : TP : Reporting Only	i-Motor W	O (Within: OD 2hrs			71.00
ob in Frepring Only	i-Photo Up	loaded	1		
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 545	°%4	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pc	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	100%]	- 18
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0					
General Remarks:	Test in year	Participated Norway	1000 CARCAGO 25-5 /		
LA ROSA (T. S. C. LO COLON S. SAPETON LANGUAGE, SAME, SAME, SACRETON SERVING S	2)-008-0			2007 A	
() Walk-In Customer: Customer's info			ctly NO refer of repairer.		-
() Total Loss Case : to e-mail Insure			7-1-2		
Drive-In ()/ Towed-In (); Invoice	: YES () /	NO();To	wing Co: (, ")
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Z-San Ban	- Thurst .
	Courtesy Car (<u> </u>	Zacio Table Collipse Su	West of States	, and
	ourtesy Car (,			
2) QC Check / Post Repair Inspection)			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	- 4		
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Date/Time Actions	1.			SOS CALL	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.		
The state of the s	ACCIDENT STATEMENT	
Date Of Report	08/10/2019 16:26	
Date Of Accident	07/10/2019 08:20	
Exact Location Of Accident	COMMONWEALTH AVE WEST	
Country/State of Loss	SINGAPORE	
D.	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GX660K	
Insured/Policyholder		
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD	
Co Reg No	201710755G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87980627	
Alternative Phone No	OFFICE-87980627	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	5110963557	
Cover Note Number		
Driver		
Name of Driver	MOHAMED JAILANI BIN RASIMIN	

 NRIC No
 S1240268F

 Date Of Birth
 17/01/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/03/1992

Driving Experience 27 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87980627

Fax Number

Contact Number OFFICE-87980627

EMail Address NOEMAIL

Address BLK 717 CLEMENTI WEST STREET 2

#08-107

Postcode 120717

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SG5026G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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 flability.
- 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 lodgment 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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;
 - (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")
- 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(b) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

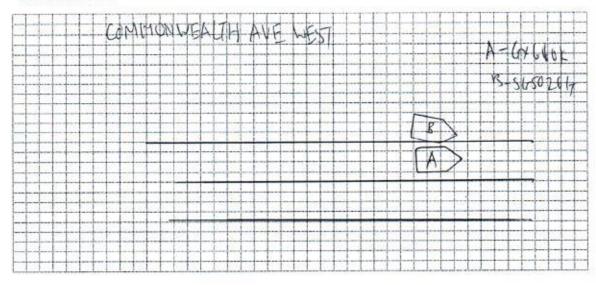
fil driver is not the policyholder

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS TRAVEL	ING ALONG COMMONWEALTH AVE WEST , SUDDENLY VEHICLE INTO MY LANE.
G3020G C01	INTO MT EANE.

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Stanature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: GX660K

MODEL: NISSAN NV200

0820 HRS HRS AM/PM COMMONWEALTH AVE WEST
COMMONWEALTH AVE WEST
3
SKYLINK VEHICLE RENTAL PTE LTD
87980627
201710755G
OD / THIRD PARTY / REPORTING ONLY THIRD PARTY
NTUC
COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
MOHAMED JAILANI BIN RASIMIN AS ABOVE / IF NO:
S1240268F ANY PASSENGER: 0
O TETOLOGIC CONTROL O
OUTDOOR / INDOOR
OUTDOOK / INDOOK
MALE / FEMALE
0.0000
21 TOH GUAN ROAD EAST #01-12 TOH GUAN CENTRE S(608609) NO/ IF YES: REG NO.
EMPLOYEE/ IF NO:
CLEAR / RAINY/ OTHER: CLEAR
DRY / WET/ OTHER: DRY
NO) IF YES:
No figure
NO / IF YES:
NO / YES
SG5026G ANY PASSENGER:
110000000000000000000000000000000000000
ANY PASSENGER:
ANY PASSENGER:
ANY PASSENGER:
ANY PASSENGER:
Ryder Auto Pte Ltd
Auto Pte Ltd
2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



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 Number: 5110963557-000013 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GX660K

Chassis Number

: VSKYBAM20Z0091232 2. Name of Policyholder

: SKYLINK VEHICLE RENTAL PTE LTD 3. Effective Date of Insurance : 09 Sep 2019

4. Expiry Date of Insurance : 08 Sep 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 : YES INSURE WITH COE HIRE PURCHASE COMPANY : DBS BANK LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 08 Jul 2019 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech	GeneralC								lClaim		
Hello, NAC_PAYA_UBI_800	0601						· Change L	anguage	• Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss Policy No.			5110963557			Date of Accident		0	07/10/2019 08:20		
	Vehicle	No.(For Motor)	GX660K			Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110963557	5110963557- 000013	SKYLINK VEHICLE RENTAL PTE LTD	201710755G	GFM	Comprehensive	GX560K	GX660K	09/09/2019	07/07/2020
	-				C	ontinue					

Policy No.		Policyholder Name	SKYLINK	VEHICLE RENTAL PTE I	Policyholder NRIC	201710755G	
Certificate No.	5110963557-000013						
Address	21 TOH GUAN ROAD EAST #01-1	2 TOH GUAN	CENTRE S	INGAPORE 608609			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	08/07/2019	Effective Date	08/07/20	9 00:00	Expiry Date	07/07/2020 23	5:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	5360.70				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y	
					And the Control of th		
Co- Insurance Flag	No				2020 (1922)		
nsurance Flag Open	No				\$350 V.S.**		
nsurance Flag Open Policy Info Certificate	No				\$355 U.S. 18		
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address				\$3.50 U.S. 18		
nsurance Flag Open Policy Info Certificate Info Policy		Addre	ss 2	#01-12 TOH GUAN		Address 3	SINGAPORE 608609
Insurance Flag Open Policy Info Certificate Info	nolder Mailing Address	-200	ss 2 ss Type	#01-12 TOH GUAN Singapore address	CENTRE	Address 3 Post Code	SINGAPORE 608609 608609
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address	Addre	ss Type	CONTRACTOR STATE OF THE STATE O	CENTRE	000000000000000000000000000000000000000	SECTION AND ADDRESS OF THE SECTION O
Insurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	nolder Mailing Address 21 TOH GUAN ROAD EAST	Addre Relate	ss Type	Singapore address	CENTRE	000000000000000000000000000000000000000	AND THE PARTY OF T
Insurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	oolder Mailing Address 21 TOH GUAN ROAD EAST 01-12 d Object: 5110963557-000013	Addre Relate	ss Type	Singapore address	CENTRE	000000000000000000000000000000000000000	AND THE PARTY OF T
nsurance Flag Dpen Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	nolder Mailing Address 21 TOH GUAN ROAD EAST 01-12 d Object: 5110963557-000013	Addre Relate	ss Type od Policy er	Singapore address	CENTRE ,	000000000000000000000000000000000000000	ACTOR RESTORED BOATS
Insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address 21 TOH GUAN ROAD EAST 01-12 d Object: 5110963557-000013	Addre Relate Numb	ss Type od Policy er	Singapore address 5113092653	CENTRE ,	Post Code	608609

cident MT/1065958			10000	Street Morey to a Day of the	20000000
licy No.	5110963557	Vehicle No.	GX660K	GST Registration No.	201710755G
rtificate No.	5110963557-000013				
licyholder Name	SKYLINK VEHICLE RENTAL PTE LTD			Policyholder NR3C	201710755G
oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
intect No.(Mobile)	87980627	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	THE V
·K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Emiliement(%)	0	Private Hire	No
Accident Details				SINGE-PERSON!	
port Date	06/10/2019 17:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	07/10/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore.
eporting Centre		Orange Force		ICM No.	
cident Location	COMMONWEALTH AVE WEST	22700271000B			
7 Total Excess Applicable					
	Per Accident	Windscreen Excess	100.00		
cess Type	Per Accident	Western Excess	20000		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess	921	ANT 64 (64 (64 (64 (64 (64 (64 (64 (64 (64			
	2000.00	Total TP Excess Applicable			
tal OD Excess Applicable Benefits	2000.00	Title IT Excess Applicative			
7 Benefits 7 GST Registered Informa	stion				
T Registered	Yes		GST Registration Date	01/07/2017	
ST Registration No.	201710755G		GST Status Verified	Yes	
adification History					
AND THE PERSON					
Policyholder Halling Ad	dress				
ddress 1	21 TOH GUAN ROAD BAST	Address 2	#01-12 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
odress 4		Address Type	Singapore address	Post Code	608609
ne No.	01-12	Related Policy Number	5113092653		
OI Driver Info	94-44		************		
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	MOHAMED TAILANT BIN RASIMI	Driver NRIC	S1240268F	Driver DOS	17/01/1957
egister Date of Driver License		Driver Age	62	Driving Experience	27
		Contact No. (Office)	0	Contact No.(Home)	0
ontact No.(Mobile)	87980627		CLEMENTS WEST STREET 2	Address 3	VISTA 18
ddress 1	BLK 717	Address 2			120717
ddress 4	SINGAPORE 120717	Address Type	Singapore address	Post Code	120/1/
Init No. loes he own a Singapore	08-107				
egistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration reathalyser or Blood Test			0.0		
eading?	0 mg	Any injury?	O Yes ® No		
odification History					
Claim 001 New					
aim Tupe *	OD-MX	Insured Name	SKYLINK VEHICLE RENTAL PTE	Insured NR3C	201710755G
laim Type *	120	Contact No.(Home)		Contact No.(Office)	62665858
ontect No.(Mobile) mail Address		OI Vehicle Number	GX660K	TP Vehicle Number	SG5026G
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