Date In: 33/17/19-17: 29	Jeb description	Date & Time	Completed	Done by	4
Rel No: NAHHUGOIGNOGIZY	SAS e-filing				
Veh No: ansay	E-mail (within Shrs, A	IC 2hrs)			
	i-Motor Claim Fo	rm M7/10692	02000 1 30	10/19/17:	46
D.O.A: 19/19-18:32	i-Motor W/O (With				201010
OD / TP / Reporting Only	i-Photo Uploaded				
physical and the second	Assessment/Survey	Report			20.19202
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW	<i>l</i> : (Tel:	Fax:		-
TP Particulars: Veh No:		INC()/Non-IN	C()		
Owner / Driver: (770	Tel:)	
Policy No: ()	Period: () Cover Type:	()	
Confirmed by : (Da	ite: Tin	i <i>e:</i>)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: \$0-100%)	
Year of Registration: () Warranty: YES ()/	NO()			
Excess: (\$) Loading	: \$1,000 ()/\$2,000 ()			
General Remarks:-	7.2				Fy
		1	1		
2) QC Check / Post Repair Inspection) / Courtesy Car () () (t > \$3000] ()				
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:	()			CLCARD F3	7.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions	() st>\$3000] ()	eice Preparation Che	cklist	Ant (S)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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.

	ACCIDENT STATEMENT
Date Of Report	30/10/2019 17:29
Date Of Accident	17/10/2019 18:30
Exact Location Of Accident	UPP EAST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ8722X
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	201710755G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98579741
Alternative Phone No	OFFICE-98579741
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE MANUAL
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110011567
Cover Note Number	
Driver	
Name of Driver	MOHAMMED FARHAN BIN MOHAMMED FADILE
NRIC No	S9716753B
Date Of Birth	28/05/1997
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98579741
Fax Number	

OFFICE-98579741

NOEMAIL

Address BLK 28 CASSIA CRESCENT

#02-30

Postcode 391028

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

JIHEK - HIKE

5-4-1967-7-17

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident?

NO

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.

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191018/2115.

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

Vehicle Make/Model/Colour

SJS328L

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- I Please report correctly the network time accident to speed up the rooms now was
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 information provides must be as truthful and accurate as possible. Any writin management at on 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.
- 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 perces.
- 7 By the loagment of this report to the insurers, you hereby consent to the archiving of this report of 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 Assopation 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' lawyors/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the our pose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (iii) 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
 - 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' fawyers/law forms, 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 plaims.
- (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

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

Policyholder's Signature Date & Time Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personne Name NRIC/PIN No.

Upper East cost Road	A - 4658772 15 - 555378L
	
7	\rightarrow
AK	<u>s</u> ×
	<
Baylourt Condo	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to police report

DECLARATION

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

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

Name: NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: GBJ8722X

MODEL: TOYOTA HAICE

Singapore 417921 Email: <u>ryderautoworkshop@gmail.com</u> Tel: 67418277 Fax: 67468277			
2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,			
Ryder Auto Pte Ltd			
Rudor			
ANY PASSENGER:			
STOROGETH PROPERTY OF THE PROP			
SJS328L ANY PASSENGER:			
NO / YES			
NO / IF YES:			
NO / IF YES:			
DRY / WET/ OTHER: DRY			
CLEAR / RAINY/ OTHER: CLEAR			
STEETE COLUMN TO THE TOTAL STEETE STE			
MO) IF YES: REG NO. KILL			
98579741 OFFICE: HOME: 21 TOH GUAN ROAD EAST #01-12 TOH GUAN CENTRE S(608609)			
MALE / FEMALE			
OUTDOOR / INDOOR			
S9716753B ANY PASSENGER: ()			
AS ABOVE / IF NO: MOHAMMED FARHAN BIN MOHAMMED FADILE			
5110011567			
COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
NTUC			
OD / THIRD PARTY / REPORTING ONLY REPORTING ONLY			
201710755G			
98579741			
SKYLINK VEHICLE RENTAL PTE LTD			
ALONG ROAD 1 UPPER EAST COAST ROAD			
18.30HRS HRS AM/PM			





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 3 Report No. T/20191018/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2019 15:10		fade:	Vide Report No.:	Station Diary No.: 25	
Informa	nt's Partic	ulars		CALL STATE OF THE	
MOHAN MOHAN	f Informant: IMED FARI IMED FADI / ID No.:	HAN BIN	Address: APT BLK 28 CASSIA CRE 391028 Contact No.:	SCENT #02-30 SINGAPORE	
NRIC NO / S9716753B		53B	Home/Office: Mobile: 98579741 Email:		
SINGAP	ORE CITIZ	EN			
Sex: Age: Date of Birth: Male 22 28/05/1997			Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Delivery Driver			Driving Licence Information Class: 3	n; Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/10/2019 18:30	Type of Location Straight Road
outside Bayco Weather:	COAST ROAD	Road Surface:	A7 20	Road Speed Limit:
Clear		Dry		50 Km/h
Traffic Flow: Two Way	3.1	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	ion: ing Vehicles - Head To S	Side		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved		ARTHUR CO. TOTAL		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ8722X	Van				Slightly Damaged	0
SJS328L	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20191018/2115

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver		Win Company		Share and	Leaby.	
Name	MOHAMMED FARHAN BIN MOHAMMED FADILE					S9716753B
Related Vehicle	GBJ8722X (Van)				ct No.	98579741
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days gran	ted Medical Leave				NIL	

Brief Details.

On 17/10/2019 at about 1830hrs, I was driving my vehicle GBJ8722X out from Baycourt Condo located along Upper East Coast Road. When a vehicle gave way to me, I checked that it is safe for me to do the right turn, I proceeded and slowly made the right turn. I kept to the right lane of the 2 lane road while completing the right turn halfway, I felt an impact on the right side of my vehicle. I then stopped my vehicle and saw that another vehicle SJS 328 L had hit onto the right side of my vehicle. TP had attended to the incident reference G/20191017/0138 and I am told by Traffic Police to lodge a Traffic Accident Report, the Traffic IO in-charge of the case is IO Afiq. I wished to state that I am residing at Blk 116 Edgefield Plains #02-338 S(820116) and not the address stated on my NRIC. That's All





Report No. T/20191018/2115

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

NIL

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt CHAN LEE WAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2019 15:10
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	



10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

14 Sep 2019

Our ref 1409190401N030041218

SKYLINK VEHICLE RENTAL PTE. LTD. 21 TOH GUAN ROAD EAST #01-12 TOH GUAN CENTRE SINGAPORE 608609

Dear Sir/Madam

Your Vehicle Conversion For GBJ8722X Is Successful

Your vehicle GBJ8722X has been successfully converted from Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus / Public Service Vehicle (Others) to A50 - Goods (Closed) Van/Van Panel (Delivery) / Normal with effect from 14 Sep 2019. The Business Transaction Reference No. is 20190914111701696717.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

You should replace the existing vehicle number plates with the new ones by 17 Sep 2019.

The original In-vehicle Unit (IU) in your vehicle can no longer be used following the conversion. You will need to install a new IU at any LTA-authorised IU service centre before passing through any Electronic Road Pricing (ERP) areas in operation. To view a list of LTA-authorised IU service centres, visit www.onemotoring.com.sg and enter "IU service centres" in the search bar.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Check that the details in the Annex are correct.
- Check this letter to see if you need to change or seal the vehicle number plates according to the vehicle's new scheme.



Yours sincerely

Ng Lay Choo (Ms) Deputy Director, VRL Service Operations Vehicle Services Group Land Transport Authority

[This letter is computer-generated, no signature is required.]

Transaction ref 20190914111701696717

Please check that the owner and vehicle details are correct:

1.	Name	: SKYLINK VEHICLE RENTAL PTE, LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 201710755G
4.	Country/Region	## = 1
5.	Vehicle Registration No.	: GBJ8722X
6.	Previous Vehicle Registration No.	: PA5789E
7.	Effective Date of Ownership	: 30 May 2019
8.	Original Registration Date	: 22 Dec 2005
9.	First Registration Date	: 22 Dec 2005
10.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	4
14.	Attachment 3	i.e.
15.	Vehicle Make Description	: TOYOTA
16.	Vehicle Model	: HIACE MANUAL
17.	Year of Manufacture	: 2005
18.	Primary Colour	: Silver
19.	Secondary Colour	(H)
20.	Passenger Capacity	: 11
21.	Chassis/Trailer Chassis No.	: JTFJS02P900005326 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 2KD1366239 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2494 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 1940
27.	Maximum Laden Weight(kg)	: 2950
28.	Open Market Value	: \$26,622.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	
31.	Minimum PARF Benefit	in the state of th
32.	No. of Transfers	: 1

Transaction ref 20190914111701696717

Please check that the owner and vehicle details are correct:

33.	IU Label No.	: 1550138820
34.	COE No.	: 2005110105000239E
35.	COE Expiry Date	: 21 Dec 2025
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$44,831.00
38.	Actual Quota Premium/PQP Paid	: \$44,831.00
39.	Actual ARF Paid	: \$1,332.00
40.	CO2 Emission(g/km)	(\$)#3°
41.	CO Emission(g/km)	: - :
42.	HC Emission(g/km)	i.e.
43.	NOx Emission(g/km)	1-
44.	PM Emission(mg/km)	:-
45.	Actual CEVS/VES Rebate Utilised	:-
46.	CEVS/VES Surcharge Paid	; -
47.	Actual Green Vehicle Rebate Utilised	:-
48.	Vehicle Lifespan Expiry Date	: 21 Dec 2025
49.	Nett Road Tax Amount	:
50.	Road Tax Start Date	:-
51.	Road Tax End Date	i -
52.	Remarks	:-



Certificate of Insurance

MOTOR VEHICLES (THIR	D PARTY RISKS AND	COMPENSATION) A	CT (CHAPTER 189)
MOTOR VEHICLES (THIR	D PARTY RISKS AND	COMPENSATION) R	ULES, 1960
ROAD TRANSPORT ACT,	1987 (MALAYSIA)		

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110011567 Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle : PA5789E

Chassis Number : JTFJS02P900005326

Name of Policyholder : SKYLINK VEHICLE RENTAL PTE LTD

3. Effective Date of Insurance : 30 May 2019

4. Expiry Date of Insurance : 29 May 2020

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 the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 14 passengers

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 (Other than for reward) 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

 EXCESS (SECTION I)
 : N/A

 EXCESS (SECTION II)
 : \$\$3,000

 INSURE WITH COE
 : YES

HIRE PURCHASE COMPANY : ETHOZ GROUP 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)

Agency : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 30 May 2019 15:37 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5110011567	Policyholder Name	SKYLINK V	EHICLE RENTAL PTE	Policyholder NRIC	2017107550	3
Certificate No.		ivaline			HALC		
Address	21 TOH GUAN ROAD EAST #0	1-12 TOH GUAN	CENTRE SI	NGAPORE 608609			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	30/05/2019	Effective Date	30/05/2019	00:00	Expiry Date	29/05/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	3000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address	www.		VVVV0		AVAULTURA VI	
Address 1	21 TOH GUAN ROAD E	AST Addre	ss 2	#01-12 TOH GUAN	CENTRE	Address 3	SINGAPORE 608609
Address 4		Addre	ss Type	Singapore address		Post Code	608609
						1031 6006	000009
Unit No.	01-12	Relate Numb	ed Policy er	5113092653		. 030 0000	50000
	01-12 d Object: PA5789E			5113092653		7 031 0000	30007
	d Object: PA5789E			5113092653		7 030	30007
	d Object: PA5789E ements	Numb		Page 944	Endorsement		Endorsement Content
♪ Insured	d Object: PA5789E ements	Numb ent Basic	er	т Туре	m-Assum Carry	Status	

ccident MT/1069202					
olicy No.					
	\$110011567	Vehicle No.	PA5789E	GST Registration No.	
rificate No.				299997 (SERVICE)	
Icynolder Name	SKYLINK VEHICLE RENTAL PTE LTD			Polityholder NRIC	201710755G
oduct Code	BUS INSURANCE	Cover Type	Third Party, Fire & Trieft	Loading	0
ntact No.(Mobile)	96579741	Contact No. (Office)	0	Contact No.(Home)	0
ail Address	30073774	Special Remark		eCode	i v
K.	® No ○ Yes	TDA	® No ⊜Yes		11000
CD Protection				eCode Reason	122
	NG	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	30/10/2019 17:44	Accident Report Within 24 hrs	Yeş	Accident Type	Collision - Major Minor Road
te of Accident	17/10/2019	Time of Accident hhumm	18:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	UPP EAST COAST RD				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	3,000.00		
ID OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
ditional Excess					
el CO Excess Applicable	1000.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
Registered	Yes		GST Registration Date	01/07/2017	
T Registration No.	201710755G		GST Status Verified	Yes	
dification History	30/10/2019 17:45:40 Sys	tem changed GST Registered from No	o to Yes		
	30/10/2019 17:45:40 5ys	tem Changed GST Registration No. In tem Changed GST Registration Date f	rom null to 01/07/2017		
Policyholder Hailing Ad					
dress I	21 TOH GUAN ROAD EAST	Address 2	#01-12 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
dress 4		Address Type	Singapore address	Post Code	608609
is No.	01-12	Related Policy Number		rum cour	002002
OI Driver Info	01-12	Keleted Policy Number	5113092653		
ver Name	Unnamed Driver	Davier Time	Unnamed Driver		
named driver Name	MOHAMMED FARHAN BIN MOHA	Driver Type Driver NRIC		Day 200	50.05.4500
			597167538	Driver DOB	28/05/1997
gister Date of Driver License		Driver Age	22	Driving Experience	1
ntact No.(Mobile)	98579741	Contact No.(Office)	0	Contact No.(Home)	0
fress 1	BLK 28	Address 2	CASSIA CRESCENT	Address 3	SINGAPORE 391028
dress 4		Address Type	Singapore address	Past Code	391028
nt No.	02-30				
res he own a Singapore	02-30 () Yes (No	Driver Vehicle No.		Driver Insurer Company	
res he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
ses he own a Singapore agistered car?		Driver Vehicle No.		Driver Insurer Company	
res he own a Singapore gistered car? claration eathalyser or Blood Test	○ Yes ④ No		() yes (●) No	Driver Insurer Company	
ses he own a Singapore egistered car? claration eathalyser or Blood Test		Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
nt No. nes he own a Singagore gistered car? claration eathelyser or Blood Test asing?	○ Yes ④ No		○ Yes ® No	Driver Insurer Company	
ses he own a Singapore egistered car? claration eathalyser or Blood Test	○ Yes ④ No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore getered car? claration eathalyser or Blood Test ading? diffication Hatory	○ Yes ④ No		☐ Yes ® No	Driver Insurer Company	
es he own a Singapore getered car? daration cathalyser or Blood Test dding?	○ Yes ④ No		☐ Yes ® Np	Driver Insurer Company	
es he own a Singapore gatered car? claration pathalyser or Blood Test abing? sification History	○ Yes ④ No		☐ Yes ® Ne	Driver Insurer Company	
es he own a Singapore getered car? daration bathalyser or Blood Test asing? dificesion Hatory	○ Yes ④ No		☐ YES ® No SKYLINK VEHICLE RENTAL PTE	Driver Insurer Company Insured NRIC	2017107556
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es he own a Singagore jistered car? daration lathalyser or Blood Test ading? diffusion History latim 001 New im Type * mact No. (Mobile)	○ Yes (⊞ No 0 mg	Any injury? Insured Name Contact No.(Home)	SKYLINK VEHICLE RENTAL PTE	Insured NRIC Contact No.(Office)	62665858
es he own a Singagore jatered car? Jaration	○ Yes ⊕ No 0 mg	Any injury? Insured Name Contact No.(Home) DI Vehicle Number	SKYLINK VEHICLE RENTAL PTE	Injured NRIC	provide the Control of the Control o
es he own a Singapore jetered car? faration asthalyser or Blood Test dding? inflication Hatory inflication Mew in Type * hact No. (Mobile) air Address imant Type Claimant Type *	○ Yes (No 0 mg	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	SKYLINK VEHICLE RENTAL PTE	Insured NRIC Contact No.(Office)	62665858
es he own a Singapore jistered car? faration asthalyser or Blood Test ding? isfication Hatory claim 001 New im Type * nact No. (Mobile) as Address imant Type Claimant Type * imant Name *	○ Yes ⊕ No 0 mg	Any injury? Insured Name Contact No.(Home) DI Vehicle Number	SKYLINK VEHICLE RENTAL PTE	Insured NRIC Contact No.(Office)	62665858
es he own a Singapore gistered car? daration sathalyser or Blood Test sting? diffication Hatory claim 001 New mact No.(Mobile) as Address (mant Type Claimant Type * imart Name * imart Address	O mg O mg Please Select ≥≥	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	SKYLINK VEHICLE RENTAL PTE	Injuried NRIC Contact No. (Office) TP Vehicle Number	62665858
es he own a Singapore jistered car? faration asthalyser or Blood Test dding? Isficacion History Isficac	○ Yes (No 0 mg	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	SKYLINK VEHICLE RENTAL PTE	Insured NRIC Contact No.(Office)	62665858
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es he own a Singapore intered car? laration athalyser or Blood Test ding? interior History laim 001 New m Type * flact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address in Description ferred Workshop Contact suite Finalisacion a Registered ort Taken By Print Ak letter	On-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SKYLINK VEHICLE RENTAL PTE PASTORE Please Select Fully at Faule Preferred Workshop, Name unknown	Initured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	6265558 \$35328L
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is ne own a Singapore intered car? Iaration athalyser or Blood Test ding? Islam 001 New In Type * nact No. (Mobile) all Address mant Type Claimant Type * mant Address in Description ferred Workshop Contact user finalisation e Registered out Taken By Print AK letter Ident No.	One of the second of the seco	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	PAS789E Press Select Fully at Faut Preferred Workshop, Name unknown Dot 30/10/2019 17:47	Initiated NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report Date Received	Received 38110/2019 00:00
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is ne own a Singapore intered car? Iaration athalyser or Blood Test ding? Islam 001 New In Type * nact No. (Mobile) all Address mant Type Claimant Type * mant Address in Description ferred Workshop Contact user finalisation e Registered out Taken By Print AK letter Ident No.	One of the second of the seco	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date	Skylink vehicle rental pte PAS7896 Please Select Fully at Fault Preferred Workshop, Name unknown DOI 30/10/2019 17:47 Category * Chair Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urger	Rectived 30/10/2019 00:00
es he own a Singapore gistered car? sathalyser or Blood Test asing? sification Hatory claim 001 New im Type * mact No.(Mobile) as Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact pure Finalisation fer Registered sort Taken By Print Ax letter stachment r ident No.	One of the second of the seco	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim No. Upload Date Browse.	Skylink vehicle rental pte PAS7896 Please Select Fully at Fault Preferred Workshop, Name unknown DOI 30/10/2019 17:47 Category * Chair Please Select	Initured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report Date Received Confidential Urger V Name	Rectived 30/10/2019 00:00
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