

NATIONAL Assessment Centre Services

Ref: JAC05] MNA 120045758

Date In: 11/5/20 17:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI 072 2000 5660164	E-mail (within 2hrs, AIC 2hrs)		
Veh No: GBT 6706 G	I-Motor Claim Form		
TP EA: 9/5/20 12:20	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
Q1: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGW 678R	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 110111 6706 6616)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA 2002880	Invoice Breakdown Checklist	Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30)	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant against INC Only (wef 19 Jan 2020)		
	6) TR: Re-Inspection \$75		
	7) N1: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (K-on INC) against INC \$20		
	9) N12: Idea Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 Authorised 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 Report	11/05/2020 17:54
Date Of Accident	09/05/2020 12:20
Exact Location Of Accident	SIMEI AVE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6706G
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69081928

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00029502000
Cover Note Number	

Driver

Name of Driver	MOHAMAD HISHAM BIN ALI
NRIC No	SXXXX130G
Date Of Birth	01/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93740674
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 52 CHIN SWEE RD #14-37
Postcode	160052
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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.	NO
Number of Passengers (Including Driver)	1

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	SGW678R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WAI KIT
NRIC/Passport Number	SXXXX977J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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. 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.
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.
- (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:
 - (i) 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:

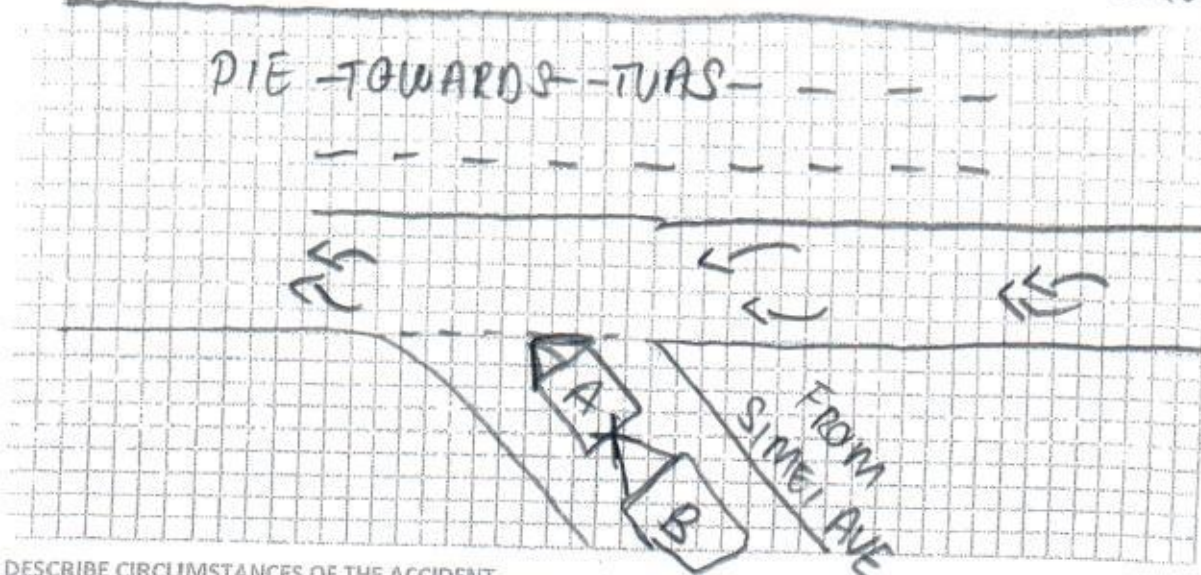
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A - GBJ 6706G

B - SGW 678R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 9TH OF MAY ON SATURDAY AT AROUND 12.20PM, I WAS DRIVING VEHICLE A, GBJ 6706G WAS INVOLVED IN AN ACCIDENT. THE ACCIDENT HAPPENED AT SIMEI AVE TOWARDS PIE TOWARDS TUAS. THE ACCIDENT OCCURED WHEN I WANTED TO MAKE A LEFT TURN TO EXIT PIE TOWARDS TUAS WHEN VEHICLE B, SGW 678R HIT ME AT THE REAR OF MY VAN. I BELIEVE HE WAS FOLLOWING ME CLOSELY FROM BEHIND ONCE VEHICLE B, SGW 678R HIT ME, HE STOP IMMEDIATELY BY THE SIDE OF THE ROAD AND APOLOGISED TO ME

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.:



Motor Commercial

MZ407/C

N SN

AN0478A

Cov. Type:F

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.

DMCVSNA00029502000

Engine No.: 1GD8417556

Cha. No.: GDH2011024062

1. Index Mark and Registration
Number of Vehicle

GBJ6706G

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/04/2020
(11:19:00)

Excess Sect. II \$S2,000.00

4. Date of Expiry of Insurance

22/04/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:*

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* 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 headings.

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).

Please see reverse



Issued By:

Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

**SKYLINK**

世凯联车辆维修有限公司

SKYLINK AUTO GARAGE PTE LTD

Blk 48 Toh Guan Road East #02-127

Enterprise Hub, Singapore 608586

Tel: +65 6908 1928 Fax: +65 6908 1929

www.skylinkauto.com.sg

ACCIDENT REPORTworkshop@skylink
Com. SG**SECTION A - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT**

DATE & TIME OF ACCIDENT: DATE 09/05/20 TIME 12.20 PM

DATE & TIME OF REPORTING: DATE 11/05/20 TIME 0.345 PM

PLACE OF ACCIDENT: BEDOK Simei Ave twds PIE

VEHICLE REG NO: GBJ 6706G MAKE/MODEL: TOYOTA HIACE

PURPOSE OF USE AT TIME OF ACCIDENT: GOODS TRANSPORTATION/PRIVATE USAGE/ OTHER: working

NAME: MOHD HISHAM BIN ALI NRIC/FIN NO: S8532130G

ADDRESS: BLK 52, CHIN SWEE RD

POSTCODE: S(160052) DATE OF BIRTH: 01/10/85

CONTACT: HOME _____ OFFICE _____ HANDPHONE 93740674

EMAIL: _____ GENDER: MALE / FEMALE

OCCUPATION: DELIVERY DRIVER OUTDOOR / INDOOR

YEARS OF DRIVING EXPERIENCE: 1 YR LICENCE DATE OF ISSUE: 15 MAY 2019

TYPE OF CLAIM: THIRD PARTY / OWN DAMAGE / REPORTING ONLY (1)

DRIVER STATUS: OWNER / NON - OWNER

IF YOU NOT THE OWNER, THE OWNER 'S NAME & TEL : _____

OWNER'S ADDRESS: _____

RELATIONSHIP WITH OWNER: _____ OWNER'S NRIC / COMPANY REG NO: _____

INSUREANCE COMPANY: _____ INSURANCE POLICY NO: _____

FLEET: YES / NO TYPE OF POLICY: COMPREHENSIVE / THIRD PARTY FIRE & THEFT / THIRD PARTY ONLY

MY INSURANCE COMPANY: _____ INSURANCE POLICY NO: _____

TYPE OF POLICY: COMPREHENSIVE / THIRD PARTY FIRE & THEFT / THIRD PARTY ONLY

DRIVER'S DECLARATION: I DECLARE THAT THE INFORMATION GIVEN IN THIS REPORT ARE TURE AND CORRECT AND I
UNDERTAKE TO ASSUME FULL RESPONSIBILITIES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNATURE: [Signature]DATE & TIME: 11/05/20

SECTION B - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT

- TYPE OF ACCIDENT: HEAD TO REAR
- WEATHER CONDITION: CLEAR / CLOUDY / LIGHT RAINS / HEAVY RAINS
- ROAD CONDITION: DRY / WET
- WAS ANYONE INJURED IN THE ACCIDENT? YES / NO
- WAS ANY INJURED CONVOY BY AMBULANCE? YES / NO
- POLICE REPORTED? YES / NO
- POLICE REPORT REFERENCE NO: _____
- WAS NOTICE OF INTENDED PROSECUTION GIVEN? YES / NO
- OTHER VEHICLE OR PROPERTY DAMAGE? YES / NO
- COMPANY'S VEHICLE? YES / NO
- DO YOU HAVE WITNESS? YES / NO
- WAS THERE ANY VIDEO CAPTURED BY CAR CAMERA? YES / NO
- NUMBER OF PASSENGERS (INCLUDING DRIVER): (1)

THIRD PARTY'S DETAILS

DETAILS	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
VEHICLE REG NO	<u>SQW 678 R</u>		
VEHICLE MAKE / MODEL	<u>TOYOTA ALPHARD</u>		
NAME OF DRIVER	<u>LEE WAI KIT</u>		
NRIC NO	<u>S7141977J</u>		
INSURANCE COMPANY			
HANDPHONE			

WITNESS DETAILS

DETAILS	WITNESS NO. 1	WITNESS NO. 2	WITNESS NO. 3
NAME OF WITNESS			
NRIC NO			
HANDPHONE			

DESCRIBE HOW ACCIDENT HAPPENED PLEASE USE **SKETCH PLAN** FOR ACCIDENT DISCRPTION & SKETCH OF ACCIDENT SCENE

DRIVER'S DECLARATION: I DECLARE THAT THE INFORMATION GIVEN IN THIS REPORT ARE TRUE AND CORRECT AND I UNDERTAKE TO ASSUME FULL RESPONSIBILITIES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNATURE: 

DATE & TIME: 11/05/20