Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 13/07/2020 12:57

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 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	13/07/2020 12:23
Date Of Accident	06/07/2020 19:15
Exact Location Of Accident	BLOCK 846 YISHUN RING ROAD CARPARK EXIT GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7516C
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX755G
Email Address	PANGLAIHUAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93802192
Alternative Phone No	OFFICE-93802192
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	BUYING DINNER WITH WIFE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNA00029102000
Cover Note Number	
Driver	
Name of Driver	PANG LAI HUAT
NRIC No	SXXXX338I
Date Of Birth	16/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93802192
Fax Number	
Contact Number	OTHERS-93802192
EMail Address	PANGLAIHUAT@GMAIL.COM

Address	BLK 862 YISHUN AVENUE 4 #03-59
Postcode	760882
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?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	GBK2341K
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HAFIZAH BINTE IDRIS
NRIC/Passport Number	SXXXX256D
Contact Number	82118112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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: 6/7/20 11:50pm

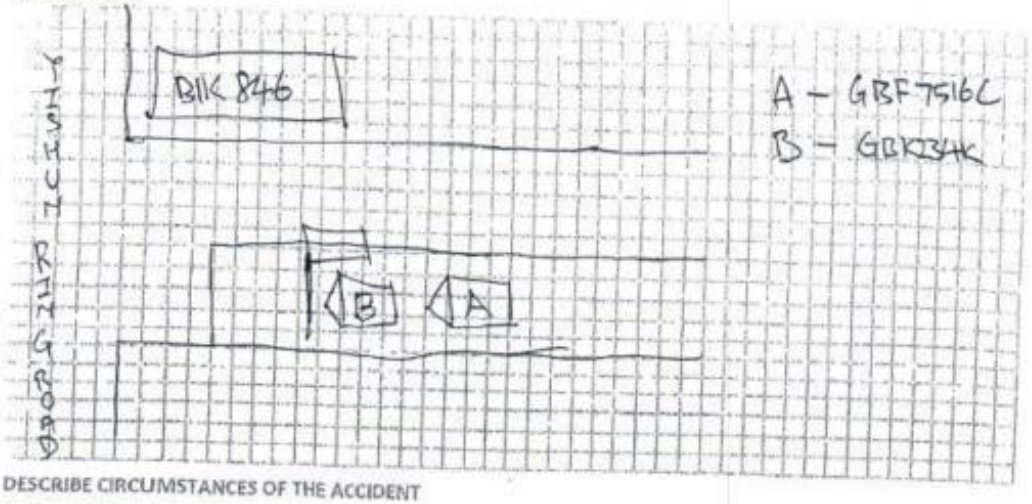
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13/7/2020

MS 4C SketchPlanForm_V8

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 6/7/20, 7.16pm Carpark Gantry of Block 846 Yishun ~~Ave 4~~ Ring Road. I was queuing up to Exit the carpark behind vehicle GBK234K. The vehicle ~~shift~~ to reverse gear ~~it~~ and reverse the vehicle without checking and Hit onto the van I'm driving GBF7516C twice ~~after~~ even I was horning ~~for~~ her that there is an vehicle behind.

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: 6/7/20 11.50pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
13/07/2020

@MIAC SketchPlanForm_V3

SKYLINK
世凯玛车辆租赁有限公司

SKYLINK VEHICLE RENTAL PTE LTD
21 Toh Guan Road East #01-12, Toh Guan Centre, (S)608609
Tel: +65 6266 5858 Fax: +65 6266 5852
www.skylinkauto.com.sg
Co. Reg/GST No. 201710075G

LEASING AGREEMENT

Date of Agreement	: Wednesday, 15 Apr 2020	Agreement No	: SC20/0684

HIRER PARTICULAR

Name	: JCF ENTERPRISES PTE. LTD.	Contact Person	: WONG WEI CHEK
NRIC/ ACRA No.	: 201807979E	Mobile Number	: 85009930
Address	: 2 YISHUN INDUSTRIAL STREET 1 #05-34 NORTH POINT BIZHUB	Office Number	:
		Fax Number	:
		Email Address	: jcfenterprise2018@gmail.com

RENTAL DESCRIPTION

Make/Model	: TOYOTA HIACE AUTO
Description	:
Upper Structure	:
Attachment	:
Accessories & Services	:
Vehicle Plate No	: GBJ2553G
Engine No	: 1GD8358279
Chassis No	: GDH2011016506

CONTRACT PERIOD

Total Duration	: 3 Month(s)
Start Date	: 15-APR-2020
End Date	: 24-JUL-2020

PAYMENT TERM

Deposit	: $0.00
Rental/Lease Rate	: $1,100.00 Per Month
GST 7%	: $77.00
Sub-Total Rental	: $1,100.00
Payment Term	: $1,177.00

Remark: This Leasing Agreement will renew on a monthly basis automatically after the contract period ended. Hirer is free to write in to stop the renewal with a 30 day notice. 30 days advanced notice for return of vehicle.

Late payment fee of 5% per month on prevailing monthly rental rate applicable for any late payment

INSURANCE COVERAGE INSIDE SINGAPORE		
Driver's Age &/or Driving Experience	Above 26 Year Old & 2 Years Experience	Below 26 Year Old & 2 Years Experience
Own Damage Excess (Section I)	$3,000.00	$5,000.00
3rd Party Excess (Section II)	$3,000.00	$5,000.00

INSURANCE COVERAGE OUTSIDE SINGAPORE (APPLICABLE TO ALL DRIVERS)			
Additional Own Damage Excess	NA	Additional 3rd Party Excess	NA

Authorised Driver: Only Registere Drivers/ Employees of Hirer (Please furbish us copies of all Drivers' Licencses and Ics)

IMPORTANT NOTE

1. The above quote is subjected to approval, stock availability, taxes and government legislation.
2. Rate does NOT include usage outside SINGAPORE, additional charges apply for usage outside Singapore (Subject to prior approval)
3. Above rental rates include vehicle replacement (subject to availability), road side assistance 24/7 and new tyre change once annually.
4. Rental rates includes vehicle insurance, road tax and inspection, maintenance, servicing and repair due to wear and tear (punctured tyres and flat batteries not included). Loss of key, locked outside of vehicles and empty fuel tank do not constitute as breakdowns and any recovery services incurred shall be chargeable to the hirer.
5. Only drivers registered and accepted by Skylink Vehicle Rental Pte Ltd (Owner) are authorized to drive the vehicle. Should the vehicle be damaged or stolen while being driven by unauthorized drivers who are NOT registered with the Owner, Hirer shall be liable for FULL cost of repair and/or the full value of the vehicle and/or any other associated losses suffered by the Owner.
6. In the event of **default payment**, the Owner has the absolute rights to repossessed the vehicle without prior notice. **The Hirer shall be liable for late payment fee of 5% per month on prevailing monthly rental rate.** and/or repossession fee of not less than $300.00 and/or any other associated cost the owner has.
7. The Hirer shall ensure that the vehicle is not used for any purposes which conflict with the law in connection with theft, drug pedaling or trafficking, smuggling and/or any other criminal action. Should the vehicle be confiscated by the authority, law enforcement agency and/or any organization due to such circumstances, the Hirer shall indemnify the Owner the full value of the vehicle plus all other associated costs and expenses incurred.
8. Driver must keep proper check and ensure sufficient water for radiator & engine oil of vehicle at all times. If the vehicle breakdown due to improper usage, lack of care and/or negligence, the hirer shall bear full responsibilities for all repair cost.
9. Vehicles returned after 24hrs (for daily rentals) or after 6pm shall be considered as additional one more day rental.
10. The Hirer shall at all times, use only the recommended grade of fuel and lubricant as specified by the vehicle's manufacturer. Failing which any resultant damages to the vehicle shall be borne by the Hirer.

* All contents contained herein is subject to change without notice. Skylink Vehicle Rental Pte Ltd reserves the right to change or modify the terms and conditions at any time.

Prepared By (Sales)	Approved By (Manager)	Agreed & Accepted By HIRER
Skylink Vehicle Rental Pte Ltd	Skylink Vehicle Rental Pte Ltd	Customer SIGN & CHOP
Name: Yap Jing Rou	Name: Shen Yongzhong	Name:
Designation: Admin.	Designation: G5390526P	Designation:

JCF ENTERPRISES PTE LTD * ROC 201807979E *

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 200550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAH50058815 Vehicle Registration No: GBF 7516C

Name (as shown in NRIC) : PANG LOH KHAT NRIC/FIN/Passport No : SXXXX3381

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 93802192

Email Address :

Date of Accident : 06/07/2020 Time of Accident : 19:15

Place of Accident : BLK 846 YISHUN RING RD OPP PARK EXIT GANTRY

Insurance Company : CHINA TAIPING

(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:

INSURED NAME IS SKY LINK VEHICLE RENTAL PTE LTD

Policyholder / Driver's Signature
Date:

13/07/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: