

Date In: 13/09/2020 12:53	Job description	Date & Time Completed	Done by
Ref No: NA20058815/10M	SAS e-filing		
Veh No: GBK 234K	E-mail (by job sheet, AIC sheet)		
D.O.A: 06/09/2020 19:15	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whse		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: **GBK 234K** 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 ()

- () 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: ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

NA2003682			
Driver/Owner:	1) All Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PF: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection For claiming against INC Only (over 10 Jan 2003) \$75		
Additional Comments:	7) NI: Issue DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
Date:	OD:		
	*NI: Courtesy Car / Tpl Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non-INC) against INC \$30		
	5) NI: 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	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
E-Mail 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)

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:

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time: 6/12/20 11:50pm

[Signature]

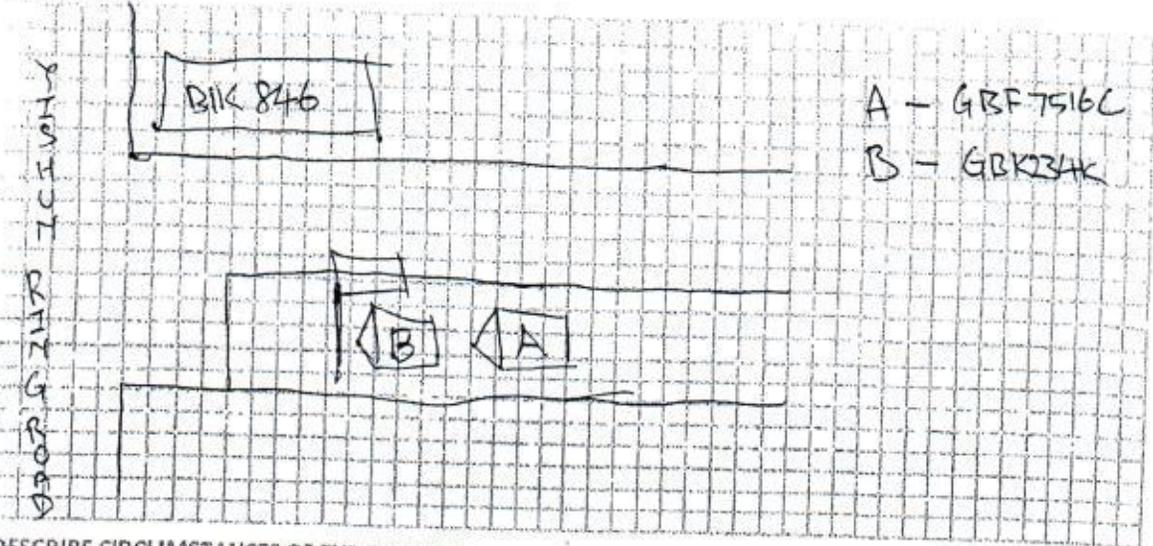
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 6/7/20, 7:16pm Carpark Gallery of Block 846 Yishun ~~Ring~~ Ring Road. I was queuing up to Exit the carpark behind vehicle GBK234K. The vehicle shift to reverse gear ~~at~~ and reverse the vehicle without checking and hit onto the van I'm driving GBF7516C twice ~~after~~ even I was honning ~~for~~ her that there is an vehicle behind.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Handwritten signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/7/20 11:50pm

[Handwritten signature]

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

[Handwritten signature] 13/07/2020
[Handwritten signature]

LEASING AGREEMENT

Date of Agreement : Wednesday, 15 Apr 2020		Agreement No : SC20/0684	
HIRER PARTICULAR		CONTRACT PERIOD	
Name : JCF ENTERPRISES PTE. LTD. NRIC/ ACRA No. : 201807979E Address : 2 YISHUN INDUSTRIAL STREET 1 #05-34 NORTH POINT BIZHUB		Contact Person : WONG WEI CHEK Mobile Number : 85009930 Office Number : Fax Number : Email Address : jcfenterprise2018@gmail.com	
RENTAL DESCRIPTION		PAYMENT TERM	
Make/Model : TOYOTA HIACE AUTO Description : Upper Structure : Attachment : Accessories & Services : Vehicle Plate No : GBJ2553G Engine No : 1GD8358279 Chassis No : GDH2011016506		Total Duration : 3 Month(s) Start Date : 15-APR-2020 End Date : 24-JUL-2020 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 Registered Drivers/ Employees of Hirer (Please furnish us copies of all Drivers' Licences and Ics)

IMPORTANT NOTE

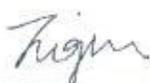
- The above quote is subjected to approval, stock availability, taxes and government registration.
- Rate does NOT include usage outside SINGAPORE, additional charges apply for usage outside Singapore (Subject to prior approval)
- Above rental rates include vehicle replacement (subject to availability), road side assistance 24/7 and new tyre change once annually.
- 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.
- Only drivers registered and accepted by Skylink Vehicle Rental Pte Ltd (Owner) are authorised 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.
- In the event of default payment, the Owner has the absolute rights to repossess 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 thereafter.
- The Hirer shall ensure that the vehicle is not used for any purposes which conflict with the law in connection with theft, drug peddling or trafficking, smuggling and/or any other criminal action. Should the vehicle be confiscated by the authority, law enforcement agency and/or any organisation due to such circumstances, the Hirer shall indemnify the Owner the Full value of the vehicle plus all other associated costs and expenses incurred.
- 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.
- Vehicles returned after 24hrs (for daily rental) or after 6pm shall be considered as additional one more day rental.
- The Hirer shall at all times, use only the recommended grade of fuel and lubricant as specified by the vehicle's manufacturer. Filing which any resultant damages to the Vehicle shall be borne by the Hirer.

* All content 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





 Skylink Vehicle Rental Pte Ltd
 Name **Yap Jing Rou**
 Designation **Admin.**

 Skylink Vehicle Rental Pte Ltd
 Name **Shen Yongzhong**
 Designation **G5390526P**

 Customer SIGN & CHOP
 Name
 Designation


ACCIDENT REPORT

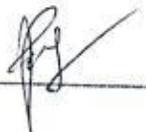
SECTION A - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT

DATE & TIME OF ACCIDENT: DATE 6/7/20 ~~7/6~~pm TIME 7.16pm
 DATE & TIME OF REPORTING: DATE 7/7/20 TIME 11.43 am.
 PLACE OF ACCIDENT: Blk 846 Carpark Exit Gantry
 VEHICLE REG NO: GBF 7516C MAKE/MODEL: NV350 / Nissan.
 PURPOSE OF USE AT TIME OF ACCIDENT: GOODS TRANSPORTATION/PRIVATE USAGE/ OTHER:
Buying Dinner with Wife.
 NAME: PANG LAIHUAT NRIC/FIN NO: S88163381
 ADDRESS: Blk 862 Yshun Ave 4 #03-59
 POSTCODE: 760862 DATE OF BIRTH: 16/05/1988
 CONTACT: HOME - OFFICE - HANDPHONE 93802192
 EMAIL: pang lai Hunt@gmail.com GENDER: MALE / FEMALE
 OCCUPATION: Driver OUTDOOR / INDOOR
 YEARS OF DRIVING EXPERIENCE: 8 LICENCE DATE OF ISSUE: 09/09/12
 TYPE OF CLAIM: THIRD PARTY / OWN DAMAGE / REPORTING ONLY
 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 RESPONSIBILITLES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNATURE: 

DATE & TIME: 7/7/20 11.50am.

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): (2)

THIRD PARTY'S DETAILS

DETAILS	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
VEHICLE REG NO	<u>GBK234K</u>		
VEHICLE MAKE / MODEL	<u>Toyota Hiace</u>		
NAME OF DRIVER	<u>MAFZDAH BINTI IDRIS</u>		
NRIC NO	<u>S1781256D</u>		
INSURANCE COMPANY	<u>8211 8112</u>		
HANDPHONE	<u>8211 8112</u>		

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 DISCRIPTION & 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: 7/7/20 11:59pm

Motor Commercial

MZ407/C

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)

E SN

AND478A

Cov. Type:C

CERTIFICATE No.	DMCVSNA00029102000	Engine No.: YD25405796A	
		Cha. No.: JN1MC2E26Z0007137	
1. Index Mark and Registration Number of Vehicle	GBF7516C	AUTOSAFE	*****
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	02/06/2020	Excess Sect. I.	SS\$2,000.00
		Excess Sect. II	SS\$2,000.00
4. Date of Expiry of Insurance	22/04/2021	EX ON WINDSCREEN.	SS\$100.00
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. : DBS BANK LTD AS HP OWNER			
* 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.			

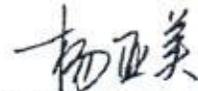
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: Irene Ho
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

