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Owner / Driver: (DJ 67816 . Incl	Tel:)
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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 wiful 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.
- 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

以此为此的世界的市场的出版的	ACCIDENT STATEMENT
Date Of Report	04/08/2020 17:18
Date Of Accident	04/08/2020 08:40
Exact Location Of Accident	KPE (ECP/MCE) BEFORE ERP GANTRY/TUNNEL
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE658C
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX755G
Email Address	WORKSHOP@SKYLINKAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-83210988
Alternative Phone No	OFFICE-69081928
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 D MT ABS AIRBAG 2WD 6DR (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE AT AXA TOWER
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	DMCVSNA00057092000
Cover Note Number	
Driver	
Name of Driver	MAUNG WIN SHWE
NRIC No	SXXXX781J
Date Of Birth	09/02/1969
Occupation	INDOOR

(LOCAL) +65-92994483

25 YEARS AND 3 MONTHS

12/04/1995

MALE

Contact Number OFFICE-65611066

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number

Gender

EMail Address WINSHWE, MAUNG@TEEINTL.COM

Address

BLK 201D COMPASSVALE DRIVE

#03-557

Postcode

544201

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?

....

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

NO

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

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

FBJ6987L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

WILLIAM SUH BYUNG JUN

NRIC/Passport Number

SXXXX871B

Contact Number

84817481

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

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.
- 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 ecceptance of this form by insurance compenies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for lovestigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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 haveby 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:

- 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 angulries 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
- 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.
- 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.
- 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.

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Mirme:

NRIC/FIN No.

A: GBE 658C B: FB769871

	KPE	Highway	
		A	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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driving	veh	iele	A	68	E 658	CA	15550	NVDU	along	KPE	town	ds	ECP	MCE
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DECLARATION

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

Policyholder's Signature Date & Time:

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

Beporting Centre Personnel Signature Why
Name:
NRIC/FIN No.:

Name:



SKYLINK AUTO GARAGE PTE LTD

Bik 48 Teh Guan Road East 402-127 Enterprise Hub., Singapore 608586 Tel: +65 6908 1928 Fax: +65 6908 1929 Www.skylinkauto.com.sg

ACCIDENT REPORT

SECTION A - TO BE COMPLETED BY DRIVER WHO INVOLVED IN THE ACCIDENT
DATE & TIME OF ACCIDENT: DATE 04 Aug 2020 TIME 8:40 am
DATE & TIME OF REPORTING: DATE 04 AUG 2020 TIME
PLACE OF ACCIDENT: KPE (ECP, MCE) before ERP Gantry / tunnel
VEHICLE REG NO: GBE 658C MAKE/MODEL: NISSAN VAN NV200
PURPOSE OF USE AT TIME OF ACCIDENT: GOODS TRANSPORTATION/PRIVATE USAGE/ OTHER:
on the way to office at AXA Tower.
NAME: MAUNG WIN SHIME NRIC/FINNO: S 6960781 J
ADDRESS: BLK. 201D, COMPASSVALE DRIVE, X 03-557.
POSTCODE: 544 201 DATE OF BIRTH: 09 FEB 1969.
CONTACT: HOME 68812993 OFFICE 65611066 HANDRHONE 9299448
EMAIL winshwe maung & tee intl. com GENDER: MALE FEMALE
OCCUPATION: Senior Project Manager. OUTDOOR/INDOOR
YEARS OF DRIVING EXPERIENCE: 24 Years LICENCE DATE OF ISSUE: 07 April 20
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



SKYLINK AUTO GARAGE PTE LTD

8th 48 Toh Guan Road East #02-127 Enterprise Hub : Singapore 608586 Tel: +65 6908 1928 | Fax: +65 6908 1929 www.skylinkauto.com.sp

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

٠	TYPE OF ACCIDENT: HIAD TO RELEV	
	WEATHER CONDITION: CLEAD / CLOUDY / LIGHT RAINS / HEAVY RAIL	i i e
	ROAD CONDITION:	42
	WAS ANYONE INJURED IN THE ACCIDENT? YES A	VVE
	WAS ANY INJURED CONVOY BY AMBULANCE? YES	NC
	POLICE REPORTED?	ALL
٠	POLICE REPORT REFERENCE NO:	C
٠	WAS NOTICE OF INTENDED PROSECUTION GIVEN? YES /	f
	OTHER VEHICLE OR PROPERTY DAMAGE?	NIC
	COMPANY'S VEHICLE?	IN
	DO YOU HAVE WITNESS?	NO
	WAS THERE ANY VIDEO CARTURED BY THE TARREST	Sec.
٠	NUMBER OF PASSENGERS (INCLUDING DRIVER):	MC

THIRD PARTY'S DETAILS

DETAILS	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
VEHICLE REG NO	FBJ 6987L		
VEHICLE MAKE / MODEL			Hit -
NAME OF DRIVER	William Suh Byun	a Jon	
NRIC NO	57488871B	3 -01(
INSURANCE COMPANY	NTUC Income		
HANDPHONE	84817481		

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 ABD I UNDERTAKE TO ASSUME FULL RESPONSIBILITIES FOR ALL CONSEQUENCES SHOULD ANY PART GIVEN BE UNTRUE.

SIGNTURE:	
JOHNORE.	DATE & TIME:





111/2

SKYLINK VEHICLE RENTAL PTE LTD

21 Toh South Road East #01-12; Toh Gouer Errore: 75:609 Tel +65 6266 5856 Fux. +65 6266 5632 www.skybishauto.com.co C= Reg (GST No 2017) 07550

LEASING AGREEMENT

Date of Agreement Monday, 02 Sep 2019 : SC19/0405 Agreement No HIRER PARTICULAR Name : PBT ENGINEERING PTE LTD Contact Person : Mr Vincent Yap / Mr Eric Phua NRIC/ ACRA No. : 199607124D Mobile Number 65611066 Address : 25 Bukit Batok Street 22 Office Number Singapore 659591 Fax Number 65651738 Email Address : vincent yap@teeintl.com RENTAL DESCRIPTION CONTRACT PERIOD Make/Model NISSAN NV200 1.5L MT ABS AIRBAG 2WD 6 Total Duration : 1 Year(s) Description Start Date : 15-SEP-2019 End Date 14-SEP-2020 Upper Structure Attachment : No Attachment PAYMENT TERM Accessories & Services Deposit \$500.00 Rental/Lease Rate : \$1,200.00 Per Month Vehicle Plate No : GBE658C **GST 7%** : \$84.00 Engine No Sub-Total Rental : \$1,700.00 : K9KC400D054483 Chassis No : VSKYBAM20Z0097226 Payment Term

	INSURANCE COVERAGE INSI	DE SINGAPORE	
Driver's Age &/or Driving Experience	Above 25 Year Old & 2 Years Ex	perience Below 26 Year Old &	2 Years Experience
Own Damage Excess (Section I)	\$3,000.00	\$5,000.0	00
3rd Party Excess (Section II)	\$3,000.00	\$5,000.0	00
INSURAN	CE COVERAGE OUTSIDE SINGAPORE		70
Additional Own Damage Excess	NA NA	Additional 3rd Party Excess	T NA

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

IMPORTANT NOTE

Remark:

- The above quote is subjected to approval, stock availability, takes and government legislation
- 2. Here store NOT include usage service SINGAPORE, additional sharger agole for usage our NOS Singapore (Sollect st prior augmont).
- Above rental rates occurre vehicle reglacement (subject to availability) must size associance 24/7 and now tyre charge once atmosphy
- 4. Section their includes vehicle missions, must be and impedition, maintenance, servicing and reposit out to wear and lear spacetures been also fait butteries not accounted. Once of key, builded of certifies and environment tool table de not constitute as broadcasteries and any reposity services mission and any reposit year-pass mission and less indispendents to the heart.

 5. Only drivers registered and accounted the shadow Vehicle Annual Plan III (Denier) are authorised to shadow before the vehicle the vehicle the vehicle to demand on a store when Annual Plan III (Denier) are authorised to shadow.
- registered with the Damer, more shall be lastic fee FULL con acceptar and/or the Hull value of the vehicle and/or any other assessment losses suffered by the Owner
- 6. In the event of default payment, the Owner has the absolute rights to reproperses the unticle without prior notice. The Hiter shall be liable for late payment fee of S% per month on prevailing monthly rental rate. and/or reposession less of nut less than \$300.00 and/or any other associated used the reinattor.
- 7. The inversible move that the vehicle is not used for any purposes which conflict with the Live in connection with theft, drug pedaling or trafficeing, or upging and/or any other continual action. Should the vehicle be confiscined by the authority. See enforcement agency and/or any organization due to such consumances, the loner shall induminally the Cleaner the Bull value of the vehicle gior all other associated continued organization. incurred.
- E. Other must keep proper check and emisse sufficient water for radiator & origina of of vehicle of all times. If the vehicle brightnown due to improper usage, lack of rate unit/or negligance, the time shall be united. couperabletes for all region cost.

 If ye hades estimated after 200s, (for daily cental) or after form shall be suited even as additional one more sury tensor.
- 10. The Hirer shall at all times, use only the recommended grade of firef and tabream at specified by the workship manufactories. Fireing which are resultant damages to the behind it mad be borne by the inner

30 persons delibered herein a subject to change without nation. Tealink selecte faints for safe receives the right to strange or mostly the harms and complices at any fin Prepared By (Sales)

Skylink Vehicle Rental Pte Ltd

Name GARY TAN Designation

Approved By (Manager)

Skylink Venicle Rental Pte Ltd

Name Designation Shen Yongzhong G5390536P

Agreed & Accepted By HIRER

Customer SIGN & CHOP

\$1,784.00

Name PBT ENGINEERING PTE LTD Designation Director



Motor Commercial

MZ407/C

N SN

CERTIFICATE OF INSURANCE

AN0478A

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Roed Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Mataysia)

Cov. Type C

CERTIFICATE No.

DMCVSNA00057092000

Engine No.: K9KC400D054483 Cha. No. VSKYBAM20Z0083580

1 Index Mark and Registration

GBE658C

AUTOSAFE

Number of Vehicle

2 Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

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

08/07/2020

Excess Sect I.

\$\$2,000.00

Excess Sert II

5\$2,000,00

4. Date of Expiry of Insurance.

22/04/2021

EX ON WINDSCREEN.

\$\$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.

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 6 of the Motor Verticles (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 (Melaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 🛪 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Authorised Officer

Q6389 6111

6222 1033

www.sg.cntaiping.com

GENERAL INSURANCE

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: \$66\$\$0020G / GST Reg. No.: M400017735

RECORDS MANAGEMENT CENTRE

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 : Vehicle Registration No: Name(asshownin NRIC): MAUUS NRIC/FIN/Passport No: ("Vehicle Oriver / Vehicle Owner) (") Please delete as appropriate Address Singapore! Contact (Tel) Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: ADDIGAS

Policyholder / Driver's Signature Date:

Reporting Centre Bey Name:

NRIC/FINNO .:

Date: