

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MA2006694

Date In: 07/08/2020 17:53	Job description	Date & Time Completed	Done by
Ref No: N/A/CT/20008280/4	SAS e-filing		
Veh No: GBH 8242A	E-mail (Update Status, AIC Status)		
DOA: 07/08/2020 12:50	I-Motor Claims Form		
OT: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SDH 11143	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: _____	Time: _____
Location: _____	Weather: _____
Witness: _____	Signature: _____

MA2004123	Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Damage Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$75	
	7) NI: IDAO DA + EMRT Survey	\$160	
	8) NTUC Additional Services:		
	OT:		
	• NI: Courtesy Car / Tpt Allowance	\$3	
	• NI: Repairs Coordination	\$10	
	• NI: Post Repair Inspection	\$25	
	• NI: DV / Collect Excess Coordination	\$3	
	TE (NI): YF (Non-INC) against LIG	\$20	
	2) NI: IDAO 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	07/08/2020 17:53
Date Of Accident	07/08/2020 12:50
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8242A
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	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	ABDUL MALIK BIN HAJI SAYUTHI
NRIC No	SXXXX490Z
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1983
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81834614
Fax Number	
Contact Number	OTHERS-81834614
Email Address	WORKSHOP@SKYLINKAUTO.COM.SG

Address	BLK 21 JALAN TENTERAM #02-435
Postcode	320021
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?	YES
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: ASAMAH BINTE MOHD TAHIR (WIFE) GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200807/2117

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH1114J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHUR RANJANA SANJAY
NRIC/Passport Number	SXXXX232C
Contact Number	97540259

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL MALIK BIN HAJI SAYUTHI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBH8242A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name ASAMAH BINTE MOHD TAHIR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBH8242A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

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 willful 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:



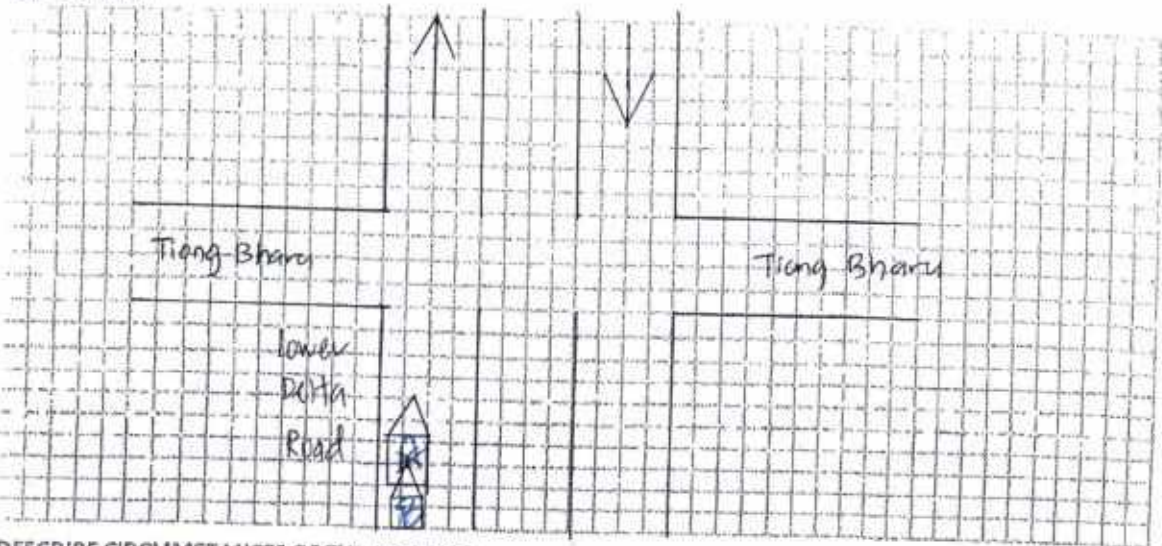
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A: GBH8242A

B: SDH1114J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The 07-08-20 around 12.50pm

I Abdul Malik Bin Hj Sanjay IC NO: 1283490/Z
 Driving Vehicle A GBH 8242A A Long Lower Delta Rd
 To Tiong Bharu Rd. Suddenly Vehicle B SDH 1114J
 Mathur Rangin Sanjay IC NO: 2696232C HIT INTO
 My Vehicle Rear ~~Part~~ ~~Portion~~ portion.
 And my whole Body pain after the accident

Police Report 7/2020807/2117

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.:

07/08/2020
 Rosli
 UA 1103

ACCIDENT REPORT

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

DATE & TIME OF ACCIDENT: DATE 07-08-20 TIME 12-50pm

DATE & TIME OF REPORTING: DATE _____ TIME _____

PLACE OF ACCIDENT: LOWER DELTA RD TO TIONG BHARU RD

VEHICLE REG NO: GBH 8242A MAKE/MODEL: TOYOTA

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

NAME: ABD MALIK BIN HI SAYUTHI NRIC/FIN NO: S/1283490/2

ADDRESS: BLOCK 21 # 02-435

POSTCODE: 320021

DATE OF BIRTH: 30-1-1957

CONTACT: HOME _____ OFFICE _____ HANDPHONE 81834614

EMAIL: _____ GENDER: MALE / FEMALE

OCCUPATION: DRIVER OUTDOOR / INDOOR

YEARS OF DRIVING EXPERIENCE: 1983 LICENCE DATE OF ISSUE: 05-MAR 2003

TYPE OF CLAIM: THIRD PARTY / OWN DAMAGE / REPORTING ONLY

DRIVER STATUS: OWNER / NON - OWNER

IF YOU NOT THE OWNER, THE OWNER'S NAME & TEL: Skylink Vehicle Rental Pte Ltd

OWNER'S ADDRESS: 21, Toh Guan Road East, #01-12, Toh Guan Centre S60809

RELATIONSHIP WITH OWNER: Hirer OWNER'S NRIC / COMPANY REG NO: 2017107JJH

INSURANCE COMPANY: Gen Trapiing INSURANCE POLICY NO: DMCVSNA00057092000

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

SIGNATURE: Matik

DATE & TIME: 07-08-20/16.20PM



世凱聯車輛維修有限公司

SKYLINK AUTO GARAGE PTE LTD

Blk 48 Toh Guan Road East #02-127

Enterprise Hub, Singapore 608586

Tel: +65 6906 1926 Fax: +65 6906 1929

www.skylinkauto.com.sg

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): 121 (WIFE)

THIRD PARTY'S DETAILS

DETAILS	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
VEHICLE REG NO	SDH 1114J		
VEHICLE MAKE / MODEL	Lexus		
NAME OF DRIVER	mathur Ranjana Sanjay		
NRIC NO	S2696332C		
INSURANCE COMPANY			
HANDPHONE	97540259		

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: [Signature]

DATE & TIME: 7/8/20



Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

1 of 3
Report No: T/20200807/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2020 20:31	Vide Report No.	Station Diary No.: 31
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Informant's Particulars

Name of Informant: ABDUL MALIK BIN HAJI SAYUTHI			Address: APT BLK 21 JALAN TENTERAM #02-435 SINGAPORE 320021	
ID Type / ID No.: NRIC NO / S1283490Z			Contact No.: Home/Office: Mobile: 81834614	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 30/01/1957	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: FOOD DELIVERYMAN			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2020 12:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LOWER DELTA ROAD TIONG BAHRU ROAD along Lower Delta Rd at the junction of Tiong Bahru rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8242A	Van				Seriously Damaged	1
SDH1114J	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507899



12200000172111

2 of 5

Report No: 17200000172111

CONTINUATION OF REPORT

Driver			
Name	ABDUL MALIK BIN HAJI SAYUTHI	ID No.	S1263490Z
Related Vehicle	GBH8242A (Van)	Contact No.	81834614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MATHUR RANJANA SANJAY	ID No.	S2696232C
Related Vehicle	SDH1114J (Car)	Contact No.	97540259
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/08/2020 at about 1250hrs, at along lower delta rd towards liong bahru rd, I was driving my van GBH8242A with my wife on board. I had stopped prior to the junction of liong bahru road and lower delta road as the traffic light was red.

A short while later, the light turned green and I slowly accelerated my vehicle. While moving off, I felt a collision from the back of my van. I stopped my vehicle and both my wife and I went to make a check. We discovered a dark blue colored lexus SDH1114J had collided in the rear of my van.

The driver also came down and we exchanged particulars. After which she then drove off.

I would like to add that the rear door and bumper was dented and as a result the rear door could not be opened. Both my wife and I have been feeling some soreness at our backs however we have been unable to seek medical attention as we were busy.

I am lodging the report for insurance and company records.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Wentong NPD
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No. 1800-2507999



Report No. T2009080103112

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:

E /

Sgt 3 KENDRICK NEO ZHE HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

07/08/2020 20:31

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP158

SIGNATURE

338 Family Clinic Pte Ltd
Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

MEDICAL CERTIFICATE

Certificate No : MC/69911
Date Of Visit : 08/08/2020
Patient Ref No : 26274

This is to certify that :

ABDUL MALIK BIN HAJI SAYUTHI
NRIC : S1283490Z

is unfit for work for 3 days
from 08/08/2020 to 10/08/2020.

DR YEONG MUN HOH
06575G
M.B.B.S.(S'PORE)
CERT.FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

INVOICE

ABDUL MALIK BIN HAJI SAYUTHI

Invoice No : PI/300167

Nric : S1283490Z

Date : 08/08/2020

Attended By : YEONG MUN HOH

Items :			Amount
CELEBREX 400MG	5	caps	\$14.00
FAMOTIN 20MG	5	tabs	\$3.00
BEGESIC CR	1	tube	\$6.00
PANAMOL 500MG	20	tabs	\$4.00
CONSULTATION	1		\$30.00

Paid : \$33.50 Cash
 \$23.50 MERDEKA

Grand Total : \$57.00
Amount paid : \$57.00
Amount outstanding : \$0.00

338 Family Clinic Pte Ltd

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

MEDICAL CERTIFICATE

Certificate No : MC/69912

Date Of Visit : 08/08/2020

Patient Ref No : 28117

This is to certify that :

ASAMAH BINTE MOHD TAHIR

NRIC : S1414937F

is unfit for work for 3 days
from 08/08/2020 to 10/08/2020.

DR YEONG MUN HOH
06575G
M.B.B.S.(S'PORE)
CERT. FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

INVOICE

ASAMAH BINTE MOHD TAHIR

Invoice No : PI/300169

Nric : S1414937F

Date : 08/08/2020


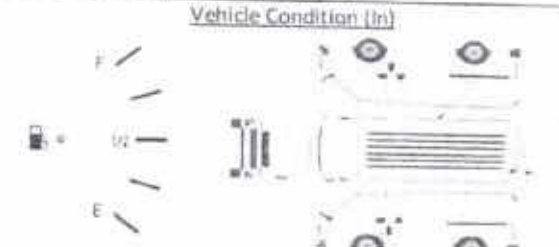
Attended By : YEONG MUN HOH

Items :			Amount
CELEBREX 400MG	5	caps	\$14.00
FAMOTIN 20MG	5	tabs	\$3.00
ANAREX	20	tabs	\$6.00
BEGESIC CR	1	tube	\$6.00
CONSULTATION	1		\$30.00

Paid : \$40.50 Nets
 \$18.50 CHAS

Grand Total : \$59.00
Amount paid : \$59.00
Amount outstanding : \$0.00

338 Family Clinic Pte Ltd

DATE: Friday, 19 Oct 2018		VEHICLE RENTAL AGREEMENT REF. No.: SC18/0105	
NAME OF COMPANY/ HIRER	MANICKAM GENERAL SERVICES		NRIC/ ACRA No 533166149x
PERSON IN CHARGE	Rajamanickam (Raja)		TEL / HP 91663181
ADDRESS	Blk 440, Choa Chu Kang Ave 4 #10-465, S(680440)		FAX (if any) 68923060
Driver's Particulars	RAJAMANICKAM		EMAIL manickamtlis@gmail.com
Date of Birth	20 Mar 1976		NRIC/ Passport/ Permit No. S7608424F
Driving Licence No.	S7608424F	Class 3	TEL / HP 91663181
			Pass Date 15 Jun 2000
VEHICLE No.	GBH8242A	MAKE/ MODEL	TOYOTA HIACE MANUAL
PAYLOAD/ CC	TYRE %	RHF / LHF:	RHB / LHB:
DATE & TIME TAKEN	Friday, 19 Oct 2018 3:00 PM		DATE & TIME RETURN
MILEAGE (Out)	10 KM	MILEAGE (In)	KM
Vehicle Condition (Out)		Vehicle Condition (In)	
			
* Charges of fuel shortage: \$25/ quarter tank.		* Charges of fuel shortage: \$25/ quarter tank.	
PERIOD OF RENT/ LEASE	3 Year(s)	DELIVERY SURCHARGES (\$30/ Trip)	\$0.00
COMMENCEMENT DATE	20 Oct 2018	COLLECTION SURCHARGE (\$30/ Trip)	\$0.00
RENTAL/ LEASE RATE	\$1,450.00 Per Month	M'SIA SURCHARGE (\$25/ Day)	\$0.00
DEPOSIT	\$1,450.00	Others (if any)	\$0.00
(A) Sub-Total: RENTAL CHARGES	\$2,900.00	(B) Sub-Total: SURCHARGES	\$0.00
TOTAL PAYABLE (A + B)	\$2,900.00	TOTAL AMOUNT RECEIVED	\$0.00
REMARKS			

INSURANCE COVERAGE (SECTION I & II - INSIDE SINGAPORE)

DRIVER'S AGE &/or DRIVING EXPERIENCE	Above 21 years old & 2 years
OWN DAMAGE EXCESS (SECT I)	\$5,000.00 (<3yrs veh)/ \$3,000.00 (Used)
3RD PARTY DAMAGE EXCESS (SECT II)	\$4,000.00 (<3yrs veh)/ \$3,000.00 (Used)

INSURANCE COVERAGE (OUTSIDE SINGAPORE - APPLICABLE TO ALL DRIVERS) - DO NOT COVER

ADDITIONAL OWN DAMAGE EXCESS	ADDITIONAL 3RD PARTY DAMAGE EXCESS \$1,500.00
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Authorised Drivers Only Registered Drivers/ Employees of Hirer (Please furnish us copies of all Drivers' licences & ICs)

IMPORTANT NOTE:

- Above subject to approval, stock availability, taxes and Govt legislation
- Rate does NOT include usage outside SINGAPORE, additional charges apply for use outside Singapore (Subject to prior approval).
- RATE EXCLUDES MAINTNANCE PACKAGE UNLESS OTHERWISE SPECIFIED.
- Deposit refund will only be processed approximately one to two weeks after return of above vehicle subject to no outstanding traffic fines/ summons/ accident claims, etc.
- 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 unauthorised drivers who are NOT registered with us, the Hirer will be liable for FULL cost of repair or the FULL value of the vehicle and any other associated losses suffered by the Owner.
- In the event of default payment or late payment, the Owner has the absolute rights to repossess the vehicle without prior notice. The Hirer shall be liable for repossession fee of not less than \$700.00 and any other associated cost thereafter.
- The Hirer shall not permit the vehicle to be used for purposes which conflict with the law in connection with theft, drug peddling or trafficking, smuggling or any other criminal action. Should the vehicle be confiscated by the Government under 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 breakdown due to improper use &/or care &/or negligence, the hire shall bear full responsibility for & all whatsoever repairing costs.
- Vehicles returned after 24hrs/ 6pm will be considered as additional one day rental.

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.

The Hirer agrees & accepts the above and all our Terms and Conditions stipulated overleaf. (SIGN & AFFIX STAMP)




NAME / DESIGNATION Rajamanickam

Approved by






中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

N SN

AN0478A

Cov. Type: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)

CERTIFICATE No.

DMCVSNA00057092000

Engine No.: 1KD2827560

Cha. No.: VSKYBAM20Z0083589

1. Index Mark and Registration
Number of Vehicle

GBH8242A

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

08/07/2020

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN. S\$100.00

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.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Signatory

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 : MNA420066911 Vehicle Registration No: GBH 8242A
Name (as shown in NRIC): ABDUL KADIR BIN HAZI SAYUTI NRIC/FIN/Passport No: XXXX490Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 83210988
Email Address : _____
Date of Accident : 07/08/2020 Time of Accident : 12:50
Place of Accident : LOWER ORCHARD ROAD TOWARDS TANG BATAK ROAD
Insurance Company: CHIAI IMPULS

(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:

Third Party Vehicle Number To SDH 1114J

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lee Wei
NRIC/FIN No.: 123456789
Date: 12/08/2020