

MAH 200 71006

Preferred Wkep / INC Assign Wkep / QW: ()		Tel: ()		Fax: ()	
TP Participant:	Veh No: GBT 25614	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: YRS () / NO ()				
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()				

() 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 > \$9000] ()			

Injury :

VA700X-118	1) ALT: Accident Reporting (\$30)		
	3) DA: Damage Assessment (\$100)	INC (\$10)	
Over/Owner:	5) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$130	
Contract No:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (over 10 Jan 2005)		
Unaged Portion:	6) TR: Re-inspection	\$75	
	7) NI: Idco DA + SMRT Survey	\$160	
Checked by (Engr-In-Charge):	8) NTUC Additional Services:		
	OR:		
	• NS: Courtesy Car / Tpl Allowance	\$5	
	• NR: Repair Coordination	\$10	
	• NR: Post Repair Inspection	\$25	
	• NR: DV / Collect Boxes Coordination	\$5	
	TP (NI) / TP (NR) / INC against D-6	\$30	
	9) NI: Idco 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	20/08/2020 11:39
Date Of Accident	19/08/2020 13:30
Exact Location Of Accident	ALONG EUNOS LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ3596B
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXXX755G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97696133
Alternative Phone No	OFFICE-96236059
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 2.8 AUTO
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	PRIVATE CAR
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	SYED SUFRI ALJUNIED BIN SYED NAJEEB
NRIC No	SXXXX701H
Date Of Birth	18/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97696133
Fax Number	
Contact Number	OTHERS-96236059
Email Address	NOEMAIL

Address	BLK 230F TAMPINES STREET 24 #02-39
Postcode	529230
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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	GBJ2561H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POH MENG YEW
NRIC/Passport Number	SXXXX796Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

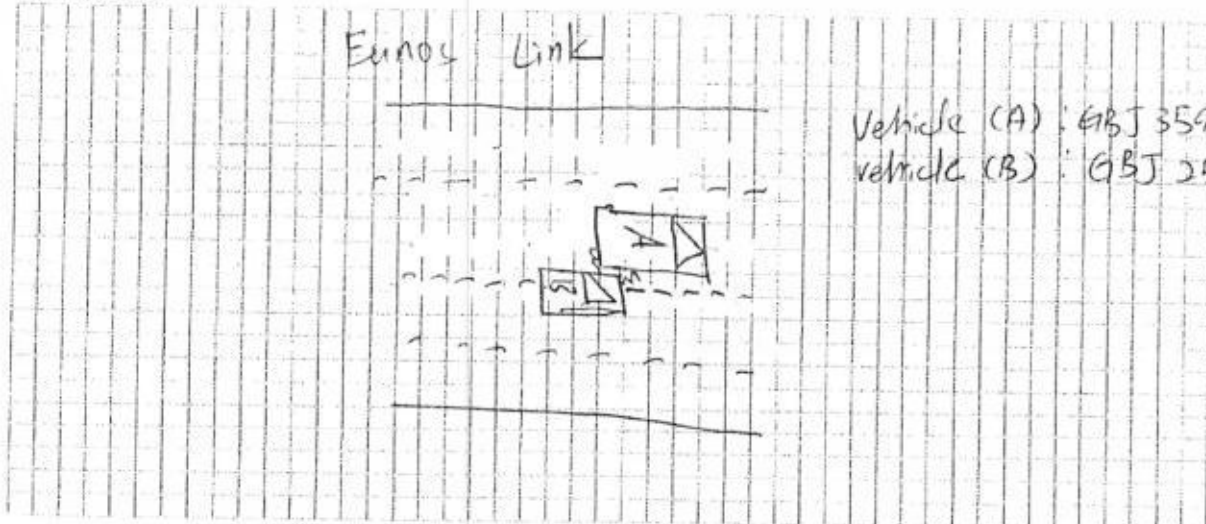


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle (A) : GBJ 3596 B
Vehicle (B) : GBJ 2561 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Eunos Link on the 3rd lane of a 4 lane road. Out of the sudden, I felt an impact from the rear portion of my vehicle. After the accident, I alighted and realised vehicle (B) drove from the 2nd lane side swap hit onto RH rear portion of my vehicle.

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:
NIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19/08/2020	TIME: 1330 HRS	(hh:mm) 24 hrs Format
LOCATION: EMOS UNK		
VEHICLE NUMBER: GBJ3596B		
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD		
NRIC/FIN: 201710755G	CONTACT: 9769 6133	
MAKE: Toyota	MODEL: HIACE DX 2.8 AUTO	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: CN TAIPIING		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCVSNA00029502000		
NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED		
NRIC/FIN: S902470/H	CONTACT: 9623 6059	
DATE OF BIRTH: 18 JUL 1990		
DRIVING PASS DATE: 03 SEP 2018		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: BLK 230F TAMPINES STREET 24 #02-39 S (529230)		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Other		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Other		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details:		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No. of Paxs (incl'driver) Contact
Veh B	GBJ 2561H POH MENG YEW	() / Not Sure () (573157962)
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()

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.: 1GD8357721

Cha. No.:GDH2012004046

1. Index Mark and Registration
Number of Vehicle

GBJ3596B

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 S\$2,000.00

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. : 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: Lim Lee Choo
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	755G
Vehicle Details	
Vehicle No.:	GBJ3596B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Aug 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1GD8357721
Chassis No.:	GDH2012004046
Maximum Power Output:	-
Open Market Value:	\$35,329.00
Original Registration Date:	27 Mar 2019
First Registration Date:	27 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$1,767.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Mar 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,074.00
COE Rebate Amount:	\$17,659.00
Total Rebate Amount:	\$17,659.00

The information contained herein is correct as at 20 Aug 2020

OK