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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wilholding 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.
- 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 aforosaid

ACCIDENT STATEME	= 111
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Date Of Report

16/09/2020 14:21

Date Of Accident

14/09/2020 18:00

Exact Location Of Accident

CWT HUB 47 JLN BUROH 3RD FL LOADING/UNLOADING BAY

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

2XXXXX755G

Email Address

NOFMAIL

Mobile Phone No.

(LOCAL) +65-97696133

Alternative Phone No.

OFFICE-96236059

Vehicle Particulars

Manufacturer

TOYOTA HIACE

Model

WORKING PURPOSES

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

COMMERCIAL VEHICLE

Vehicle Category

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. Date Of Birth

SXXXX701H 18/07/1990

Occupation Date Of Driving Pass OUTDOOR 03/09/2018

Driving Experience

2 YEARS AND 0 MONTHS

Gender

Mobile Number

MALE

Fax Number

(LOCAL) +65-97696133

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

9000 9

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 properly damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

GBF6498C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM CHONG KIAT

NRIC/Passport Number

Contact Number

SXXXX984E 82235934

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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;
 - 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:
 - 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

NRIC/FIN No.:

Name:

KETCH PLAN	N	
		VILL R: GBF 6498
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unload some goo	as sucreenty, venice	B) Thed To reverse mile
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DECLARATION		7
/We declare the foregoing particul	ars are true in every respect.	/ 1
EVIN	//h.	all 16/12/2022
Policyholder's Signature	Driver's dignature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Nagre: NRIC/FIN No.:

SIARAC SterchPlankarra, Va.

SINGAPORE ACCIDENT STATEMENT

INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD NRIC / FIN: DO 1710 755 G CONTACT: 97696133 MAKE: TOYOTA MODEL: HIACE Are you claiming under your own insurance policy for repair to your vehicle? () Yes, If No, Pls Select: () Third Party () Reporting Only INSURANCE COMPANY: CN TOIPING TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT POLICY NUMBER: OMCUSNA 000 29 50 2000 NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED
VEHICLE NUMBER: GBJ 3596 B INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD NRIC / FIN: 301710 755 G CONTACT: 9769 6133 MAKE: TOYOTA MODEL: HIACE Are you claiming under your own insurance policy for repair to your vehicle? () Yes, If No, Pls Select: (/) Third Party () Reporting Only INSURANCE COMPANY: CN TAIPING TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT POLICY NUMBER: PMCUSNAOOD 39503000 NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED NRIC / FIN: S9034701 H CONTACT: 9633 6059 DATE OF BIRTH: 18 JUL 1990 DRIVING PASS DATE: 03 SEP 3018 OCCUPATION: () INDOOR (/) OUTDOOR
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD NRIC / FIN: DO 1710 755 G CONTACT: 9769 6 1 3 3 MAKE: TOYOTA MODEL: HIACE Are you claiming under your own insurance policy for repair to your vehicle? () Yes, If No, Pls Select: (/) Third Party () Reporting Only INSURANCE COMPANY: CN TAIPING TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT POLICY NUMBER: DMCUSNAOOD D SO DOO NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED NRIC / FIN: SQD4701 H CONTACT: 9633 6059 DATE OF BIRTH: 18 JUL 1990 DRIVING PASS DATE: 03 SEP DO18 OCCUPATION: () INDOOR (·) OUTDOOR
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD NRIC / FIN: 301710 755G CONTACT: 97696133 MAKE: 7690TA Are you claiming under your own insurance policy for repair to your vehicle? () Yes, If No, Pls Select: () Third Party () Reporting Only INSURANCE COMPANY: CN TAIPING TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT POLICY NUMBER: OMCUSNA 000 39 50 2000 NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED NRIC / FIN: SQ03470114 CONTACT: 9633 6059 DATE OF BIRTH: 18 JUL 1990 DRIVING PASS DATE: 03 SEP 2018 OCCUPATION: () INDOOR () OUTDOOR
NRIC / FIN: 301710 755G MAKE: TOYUTA MODEL: HIACE Are you claiming under your own insurance policy for repair to your vehicle? () Yes, If No, Pls Select: () Third Party () Reporting Only INSURANCE COMPANY: CN TAIPING TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT POLICY NUMBER: DMCUSNA 000 39 50 3000 NAME DRIVER: SYED SUFRI ALJUNIED BIN SYED NAJEEB () SAME AS INSURED NRIC / FIN: S903470114 CONTACT: 9633 6059 DATE OF BIRTH: 18 JUL 1990 DRIVING PASS DATE: 03 SEP 3018 OCCUPATION: () INDOOR () OUTDOOR
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occorning / / / / / / / / / / / / / / / / / / /
IGENDER: (/) MALE () FEMALE
/ / NO PMAIL
LIMAIL ADDRESS.
ADDRESS OF DRIVER: BLK >30 F TAMPINES STREET 24 # 02 -39 SC 529330)
Number Of Passenger Include Driver: DRIVER ONLY
Was driver an employee of the Insured's Company? () YES (/) NO
Was driver an employee of the Insured's Company? () 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 (\(\) No
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Weather Conditions: (✓) Clear () Raining () Drizzling () Other
Road Surface : (✓) Dry () Wet () Other
Was Any Foreign Vehicle Involved In This Accident? () YES () NO
Was Anybody Injured In The Accident? () YES (/) NO
If YES, Injured details:
Convey By Ambulance: () YES (/) NO
Was There Any Video Capture By Car Camera? () YES () NO
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report
Police Report Number (if any) Details Of and Party Name/NRIC No.of Paxs (incl'driver) Contact
Details of 3rd Party Hame/Trade
Vend Store S
Veh C () / Not Sure () Veh D () / Not Sure ()
177.100.000.0
Veh E ()/ Not Sure ()





Motor Commercial

MZ407/C

AND478A Cov. Type:F

CERTIFICATE OF INSURANCE
utor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Tramport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) Motor V

CERTIFICATE No.

DMCV5NA00029502000

Engine No.: 1GD8357721

Che. No.:GDH2012004046

1 Index Mark and Registration Number of Vehicle

GBJ35968

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. (11:19:00)
Ordinance or Enactment

23/04/2020

Excess Sect. II

5\$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 values is hired.

ventice is fixed.

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.

8. 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 randomed 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:

Lim Lee Choo **Authorised Officer**

Authorised Signatory

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

Q6389 6111

6222 1033

www.sg.cntaiping.com