

NATIONAL Assessment Centre Services.

NA20086775

Date In: 05/10/2020 15:23
Ref No: 1/BA/CT200106997
Veh No: 08L 2826 P
O O A: 02/10/2020 18:55

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (1/2 to client, 1/2 to client)

1-Motor Claims Form

1-Motor W/O (Within 10 days, TP 4 hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Writer

OD: TP Reporting Only

TP Insurer:

Preferred Wreck / INC Assign Wreck / QW: (

TP Handicuffs:

Veh No:

SMH 36034

INC () / Non-INC ()

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

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 repoker.

() 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: ()

NA2005232

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

1) Allt Accident Reporting (\$300)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee

4) PF: Follow-Through Survey

5) PF: Follow-Through Survey (Resurvey)

6) PF: Follow-Through Survey (Resurvey)

7) TR: Re-inspection

8) NI: Home DA + SMRT Survey

9) NI: UC Additional Services

10) NI: UC Additional Services

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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 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	05/10/2020 15:23
Date Of Accident	02/10/2020 18:55
Exact Location Of Accident	ALONG JOO CHIAT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2826P
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX566E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97696133
Alternative Phone No	OFFICE-84822422

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	TAN YUE TINK (CHEN YUTING)
NRIC No	SXXXX340Z
Date Of Birth	14/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97696133
Fax Number	
Contact Number	OTHERS-84822422
Email Address	NOEMAIL

Address	BLK 140B CORPORATION DRIVE #14-30
Postcode	612140
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	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)	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	SMH3603U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.



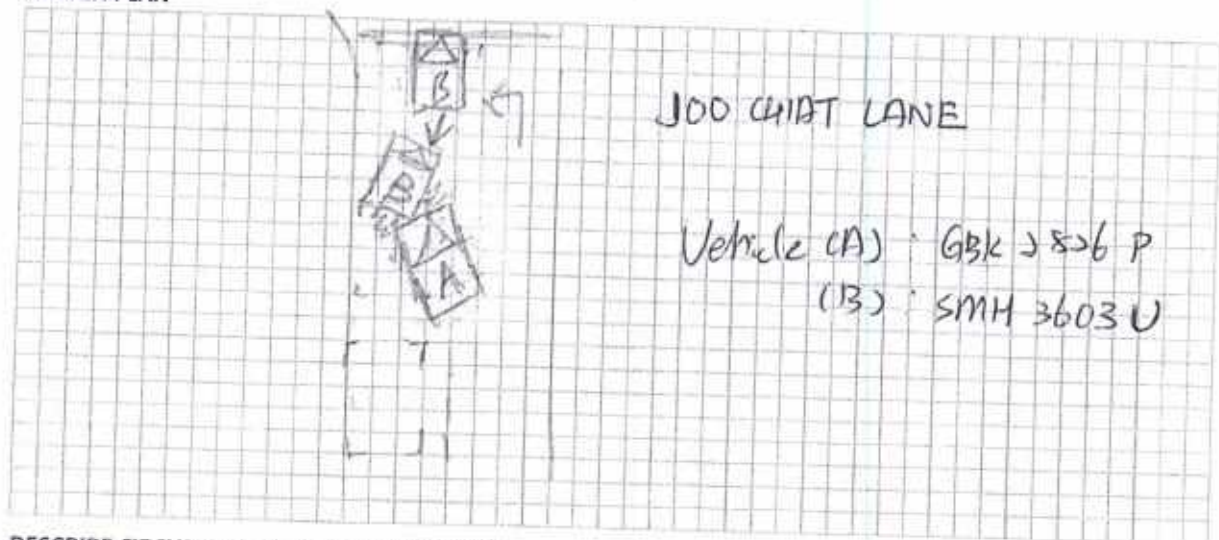
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Joo Chiat Lane. Suddenly vehicle (B) reverse his vehicle and I came to a complete stop. Due to there is a vehicle behind me and I could not reverse. Vehicle (B) proceed to reverse and collided onto the front portion of my vehicle. I came down from my vehicle and notice that was damage on my front 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:

NRIC/FIN No.:

14.852

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 02 OCT 2020		TIME: 1855 HRS		(hh:mm) 24 hrs Format
LOCATION: JOO CHIAT LANE				
VEHICLE NUMBER: 6BK 2826 P				
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD				
NRIC / FIN: 201421566E		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: (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY: CHINA TAIPING				
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER: DMCUSNA0006709 2000				
NAME DRIVER: TAN YUE TINK (CHEN YUTING)				() SAME AS INSURED
NRIC / FIN: S8001340 Z		CONTACT: 8482 2422		
DATE OF BIRTH: 14 JAN 1980				
DRIVING PASS DATE: 16 AUG 2010				
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR				
GENDER: () MALE (<input checked="" type="checkbox"/>) FEMALE				
EMAIL ADDRESS:				(<input checked="" type="checkbox"/>) NO EMAIL
ADDRESS OF DRIVER: BLK 140B CORPORATION DRIVE # 14-30				
SINGAPORE 612140				
Number Of Passenger Include Driver: DRIVER ONLY				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling (<input checked="" type="checkbox"/>) 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)
Veh B SMH 3603 U				() / Not Sure (<input checked="" type="checkbox"/>)
Veh C				() / Not Sure ()
Veh D				() / Not Sure ()
Veh E				() / Not Sure ()
Veh F				() / Not Sure ()
				() / Not Sure ()

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)

N SN

ANQ478A

Cov. Type: C

CERTIFICATE No. DMCVSNA00057092000

Engine No.: 1GD8420007

Cha. No.: VSKYBAM20Z0083601

1. Index Mark and Registration
Number of Vehicle GBK2626P

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

4. Date of Expiry of Insurance: 22/04/2021

EX ON WINDSCREEN S\$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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____


Chua Suat Loo
Authorized Officer


Authorised Signatory