

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

SKY 2939.P

Date In: 20/11/2000 14:19	Job description	Date & Time Completed	Done by
Ref No: N3A/CT2000/4811/4	SAS e-illing		
Veh No: 9BF 7516C	E-mail (by date time, A/C time)		
D.O.A: 08/12/2000 14:45	1-Motor Claims Form		
OD: TP: Reporting Only	1-Motor W/O (With: OD time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by PAX/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Ref: 2939.P	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 reporter.

() 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: _____

NA2100512

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/43
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Pa-Inspection	\$73
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*PT: Post Repair Inspection	\$23
	*NI: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (SA INC) against DRG	\$20
	*NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

Fee Charged

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 Submission	30/12/2020 11:19 (SGT)
Date of Accident	05/12/2020 14:45 (SGT)
Exact Location of Accident	Yishun, Singapore
Additional Location Information	BLK 342A LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7516C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	2XXXX755G
Email Address	charles@skylinkauto.com.sg
Mobile Phone No	(Phone) +65-92338260
Alternative Phone No	+65-83630946

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00029102000
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD JUFRI BIN MOHAMED
NRIC No	SXXXX639B

Date Of Driving Pass	16/02/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83630946
Alt. Phone Number	-
Email Address	charles@skylinkauto.com.sg
Address	BLK 162 YISHUN STREET 11
Address complement	#11-268
Postcode	760162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SGY2939P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage		•
Details of property damaged in accident		•
No. Of Passenger (Including Driver)		•

SKETCH PLAN


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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:

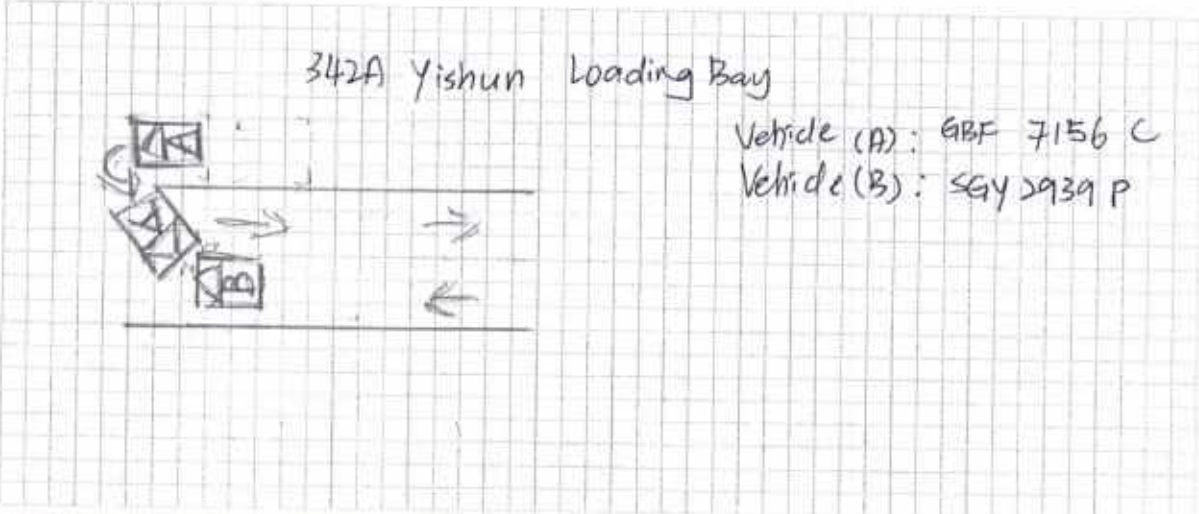
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was park my ^{vehicle (A) at} 342A Yishun Loading Bay when I come out
exit from car park I make a left turn from loading bay.
Suddenly, I felt an great impact from my vehicle (A) left portion.
After the accident, I alighted and realized that vehicle (B) hit on
my vehicle (A) left portion.

Vehicle (A): GBF 7156 C

(B): SGY 2939 P

DECLARATION

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

Policyholder's Signature
Date & Time:

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.:

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 05 DEC 2020	TIME: 1445 HRS	(hh:mm) 24 hrs Format
LOCATION: 342A YISHUN LOADING BAY		
VEHICLE NUMBER: 6BF 2516 C		
INSURED NAME: SKYLINK VEHICLE RENTAL PTE LTD		
NRIC / FIN: 20171075561	CONTACT: 9233 8260	
MAKE: NISSAN	MODEL: JU350	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: () Third Party (/) Reporting Only		
INSURANCE COMPANY: CHINA TAIPING		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMV SNA 000 2910 2000		
NAME DRIVER: MOHAMAD JUFRI BIN MOHAMED () SAME AS INSURED		
NRIC / FIN: S844 0639 B	CONTACT: 8363 0946	
DATE OF BIRTH: 20-12-1984		
DRIVING PASS DATE: 16-02-2005		
OCCUPATION: () INDOOR (/) OUTDOOR		
GENDER: (/) MALE () FEMALE		
EMAIL ADDRESS: charles@skylinkauto.com.sg () NO EMAIL		
ADDRESS OF DRIVER: BLK 162 YISHUN STREET 11 #11-268 SINGAPORE 760162		
Number Of Passenger Include Driver: DRIVER ONLY		
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 3rd Party		
	Name/NRIC	No. of Paxs (incl' driver)
Veh B	SGY 2939 P	() / Not Sure (/)
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
		() / Not Sure ()

Motor Commercial

MZ407/C

E SN

AND478A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1993
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMCVSNA00029102000

Engine No.: YD25405706A

Chassis No.: JN1MC2E2620007137

1. Index Mark and Registration
Number of Vehicle

GBF7516C

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

02/06/2020

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: Irene Hor
Authorised Officer

杨亚美
Authorised Signatory