

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 06/01/2021 14:18 (SGT)
Date of Accident 02/01/2021 16:30 (SGT)
Exact Location of Accident Chantek Flyover, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA3109Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No 2XXXXX755G
Email Address xdetox32@gmail.com
Mobile Phone No (Phone) +65-90408800
Alternative Phone No +65-83536266

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNA00029462000
Cover Note Number -

DRIVER

Name of Driver GANESAN BABU
Passport No/FIN GXXXX675M
Date Of Birth 17/06/1969
Occupation Outdoor

Date Of Driving Pass	07/04/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83536266
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	49 ADMIRALTY ROAD
Address complement	COCHRANE 2
Postcode	757444
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GY4711R
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH HWEE MENG
NRIC No	SXXXX267G
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH8390E
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG KIM SENG
NRIC No	SXXXX446A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GANESAN BABU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBA3109Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Attachment 1

IMPORTANT NOTICE

1. This form is a **mandatory** form to be completed by the policyholder to assist in 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.

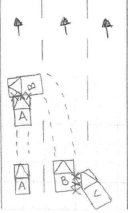


Policyholder's Signature _____
Date & Time: _____

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

Report & Centre Personnel's Signature _____
Name: _____
NRP/IRN No.: _____

on 20/07/2012



A: 6BA3109Y
B: 6YA711R
C: 6BH 8390 E
Chantek Flyover.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling straight along Chantek Flyover, when I saw vehicle C collided onto vehicle B near right portion, due to the impact vehicle B skidded and collided onto my vehicle front portion.

DECLARATION
(We declare that the above particulars are true in every respect.)

Policyholder's Signature: *Ganesan Bala*
Date & Time: *20/07/2012*

Driver's Signature (if driver is not the policyholder): *[Signature]*
Date & Time: *20/07/2012*

Reporting Centre Personnel's Signature: *[Signature]*
Name: *adela/2012*
NIC/PAN No.: *[Blank]*





















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665300206 / GST Reg. No.: M400017735

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: SN0821160007 Vehicle Registration No: GBA 3108 Y
Name (as shown in NRIC): Lim Guan Han NRIC/FIN/Passport No: 900000000000
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 83536266
Email Address: _____
Date of Accident: 02/01/2021 Time of Accident: 16:30
Place of Accident: Chong Chuan Road
Insurance Company: Chong Chuan Road

(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:

Policy number is DMCV/SAAB0029462000

Policyholder / Driver's Signature
Date:

25/01/2021
Reporting Centre Person's Signature
Name: Kohli Muthu



SKYLINK VEHICLE RENTAL PTE. LTD.
21 Tanjong Pagar Road, Unit 12, Tanjong Pagar Centre, 058000
Tel: +65 6264 9638 Fax: +65 6264 9532
www.skylinkrental.com.sg
Co. Reg/GST No. 201732725G

LEASING AGREEMENT

Date of Agreement : Saturday, 26 Sep 2020		Agreement No : SC20/0930	
HIRER PARTICULAR		CONTACT PERSON	
Name : HONSEI BUILDER PTE. LTD.		Contact Person : CHIN KIM LUNG	
NRIC/ ACRA No. : 201621605Z		Mobile Number : 9227 8670	
Address : 14 TACORE LANE LAM CHUAN BUILDING SINGAPORE 787470		Office Number :	
		Fax Number :	
		Email Address :	
RENTAL DESCRIPTION		CONTRACT PERIOD	
Make/Model : TOYOTA DYNA 100 MANUAL		Total Duration : 2 Month(s)	
Description :		Start Date : 26-SEP-2020	
		End Date : 25-NOV-2020	
Upper Structure : With Hood (Full - Retractable)		PAYMENT TERM	
Attachment :		Deposit : \$1,200.00	
Accessories & Services :		Rental/Lease Rate : \$1,200.00 Per Month	
Vehicle Plate No : GBA310BY		GST 7% : \$84.00	
Engine No : IND163361		Sub-Total Rental : \$2,400.00	
Chassis No : JTFNT24Y10500091		Payment Term : \$2,484.00	
Remark: This Leasing Agreement will remain on a monthly basis automatically after the contract period ended. Hirer is free to write in to stop this renewal with a 30 days notice.			
Late payment fee of 5% per month on prevailing monthly rental rate applicable for any late payment.			
INSURANCE COVERAGE INSIDE SINGAPORE			
Driver's Age &/or Driving Experience		Above 26 Year Old & 3 Years Experience	
Chim Damage Excess (Section II)		\$3,000.00	
3rd Party Excess (Section II)		\$3,000.00	
INSURANCE COVERAGE OUTSIDE SINGAPORE (APPLICABLE TO ALL DRIVERS)			
Additional Own Damage Excess		NA	
Additional 3rd Party Excess		NA	
Authorized Drivers: Only Registered Drivers/ Employees of Hirer (Please furnish us copies of all Drivers' Licences and Ics)			

IMPORTANT NOTE

- The hirer shall be responsible to comply with all applicable laws and government regulations.
- Hirer shall ensure that the vehicle is used for legal purposes only. The hirer shall not use the vehicle for illegal purposes.
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SKYLINK VEHICLE RENTAL PTE. LTD. does not warrant the accuracy of the information provided in this agreement. The hirer shall be responsible for the accuracy of the information provided.

Prepared By (Sales)	Approved By (Manager)	Agreed & Accepted By HIRER
Name: Yip Joo Yoon	Name: Shan Yongzhong	Name: CHIN KIM LUNG
Designation: G877681T	Designation: G5390526P	Designation: Director