

# NATIONAL Assessment Centre Services.

SN 092124000H

Date Inc: 4/2/21 15:21	Job description	Date & Time Completed	Done by
Ref No: NAICTI21901691164	SAS e-filing		
Veh No: GBJ 8234 M	E-mail (within 2hrs, AIC 2hrs)		
IP A: 25/1/21 12:50	I-Motor Claim Form		
(1) (1) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: \*

Fax: \*

TP Particulars:

Veh No:

SKX 31332

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel: \*

Policy No: (

Period: (

Cover Type: (

Completed 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 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC/Non-INC) (7/2/2021) Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \*

Damage/Action:


NA2101401

Client/Insurer Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Sal: \*

Item	Description	Amount	Remarks
1)	AR: Accident Reporting (\$30)	30	
2)	DA: Damage Assessment (\$100)	INC (\$40)	
3)	TP: Towing Fee	\$40/\$45	
4)	FT: Follow-Through Survey	\$120	
5)	FT: Follow-Through Survey (Resurvey)	\$70	
6)	TR: Re-inspection	\$75	
7)	NI: Idao DA + SMRT Survey	\$140	
8)	NTUC Additional Services:		
9)	NI: Idao Mobile	\$6	
	*NS: Courtesy Car / Tpt Allowance	\$5	
	*NG: Repair Co-ordination	\$10	
	*NT: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$5	
	TE (N11): TP (Non-INC) against INC	\$20	
	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 ..... 04/02/2021 15:21 (SGT)  
Date of Accident ..... 25/01/2021 12:50 (SGT)  
Exact Location of Accident ..... New Upper Changi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ8234M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SKYLINK VEHICLE RENTAL PTE LTD  
Company Reg No ..... 2XXXXXX755G  
Email Address ..... CHARLES@SKYLINK.COM.SG  
Mobile Phone No ..... (Phone) +65-92338260  
Alternative Phone No ..... +65-92338260

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... ONG KENG LEE  
NRIC No ..... SXXXX202A  
Date Of Birth ..... 16/04/1988

Date Of Driving Pass .....	15/02/2020
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87113362
Alt. Phone Number .....	-
Email Address .....	CHARLES@SKYLINK.COM.SG
Address .....	BLK 13 BEDOK SOUTH RD #07-619
Address complement .....	-
Postcode .....	460013
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 to Rear
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

REFER TO STATEMENT.

#### 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 .....	SKX3133Z
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

### IMPORTANT NOTICE

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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.

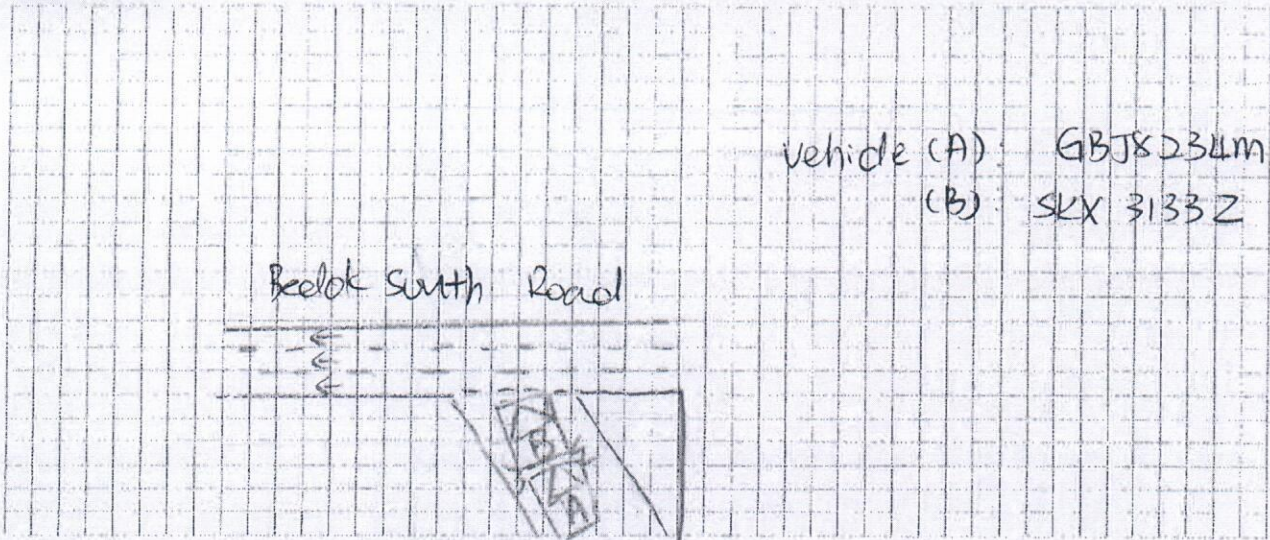


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

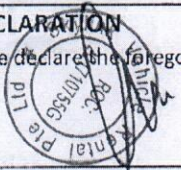


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along New Upper Changi Road towards Bedok South Road. In front of me vehicle (B) suddenly stopped. I couldn't stop in time and collided vehicle (B).

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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.

DMCVSNA00029462000

Engine No.: 1GD8393131

Cha. No.: GDH2011020771

1. Index Mark and Registration  
Number of Vehicle

GBJ8234M

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 SS\$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:

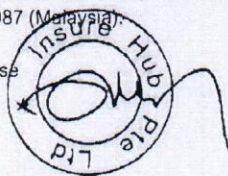
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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.

杨亚美

Authorised Signatory

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 JAN 2021		TIME: 1250 HRS (hh:mm) 24 hrs Format	
LOCATION NEW UPPER CHANGI ROAD TOWARDS BEDOK SOUTH ROAD			
VEHICLE NUMBER 6BJ 8234 M			
INSURED NAME SKYLINK VEHICLE RENTAL PTE LTD			
NRIC / FIN 701710755 G		CONTACT: 92338260	
MAKE TOYOTA		MODEL HIACE	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting Only			
INSURANCE COMPANY CHINA TRADING			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMEUSNA00029462000			
NAME DRIVER: ONG KENG LEE		( ) SAME AS INSURED	
NRIC / FIN S1420202A		CONTACT: 87113362	
DATE OF BIRTH: 16-04-1960			
DRIVING PASS DATE: 15-02-2020			
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: charles@skylink.com.sg		( ) NO EMAIL	
ADDRESS OF DRIVER: BLK 13 BEDOK SOUTH RD #07-619 S (460013)			
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 ( ) Others			
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
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 SKX 3133 Z		( ) / Not Sure ( <input checked="" type="checkbox"/> )	
Veh C		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	