

NATIONAL Assessment Centre Services. part 1 Jan 09 : SM09212K0002

Date In: 20/12/21 09:00	Job description	Date & Time Completed	Done by
Ref No NAICTZ21002400/47	SAS e-filing		
Veh No GBT 6657P	E-mail (within 3hrs, AIC 2hrs)		
DDA: 17/12/21 06:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkspr		

Preferred Wksp / INC Assign Wksp / AW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLJ6244D. 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 ( )

**General Remarks:**

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rep/ler.

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

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

Comments	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Action

NA2101742	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee 540/545	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection 375	
	7) NI: Idaho DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	QJ:	
	*NS: Courtesy Car / Tpt Allowance 55	
	*NG: Repair Co-ordination 510	
	*NJ: Post Repair Inspection 525	
	*NI: DV / Collect Excess Coordination 55	
	TP (NI): TP (Non INC) against INC 520	
	9) NI: Idaho Mobile 30	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ 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 ..... 20/02/2021 09:00 (SGT)  
Date of Accident ..... 17/02/2021 06:00 (SGT)  
Exact Location of Accident ..... Jln. Ahmad Ibrahim, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ6657P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SKYLINK VEHICLE RENTAL PTE LTD  
Company Reg No ..... 2XXXXX755G  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00029502000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD HAZIM BIN MOHAMMAD RAFFE  
NRIC No ..... SXXXX482H  
Date Of Birth ..... 25/05/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/10/2019
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86080613
Alt. Phone Number .....	-
Email Address .....	CHARLES@SKYLINK.COM.SG
Address .....	BLK 616 WOODLANDS AVE 4 #04-559
Address complement .....	-
Postcode .....	730616
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### 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 .....	SLJ6244D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEONG CHENG WAH
NRIC No .....	SXXXX311E

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

**USE THIS LABEL FOR CLAIMS**

1. Police 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 Authorized Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.

**3. 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

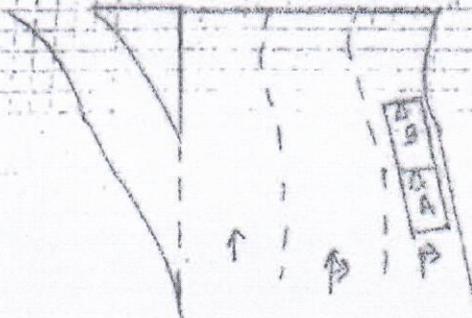


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GEJ6654P  
B: SEJ6244D

Junction of Jln Ahmad Ibrahim & Jurong West Rd

we were stationary stopped along Jln Ahmad Ibrahim in extreme right lane. Front portion of my vehicle accidentally bump onto rear portion of vehicle B (SK167410).

my passenger: 1 female

Declaration

I declare the foregoing particulars are true in every respect.



Driver's Signature/Date

*Eric Nuff*

Driver's Signature/Date



Witnessed by Reporting Officer/Passenger

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

AN0478A

Cov. Type:F

CERTIFICATE No.	DMCVSNA00029502000	Engine No.: 1GD8411538	Cha. No.:GDH2011023267
1. Index Mark and Registration Number of Vehicle	GBJ6657P		
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	\$\$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. : DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD <i>* 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>			

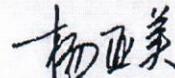
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: Lim Lee Choo  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Date of Accident : 17 Feb 21 Accident Time: 06:00 (24-HR-Format)  
 Accident Place : Junction of Jln Ahmad Ibrahim & Jurong Port Rd  
 Vehicle Reg. No. (Car Plate No.) : GBJ6657P  
 Vehicle Make/Model : Toyota Hiace  
 Insurance Company : China Taiping Policy No. DMCVSNA00079502000  
 Owner or Company Name / IC No. : Skylink Vehicle Rental Pte Ltd 2017107556  
 Owner or Company Contact No. : 92338260 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Mohammad Hazim Bin Mohammad Raffe 593174824  
 DRIVER'S Date Of Birth : 25/5/1993 DRIVER'S License Pass Date 11/10/2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Hire  
 DRIVER'S Address : Blk 616 Woodlands Avenue 4 #04-559 (730616)  
 DRIVER'S Contact No./ Alt No. : 1) 86080613 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : charles@skylink.com.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 No injury  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SJ6244D</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Volkswagen</u>	Vehicle Make/Model: _____
Name Driver: <u>Leong Cheng Wah</u>	Name Driver: _____
IC No. Driver: <u>S1677311E</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

> Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	755G
<b>Vehicle Details</b>	
Vehicle No.:	GBJ6657P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1GD8411538
Chassis No.:	GDH2011023267
Maximum Power Output:	-
Open Market Value:	\$34,588.00
Original Registration Date:	03 Jul 2019
First Registration Date:	03 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$1,730.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	02 Jul 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$28,559.00
COE Rebate Amount:	\$22,847.00
<b>Total Rebate Amount:</b>	<b>\$22,847.00</b>

The information contained herein is correct as at 19 Feb 2021

OK