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 witholding 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.

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 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 26/02/2021 10:23 (SGT) Date of Accident 11/12/2020 11:13 (SGT) Exact Location of Accident 8 Ubi Rd 2, Singapore 408538 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8313P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD Company Reg No 2XXXX755G Email Address

xdetox32@gmail.com Mobile Phone No (Phone) +65-92338260 Alternative Phone No +65-98527194

VEHICLE PARTICULARS

Manufacturer Isuzu Model NNR85UH4A Variant

Exact purpose for which vehicle was being used at time of

accident Private use

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 Policy Number DMCVSNA00029102000

Cover Note Number

DRIVER

Name of Driver LIM THOW SIONG (LIN DAOXIONG) NRIC No SXXXX549F Date Of Birth 30/10/1973 Occupation Outdoor

Date Of Driving Pass 19/08/2008 Driving experience 12 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98527194 Alt. Phone Number Email Address xdetox32@gmail.com Address **BLK 1 TANJONG PAGAR PLAZA #20-53** Address complement Postcode 082001 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? No Number of Passengers (Including Driver) 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

Nο

No

Was there any video captured by Car Camera?

Was there any audio recorded?

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 yers/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
- (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")

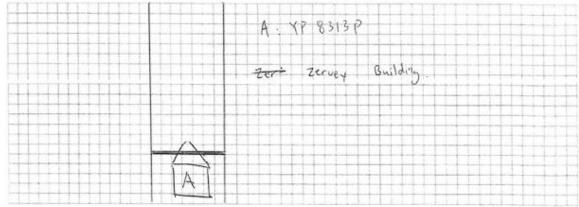
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder (Signature / Date & Time

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

Witnessed by Reporting Cer Personnel

Sketch Plan



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Declaration

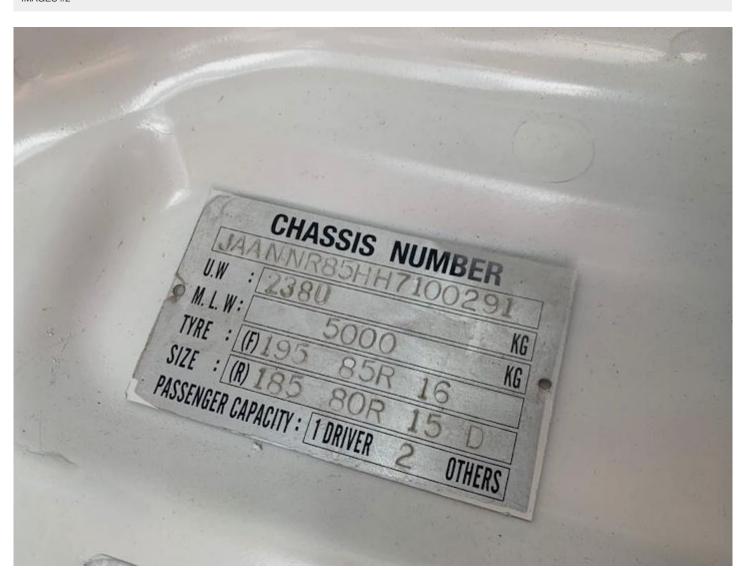
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel























SKYLINK VEHICLE RENTAL PTE LTD

Tel: +65.6266.5858 Fax: +65.6266.5852 www.skylinkauto.com.cg Co. Reg/GST No. 201710755G

LEASING AGREEMENT

Date of Agreeme	ent : Wednesday, 07 Oct 2020	Agreement	No : SC20/0948
HIRER PARTICUL Name NRIC/ ACRA No. Address	AR : INFINITE TRANSPORTS PRIVATE : LIMITED : 781616088EER ROAD SINGAPORE (639607)	Contact Person Mobile Number Office Number Fax Number Email Address	DR. JABEZ KOH 8866 7889 Jabez@infinitetransports.com.sg
RENTAL DESCRIP	TION	CONTRACT PERIO	OD O
Make/Model	: ISUZU NNR85UH4A	Total Duration	: 1 Year(s)
Description		Start Date	: 08-OCT-2020
		End Date	: 07-OCT-2021
Upper Structure	12	100000000000000000000000000000000000000	
Attachment	: Box	PAYMENT TERM	
Accessories &	020		
Services		Deposit	: \$500.00
		Rental/Lease Rate	: \$1,500,00 Per Month
Vehicle Plate No	: YP8313P	GST 7%	: \$105.00
Engine No	: 4JJ13D8814	Sub-Total Rental	: \$2,000.00
Chassis No	: JAANNR85HH7100291	Payment Term	; \$2,105.00

	INSURANCE COVERAGE INSIDE S	INGAPORE			
Driver's Age &/or Driving Experience	Above 26 Year Old & 2 Years Experi	ence Below 26 Year Old &	Below 26 Year Old & 2 Years Experience		
Own Damage Excess (Section I)	\$3,000.00	\$5,000.0	\$5,000.00		
3rd Party Excess (Section II)	\$3,000.00	\$5,000.0	\$5,000,00		
INSURA	NCE COVERAGE OUTSIDE SINGAPORE (AI	PLICABLE TO ALL DRIVERS)			
Additional Own Damage Excess	NA NA	Additional 3rd Party Excess			

Authorised Driver: Only Registere Drivers/ Employees of Hirer (Please furbish us copies of all Drivers' Licencses and Ics)

IMPORTANT NOTE

- 1. The above quote is subjected to approach stock availability. Lars and government legislistops.
 2. Rate does NOT include usage outside SNOAPCRE, additional charges apply for insign existine Snogason's (Subject to prior approach).
 3. Above containates includes whiche replacement (subject to avoid billing), road side sistiatines 2477 and now benefiting once annually.
 4. Recentatives includes which insurance, creat tax and imperition, mainternance, servicing and repair due to ware and texal (proclamed tyres and fail butterns not included). You of tax, violand outside of a specific way and emaily.
 5. Only drivers registered and accepted by Stylers violation kental Proclamed (wherein less charges) are to the large.
 5. Only drivers registered and accepted by Stylers violation kental Proclamed (Wherein less hand) are sufficiently in the service. Should the set of a damaged or stolen while being sincen by unauthorised drivers who are should be considered. The control of the service and process and the service and the

- It in the never of default payment, the Duner has the absolute rights to represent the whole without promotice. The Nice shall be liable for late payment has of \$15 per month on prevailing mountain representation for of not less than \$200.00 and/or any other associated cost the remarks.

 The Nice shall smore that the vehicle is not used for any purposes which conflict with the Law acconstraint with their, drug pedaling or trafficions, smagging and/or any other payment action. Shall conflorated by the authority. Uncertainteening agency and/or any organisation due to such columbations, the Ways shall indemnify the Queen this Full value of the vehicle give, all other accounts cours and cur-
- 8. There must be approper these and entire sufficient water for radiator & engine or of vehicle at all times. If the vehicle treatment due to increose usage, until of lare and/or negligence, the himself has tall
- 5. Vehicles returned after 24ths (for daily rentation after 5pm shall be considered as additional one more day restal
- 10 The Hire shall at all times, use only the recommended grade of fixed and librariest as specified by the ventical's manufacture. Failing which are resolvent damages to the Virtuals Unique Shall be borne to the incention

Prepared By (Sales) Approved By (Manager)

Skylink Vehicle Rental Pte Yap Jing Rou Name

G8776817T Designation

Skylink Vehicle Rental Pte Ltd

Name Designation

Sng Kwang Fong S8603398D

Agreed & Accepted By HIRER

SHBN & CHOP Ciletarne

Name Christople Odian Designation HR/Flect Mg-

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