

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

SN08215K0004

Date In: 20/05/2021 16:59	Job description	Date & Time Completed	Done by
Ref No: N/A/C721006021/4	SAS e-filing		
Veh No: 978K 9774 J	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/05/2021 19:45	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: W3510G	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 repaier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

4/21/2021	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/n INC) against INC \$20		
	9) N12: Idao Mobile 30		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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 20/05/2021 16:59 (SGT)
Date of Accident 19/05/2021 19:45 (SGT)
Exact Location of Accident 225 Queen St, Singapore 188533
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9774J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No 2XXXXX755G
Email Address eurosucccess0202@gmail.com
Mobile Phone No (Phone) +65-87831914
Alternative Phone No +65-62665858

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
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNA00049482100
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ADAM OMAR BIN AMIR RUDDIN
NRIC No SXXXX352J

Date Of Birth	27/10/1999
Occupation	Outdoor
Date Of Driving Pass	20/11/2019
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87831914
Alt. Phone Number	-
Email Address	eurosuccess0202@gmail.com
Address	BLK 106A CANBERRA STREET #13-431
Address complement	-
Postcode	751106
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMMAD FIRDHAUS BIN AMIR RUDDIN
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

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	YN3570G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MR TEO
Contact Number	(Phone) +65-97943569
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	MUHAMMAD ADAM OMAR BIN AMIR RUDDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9774J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUHAMMAD FIRDHAUS BIN AMIR RUDDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK9774J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.



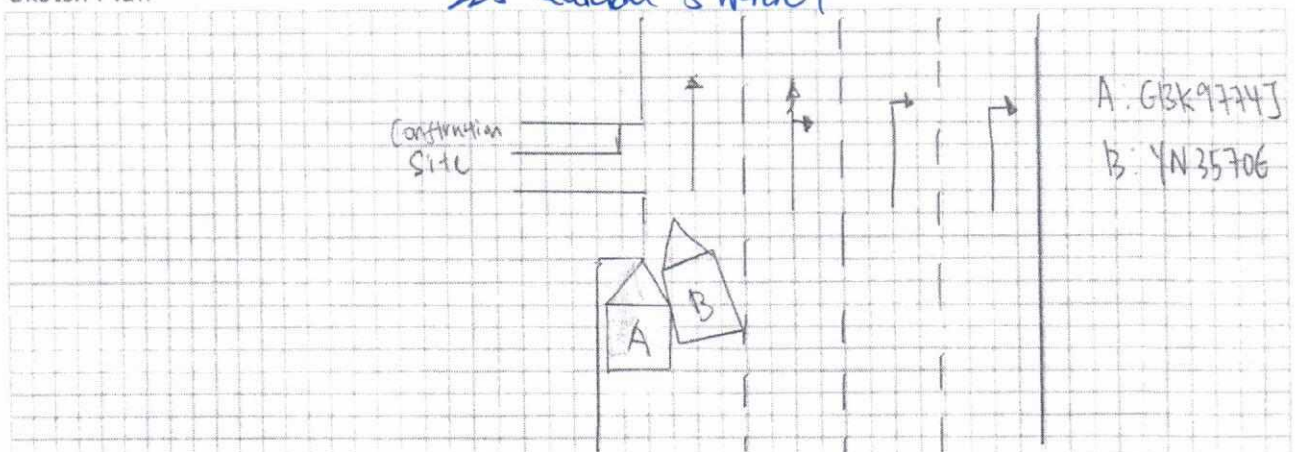
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

225 QUEEN STREET



Describe Circumstances of the Accident

on the stated date and time, I was driving vehicle A [GBK9774J] along Queen Street. I realised my car overheat and I stopped at the side of the road with my hazard lights on to warn others. When I was about to alight to check my car, vehicle B suddenly overtook my car to lane change and hit my car. He was picking up workers from construction site hence the sharp turn. My car front part and the right side is damaged.

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

20/05/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 19/05/2021 Accident Time: 1945 (24-HR-Format)
Accident Place : 225 Queen Street
Vehicle No. (Car Plate No.) : GBR9774J Make/Model: ~~Toyota~~ Toyota Hiace 2.8A
Insurance Company : China Taiping Policy No: DMCV SNA 000 49482100
Owner or Company Name / IC No. : Skylink vehicle Rental Pte Ltd
Owner or Company Contact No. : Owner's Hp 6266 5858 Company Tel
DRIVER'S Name / IC No. : Muhammad Adam amir bin amir ruddin S9937352J
DRIVER'S Date Of Birth : 27/10/1999 DRIVER'S License Pass Date 20/11/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : BLK 106A Canberra St #13-431 SC 751106
DRIVER'S Contact No./ Alt No. : (1) 8783 1914 (2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : eurosuccess0202@gmail.com
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 (Passenger = Muhammad Firdhaus Bin Amir Ruddin)
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
Any Injury (If YES, Pls state): Yes. Police Report send later together with me

Other Party Driver's Particular (if any)

Vehicle No: YN 35706	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Mr Teo	Name Driver: _____
IC No. Driver/Contact: 9794 3569	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

LEASING FORM

Date of Agreement : 20 Feb 2021
Leasing Agreement No : R21020051

HIRER PARTICULARS

Name : AMIR RUDDIN BIN AB RAHMAN
 NRIC/UEN No. : S1177687F
 Office Number : 9807 7381
 Email Address :
 Mailing Address : APT BLK 106A CANBERRA STREET #13-431
 Singapore 751106

Contact Person : AMIR
 Designation :
 Contact Number : 9807 7381
 Email Address :
 Ref Number :

VEHICLE DESCRIPTION

Make/Model : TOYOTA HIACE 3.0 DX AT
 Upper Structure :
 Attachment :

Vehicle Plate No : GBH2396D
 Engine No : 1KD2662405
 Chassis No : KDH2010209505
 Veh. Unladen Weight (KG) : 1780.00
 Gross Vehicle Weight (KG) :
 Min. Driver Qualification :

Remark:
 CHARLES

CONTRACT PERIOD

Total Duration : 12 months
 Start Date : 20 Feb 2021
 End Date : 19 Feb 2022

PAYMENT TERM

Deposit : \$ 1,500.00
 Rental/Lease Rate : \$ 1,500.00 Per Month
 GST 7% : \$ 105.00
 Sub-Total Rental : \$ 3,000.00
 Total Payment : \$ 3,105.00
 Payment Term : ADVANCED

IMPORTANT NOTES

- This leasing contract comprises of the Leasing Form and the Standard Terms and Conditions ("Leasing Agreement").
- All rental payments must be made in advance.
- In the event of any late payments, a Late Payment Fee of \$60.00 is applicable per overdue payment (including payment invoices & debit notes). In the event of repossession due to breach of Leasing Agreement terms, hirer shall bear the repossession costs.
- Only Authorised Drivers registered with SKYLINK VEHICLE RENTAL PTE LTD are allowed to drive and operate the Vehicle.
- In the event of Vehicle breakdown, Hirer shall pay the towing fees.
- In the event of any accident, the Hirer has to notify the Owner immediately, report the accident to the police & authorized reporting centre and make payment for the insurance excess not later than 24 hour after accident. Insurance excess is payable for each and every accident regardless of negligence and severity.
- All repairs and modifications can only be carried out with Owner's consent at the Owner's authorized workshop.
- The Vehicle can only be used within the territorial limit of Singapore.
- The Vehicle is not to be used or operated in a manner contrary to any statutory provision or regulation or in any way contrary to law.
- The Vehicle is limited to a maximum mileage entitlement of 300km a day. Additional charges will apply for any additional mileage over the entitlement.
- Any premature termination of the Agreement shall be subjected to liquidated damages. See Clause 10 of the STC for more details.
- Do note that these important notes are only an extract from the STC. This hiring shall be governed by the terms and conditions as set out in the STC.

Declaration

I/We declare that I have fully read and understood the entire Leasing Agreement including the Leasing Form and the Standard Terms & Conditions and agree to accept and be bound by all the terms therein.

Approved By (Manager)



Skylink Vehicle Rental Pte Ltd

Name : Eric Sng
 Designation : Manager

INSURANCE EXCESS

	Section I (Less or Damage)	Section II (Liability to Third Parties)	Condition
G Plate & S Plate	\$2,500.00 \$5,000.00	\$2,500.00 \$5,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type Min. 22 years old and min. 2 years driving experience in the relevant Class type
Y Plate	\$3,000.00 \$5,000.00	\$3,000.00 \$5,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type Min. 25 years old and min. 2 years driving experience in the relevant Class type
P Plate	\$3,000.00 \$5,000.00	\$3,000.00 \$5,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type Min. 25 years old and min. 2 years driving experience in the relevant Class type
X Plate	\$4,000.00	\$5,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type
	NA	NA	NA

Agreed & Accepted By HIRER



Customer SIGN

Name : Amir Ruddin Bin AB Rahman
 (S1177687F)
 Designation :



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.

DMCVSNA00049482100

Engine No.: 1GD8664987

Cha. No.: GDH2012016454

1. Index Mark and Registration

GBK9774J

Number of Vehicle

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

23/04/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

22/04/2022

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 in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.

(3) Use for social, domestic or pleasure purpose.

The policy does not cover:

(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.: INDEX CREDIT PTE LTD

* 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:

Lim Lee Choo

Authorised Officer

Authorised Signatory