

## NATIONAL Assessment Centre Services

SN09217N0004

Date In: 23/7/21 17:30	Job description	Date & Time Completed	Done by
Ref No: NAICTI21007894/V	SAS e-filing		
Veh No: 6BK9730K	E-mail (within 2hrs. After 2hrs)		
D.O.A: 22/7/21 17:45	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SLQ 98C	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%; F: 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 repairer.
( ) 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

NA2103418

## Invoice Preparation Checklist

Ant (\$)	Ant (\$)
Est Bill	Add Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30)	
2) DA : Damage Assessment (\$100); INC (\$80)	
3) TF : Towing Fee \$40/\$45	
4) FT : Follow-Through Survey \$120	
5) RT : Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2005)	
6) TR : Re-inspection \$75	
7) NI : Idue DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
OD:	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (N11) : TP (N-on INC) against INC \$20	
9) N12: Idue 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	23/07/2021 17:50 (SGT)
Date of Accident	22/07/2021 17:45 (SGT)
Exact Location of Accident	Serangoon North Ave 5, Singapore
Additional Location Information	TOWARDS YCK ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK9730K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	-
Email Address	HIDAYAHFAIZAL0202@GMAIL.COM
Mobile Phone No	(Phone) +65-85000207
Alternative Phone No	+65-85000207

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

### 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 FAIZAL BIN ZAINAL ABIDIN
NRIC No	SXXXX431D

Date Of Birth	09/01/1989
Occupation	Outdoor
Date Of Driving Pass	17/05/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85000207
Alt. Phone Number	-
Email Address	HIDAYAHFAIZAL0202@GMAIL.COM
Address	BLK 992B BUANGKOK LINK #14-183
Address complement	-
Postcode	532992
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NURUL HIDAYAH
Gender	Female

#### PASSENGER 2

Name	MUHAMMAD HILMAN FAWWAL
Gender	Male

#### PASSENGER 3

Name	HANIS FARWIZAH
Gender	Female

#### PASSENGER 4

Name	MUHAMMAD HILMI FIRDAUS
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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ98C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Date of Accident : 22/7/2021 Accident Time: 1745 (24-HR-FORMAT)  
 Accident Place : Perangin north ave 5 toward Yek Rd.  
 Vehicle Reg. No (Car plate No.) : GOK 9780K Vehicle Make/Model: TOYOTA Hilux  
 Insurance Company : \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Name of Registered Owner : Company / Individual \_\_\_\_\_  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : MUHAMMAD FAIZAL Bin ZAMAL ABIDIN DRIVER'S NRIC No: S89004310  
 DRIVER'S Date of Birth : 09/1/1989 DRIVER'S License Pass Date 17/5/2010  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Others  
 DRIVER'S Address : Blok 99213 Bukit Jelutong Lmk #14-13. (1) 532992  
 DRIVER'S Contact No./ Alt No. : 1) 8500 0207 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : Hidayahfaizal0202@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): 5 Name & Gender; MUHAMMAD HILMI FIRDAS  
 Was the accident reported to the police? YES \ NO NO  
 Was there any video Captured by car camera: YES \ NO YES  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any injuries, if yes (name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SLQ 98L  
 Vehicle Make/Model: BENZ  
 Name DRIVER: Derek Tan  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: 6481 7681

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_

*claims @ 1ap.com.sg*

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, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNA00049482100

Engine No.: 1GD8663307

Cha. No.: GDH2012016404

1. Index Mark and Registration

GBK9730K

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



## 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)

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

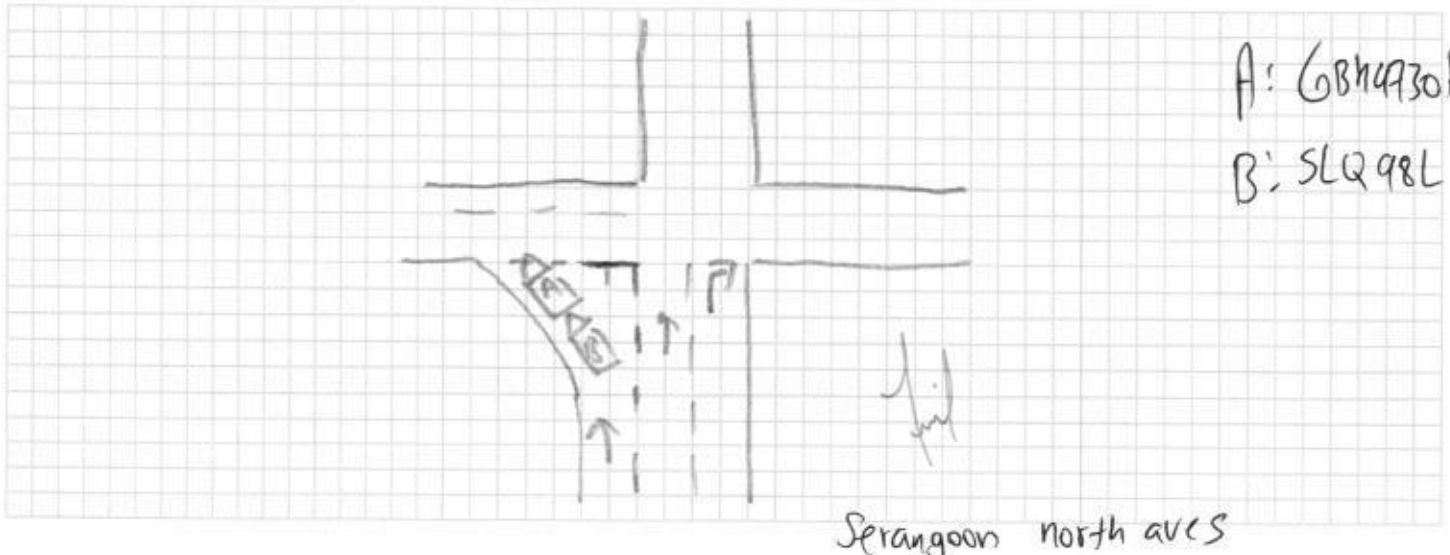
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

I was driving along Seremban <sup>north</sup> ave S slip rd turning towards  
Yele rd. I stop my vehicle to check on my right for  
traffic to be clear. Suddenly a car hit onto the rear  
of my car. I and my passenger had some neck and  
back pain due to the accident.

### 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