



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	16/11/2021 10:46 (SGT)
Date of Accident	12/10/2021 10:00 (SGT)
Exact Location of Accident	Commonwealth Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2048M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	2XXXXX755G
Email Address	yvette@skylink.com.sg
Mobile Phone No	(Phone) +65-92335098
Alternative Phone No	+65-83689603

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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNA00049442101
Cover Note Number	-

DRIVER

Name of Driver	TAN ZHILAO
NRIC No	SXXXX368F

Date Of Birth	09/12/1981
Occupation	Outdoor
Date Of Driving Pass	22/06/2011
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83689603
Alt. Phone Number	-
Email Address	yvette@skylink.com.sg
Address	BLK 418 CLEMENTI AVENUE 1 #05-251
Address complement	-
Postcode	120418
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

PLEASE REFER TO SKETCH PLAN

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY6089U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97372966
Address	-

SKETCH PLAN

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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.



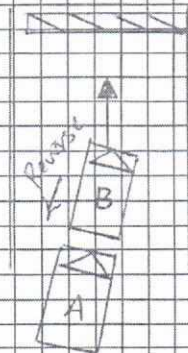
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Commonwealth Insurance



A: GBL 2048M
B: SMY 6089U

Describe Circumstances of the Accident

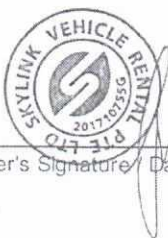
On 12/10/2021 at about 10:00, I was driving my vehicle (A) along Commonwealth Crescent, when I turn into BIK 110 - BIK 111 carpark, I stopped my van before the gateway for waiting in front vehicle (B) go into carpark suddenly in front vehicle (B) reverse without any signal and causing damage onto my vehicle (A) front LH portion. nobody injured.

(A) GBC 2043 M

(B) SMY 6089 U

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature

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

Handwritten signature 16/11/2021
Witnessed by Reporting Centre Personnel

Claim No:

MOTOR ACCIDENT REPORT AND CLAIM FORM

Accident Date	12/10/2021	Time (24HR)	10:00
Location	Commonwealth Crescent		
VEHICLE INFORMATION			
Vehicle No	GBL 2048 M	Make & Model	Toyota Hiace
Category	<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle <input type="radio"/> Private Hire		
INSURANCE COMPANY (OWN VEHICLE)			
Insurance	China Taiping	Policy No	DMCVSNA00049442101
Coverage	<input type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft		
Claiming under	<input type="radio"/> Own Insurance <input checked="" type="radio"/> Third Party Insurance <input type="radio"/> Reporting Only		
INSURED/POLICYHOLDER (OWN VEHICLE)			
Owner Name	Skylink Vehicle Rental Pte Ltd	NRIC / Co.No.	2017107559
Mobile No.	9233 5098	Tel:	
		Email	yvette @ skylink.com.sg
DRIVER IDENTIFICATION (OWN VEHICLE)			
Driver Name	Tan Zhihao	NRIC / FIN No.	S8140368F
Date Of Birth	09/12/1981	Driving Pass Date	22/06/2011
Occupation	<input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Mobile No.	8368 9603	Tel:	
		Email	yvette @ skylink.com.sg
Address	BLK 418 Clementi Avenue 1 #05-251		Postcode 120418
Relationship	<input type="radio"/> Owner <input type="radio"/> Relative <input type="radio"/> Friend <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Children <input type="radio"/> Sibling <input type="radio"/> Staff <input type="radio"/> Hire		
GENERAL INFORMATION OF THE ACCIDENT			
Accident Type	<input type="radio"/> Chain Collision <input checked="" type="radio"/> Head To Rear <input type="radio"/> Side Swipe <input type="radio"/> Other		
Weather	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Other	Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other
Injured	<input checked="" type="radio"/> No <input type="radio"/> Yes (Name: _____ and state in which vehicle: _____)		
Police Report	<input checked="" type="radio"/> No <input type="radio"/> Yes (Police station _____)		
Prosecution	<input checked="" type="radio"/> No <input type="radio"/> Yes	Video	<input type="radio"/> No <input checked="" type="radio"/> Yes
Number of Passengers (Including Driver)	1	Damaged	<input type="radio"/> No <input checked="" type="radio"/> Yes
Passenger Name:			<input type="radio"/> Male <input type="radio"/> Female
Passenger Name:			<input type="radio"/> Male <input type="radio"/> Female
Passenger Name:			<input type="radio"/> Male <input type="radio"/> Female
THE THIRD PARTY VEHICLE DETAILS			
	VEHICLE (B)	VEHICLE (C)	VEHICLE (D)
Vehicle No	SMY 6089 U		
Driver's Name			
Contact No.	9737 2966		
Driver's NRIC			
Insurance			
DETAILS OF WITNESS			
Name			
NRIC			
Contact			
Email Address			



Motor Commercial

MZ407/C

E SN

AN0478A

Cov. Type: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)

CERTIFICATE No.

DMCVSNA00049442101

Engine No.: 1GD8694911

Cha. No.:GDH2011056545

1. Index Mark and Registration
Number of Vehicle

GBL2048M

AUTOSAFE
=====

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

31/05/2021
(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:

Lin Joo Choo
Authorised Officer

Authorised Signatory