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SN0821BG0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/11/2021 10:46 (SGT)

SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/11/2021 10:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

oolicy 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 Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

16/11/2021 10:46 (SGT)

12/10/2021 10:00 (SGT)

Commonwealth Cres, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL2048M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

SKYLINK VEHICLE RENTAL PTE LTD

2XXXXX755G

yvette@skylink.com.sg

(Phone) +65-92335098

+65-83689603

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Hiace

Employment

No - Claiming third party

Commercial vehicle

Manual

2754

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (\$ingapore) Pte. Ltd.

Comprehensive

DMCVSNA00049442101

DRIVER

Name of Driver

NRIC No

TAN ZHIHAO SXXXX368F



Date Of Birth Occupation Date Of Driving Pass

Driving experience

Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

09/12/1981

10 YEARS AND 4 MONTHS

BLK 418 CLEMENTI AVENUE 1 #05-251

(Phone) +65-83689603

yvette@skylink.com.sg

Collision - Head to Rear

Outdoor 22/06/2011

120418

Employee No

Clear

Dry

No

No

Yes

1

No

No

No

No

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver Contact Number

Address

SMY6089U

Private car

(Phone) +65-97372966

Accident report SN0821BG0001

Page 2 of 16

Address complement	
Postcode	
insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	14

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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 illectively 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 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 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 vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signatu

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

Witnessed by Reporting Centre Personnel

CRUS CAUT Sketch Plan COMMONWRAIN

Describe Circumstances of the Accident			
On 12/10/2021 at about 10:00, I was driving my vehicle up) along	Commone	venHh
Crescent, when I turn into BIK 110 - BIK 111 Corpork, I	Stopport	my van	before
the gently for waiting infant while (B) go into corpork			
13) reverse without any signal and courseing dange on	to my i	chicle 1A)
front 1H parties no body injured.			
(A) GBL 2043 M	***************************************		V
(B) SMY 6.89 U			

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time

1/2/1

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

Witnessed by Reporting Centre Personnel

Claim No:

MOTOR ACCIDENT REPORT AND CLAIM FORM

Accident Date	12/10/70:	١١	Time (24HR)	10:00			
Location	Commonw	eulth Crescer	1+				
VEHICLE INFOR							
Vehicle No	GBL 2048	M	Make & Model	Toyota H	iace		
Category	o Private	o Commercial	o Motorcycle	o Private Hire			
INSURANCE COI	MPANY (OWN VEHICLE)						
Insurance	China Taiph	n4	Policy No	DMCVSNA 00049442101			
Coverage	o Comprehensiv		ty o Third	o Third Party Fire & Theft			
Claiming under	o Own Insurance	Third Par	ty Insurance	o Reporting Only			
INSURED/POLIC	YHOLDER (OWN VEHICL	E)					
Owner Name		cle Pental Pte	Ltel	NRIC / Co.No.	2017107559		
Mobile No.		Tel:	Email	Trette @ Skylink.com.sg			
'IVER IDENTIF	ICATION (OWN VEHICLE)		in in it is	7		
Driver Name	Tan Zhihao			NRIC / FIN No.	S8140368F		
Date Of Birth	09 /12/ 199	31	Driving Pass Date	22/06/70			
Occupation	o Indoor v	Outdoor	Gender	Male o Female			
Mobile No.	8368 9603	Tel:	Email	yiette @ steythik com.sq			
Address	BLK 418 Cle	menti Alenne	1 \$105-251	Postcode 120418			
Relationship		o Friend o Parent	o Spouse o Childr		o Hire		
GENERAL INFOR	MATION OF THE ACCID	ENT					
Accident Type	o Chain Collision	lead To Rear o Side S	wipe o Other				
Weather	O/Clear o Raining	o Other	Road Surface	Dry o Wet	o Other		
Injured	of No o Yes (Name: and state in which vehicle:)						
Police Report	No o Yes (Polic	e station		W. S. C. S.)		
Prosecution	o∕No o Yes		Video	o No Wyes	o No Wyes		
Number of Pass	engers (Including Driver		Damaged	o No g∕es			
ssenger Nam					emale		
Passenger Nam					emale		
Passenger Nam				o Male o F	emale		
THE THIRD PAR	TY VEHICLE DETAILS	VEHICLE (C)	VEHICLE (D)	WEILIGHT (5/5)			
Vehicle No	VEHICLE (B)	VEHICLE (C)	VEHICLE (D)	VEHICLE (E)	VEHICLE (F)		
Driver's Name	SMY 6089U						
Contact No.	0222 -001				_		
Driver's NRIC	9737 2966						
Insurance	-						
DETAILS OF WIT	NECC						
Name	INCOS						
NRIC							
Contact							
Email Address					_		
cinali Address							



Motor Commercial

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) for Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ407/C

SN

AN0478A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00049442101

Engine No.: 1GD8694911

Cha. No.: GDH2011056545

1. Index Mark and Registration

GBI 2048M

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

SKYLINK VEHICLE RENTAL PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment

31/05/2021

Excess Sect I.

\$\$2,000.00

Excess Sect. II EX ON WINDSCREEN .

\$\$2,000.00 S\$100.00

4. Date of Expiry of Insurance

22/04/2022

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:

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

© 6389 6111

₱6222 1033

www.sg.cntaiping.com