

NATION 11 Assessment Centre Services

Date In: 09/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/C122001255/13	SAS e-filing		
Veh No: GP4682M	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 08/02/22 1540	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: SKF7642P	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

NA 22 003 45

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idac 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-a INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice date 1	Fee Charged		
	Invoice date 2	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	09/02/2022 17:36 (SGT)
Date of Accident	08/02/2022 15:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS B4 STEVENS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GP4682M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	2XXXXX755G
Email Address	cs8558cs@gmail.com
Mobile Phone No	(Phone) +65-85239023
Alternative Phone No	+65-85239023

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	DMCVSNA00049562100
Cover Note Number	-

DRIVER

Name of Driver	HIEW LEE KIONG
Passport No/FIN	GXXXX998L

Date Of Birth	28/07/1989
Occupation	Outdoor
Date Of Driving Pass	05/09/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85239023
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 488A TAMPINES AVE 9
Address complement	#09-172
Postcode	520488
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KWONG HEN LOONG
Gender	Male

PASSENGER 2

Name	LAI JUN HONG
Gender	Male

PASSENGER 3

Name	SOON BOON YENT
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKF7642P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HIEW LEE KIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GP4682M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KWONG HEN LOONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GP4682M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LAI JUN HONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GP4682M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	SOON BOON YENT
Gender	Male
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GP4682M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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

Syan 09/02/22

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS TUNIS ON
THE SECOND LANE.
SUDDENLY, THE VEHICLE ON MY RIGHT CUT INTO
MY LANE AND COLLIDED INTO THE REAR RIGHT PORTION
OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

X
Policyholder's Signature / Date & Time

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

[Handwritten signature] 09/05/22
Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 08 / 02 / 2022 (dd/mm/yy) Time of Accident: 15 : 40 (24-HR-FORMAT)

Vehicle No. : GP4682M Vehicle Make & Model / Engine (cc): TOYOTA Private Hire: (Y / N)

Exact location of Accident: PIE TOWARDS TMA3 BEFORE STEVEN3

Policyholder's Name / IC No. : SKYLINK VEHICLE RENTAL PTE LTD ROC/UEN (Company) 201710755G

Driver's Name / IC No. : HIEW LEE KIONG G2712998L (As Above)

Driver's Contact No. : 8523 9023 Company Contact No / Owner Contact No: _____

Driver's Address: B1K 488A, Tampines Ave 9, #09-172

Owner Email address : CS8558CS@GMAIL.COM Insurance Company : CHINA TAIPIING

Driver Email address : _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

***No. of Passengers (Including Driver):** 4

*Passenger Name: KWONG MEN LOONG G2959134M

Gender: Male / Female x()

*Passenger Name: LAI JUN HONG G8982067M

Gender: Male / Female x()

BOON BOON YENT G F2235008X MALE

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: DRIVER & PASSENGERS

Injuries Sustain: _____ Injured Person in Which Vehicle: GP4682M

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKF#642P

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

2 PASSENGERS
INCLUDING
DRIVER.

Motor Commercial

MZ407/C

E SN

AN0476A

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.	DMCVSNA00049562100	Engine No : 1KD1547065 Chs. No.:JTFAT35Y402790150
1. Index Mark and Registration Number of Vehicle	GP4682M	
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	21/12/2021 (00:00:00)	
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.	

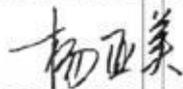
HIRE PURCHASE CO. ; TOYOTA FINANCIAL SERVICES SINGAPORE PTE. LTD.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 Chao
Authorised Officer


.....
Authorised Signatory



世凯联汽车租赁有限公司

SKYLINK VEHICLE RENTAL PTE LTD
 21 Toh Guan Road East #01-12, Toh Guan Centre, (S)608609
 Tel: +65 6266 5858 Fax: +65 6266 5852
 www.skylinkauto.com.sg
 Co. Reg/GST. No. 201710755G

LEASING FORM

Date of Agreement : 02 Sep 2021 **Leasing Agreement No : R21090002**

HIRER PARTICULARS

Name	: OWL SOLUTIONS PTE LTD	Contact Person	: REBECCA YAP
NRIC/UEN No.	: 201731675K	Designation	: MANAGER
Office Number	: 9694 6600	Contact Number	: 9694 6600
Email Address	: accounts@owls.com	Email Address	: accounts@owls.com
Mailing Address	: 51 BUKIT BATOK CRESCENT #05-05 UNITY CENTRE Singapore 658077	Ref Number	:

VEHICLE DESCRIPTION

Make/Model : TOYOTA DYNA 150 MANUAL
 Upper Structure :
 Attachment : FULL CANOPY
 Vehicle Plate No : GP4682M
 Engine No : 1KD1547065
 Chassis No : JTFAT35Y403000150
 Veh. Unladen Weight (KG) : 1780.00
 Gross Vehicle Weight (KG) : 3500.00
 Min. Driver Qualification : CLASS 3

CONTRACT PERIOD

Total Duration : 24 months
 Start Date : 05 Sep 2021
 End Date : 04 Sep 2023

PAYMENT TERM

Deposit : \$ 1,350.00
 Rental/Lease Rate : \$ 1,250.00 Per Month
 GST 7% : \$ 87.50
 Sub-Total Rental : \$ 2,600.00
 Total Payment : \$ 2,687.50
 Payment Term : ADVANCED

Remark:

First 22 month is payable while last 2 month is rental fee provided Hirer completed paying 22 month worth of rental and with no outstanding payment.

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.

INSURANCE EXCESS

	Section I (Loss or Damage)	Section II (Liability to Third Parties)	Condition
G Plate & S Plate	\$2,900.00	\$2,600.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type
	\$5,000.00	\$5,000.00	Min. 22 years old and min. 2 years driving experience in the relevant Class type
Y Plate	\$3,000.00	\$3,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type
	\$5,000.00	\$5,000.00	Min. 25 years old and min. 2 years driving experience in the relevant Class type
P Plate	\$3,000.00	\$3,000.00	Min. 27 years old and min. 2 years driving experience in the relevant Class type
	\$5,000.00	\$5,000.00	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

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 : Kevin Low
 Designation : Senior Leasing Executive

Agreed & Accepted By **HIRER**

Customer **SIGN**

Name : ROBIN CHOO
 Designation : GENERAL MANAGER