SN08246R0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 27/06/2024 10:43 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (27/06/2024 10:43 (SGT))

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 Actual 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 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 First Submission 27/06/2024 10:43 (SGT) Reported by **Actual Driver** Date of Accident 17/01/2024 00:25 (SGT) Exact Location of Accident Geylang, Singapore Additional Location Information LORONG 40 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL4827T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ABS LEASING SERVICES PTE. LTD. Company Reg No 201819528D Email Address vanceliow12@gmail.com Mobile Phone No (Phone) +65-62596590 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Nissan Model Nv200 Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only

Vehicle Category Commercial vehicle Transmission Auto 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00063782302

DRIVER

Name of Driver **HUANG ZHENFENG** NRIC No S8110828E Date Of Birth 15/04/1981 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	09/07/1981 42 YEARS AND 6 MONTHS Male (Phone) +65-90462316 +65-89186107 vanceliow12@gmail.com BLK 473C UPPER SERANGOON CRESCENT #13-339 - 533473 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	No Collision Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? DETAILS OF OTHER	Yes No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SHD9738E Taxi

Contact Number

Address	 	 	<u>-</u>
Address complement	 	 	<u>-</u>
Postcode	 	 	
nsurance Company Name			
Nature Of Damage			
Details of property damaged in accident	 	 	
No. Of Passenger (Including Driver)	 	 	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 fects may
- 4. The issue and acceptance of this Formby insurance companies is not an edmission of policy liability on the part of the insurance 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 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General hisurance 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 colectively referred to as the "Insurers"), the insurers law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (ii) investigating the accident and/or my claims;
- (ii) 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
- (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 low yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Potcyholders Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

LURING 40

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13	Driver's Speak of deliver la notine protection folder) / Date Witnessed by Reporting Centre Personnel	





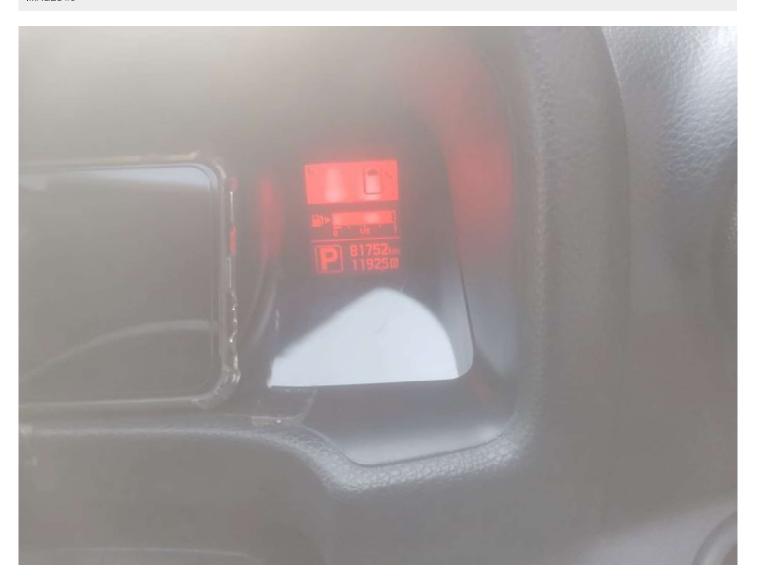


















ABS LEASING SERVICES PTE LTD

WIN 5, 15 Yishun Industrial Street 1 #01-02, Singapore 768091 TEL: 6259 6590 FAX: 6933 9399 Email: enquiry@absleasing.com.sg UEN No. 201819528D

RENTAL DETAIL

Rental Period

Payment on

Insurance)

PAYMENT

Upfront Rental

Deposit

Insurance Premium

(for ABSL arranged

Rental Start Date & Time

Rental End Date & Time

Rental Per Month (incl. GST)

RENTAL AGREEMENT

Rental Per Month (excl. GST) : Ss 1.250.00

No. A23080014 Date: 16 Aug 2023

: 16 Aug 2023 | 1000

: 15 Feb 2024 | 1000

: 6 months

: S\$ 1,350.00

: CHINA TAIPING

: S\$ 1,250.00

: 5\$ 1,350.00

: 5s 2,600.00

VEHICLE DESCRIPTION

Vehicle No. : GBL4827T Make : NISSAN

Model : NV200 DX 1.6 AUTO

Fuel type : Petrol

HIRER PARTICULARS

Name : HUANG ZHEN FENG

Co Reg No./ NRIC : 58110828E

Address BLK 473C UPPER

SERANGOON CRESCENT #13-339 Singapore

533473

Fax

Contact Person : HUANG ZHEN FENG

NRIC S8110828E Tel +6590462316

MAIN DRIVER PARTICULARS

Name : HUANG ZHEN FENG

take over

NRIC/FIN/Passport No S8110828E Starting

30/19/2023

of our invoice Hirer to ensure pumping correct FUEL TYPE listed above.

Total Rental Fee (to be paid

on signing of Agreement)

IMPORTANT NOTE

Hirer to conduct proper checks on the vehicle while using such as sufficient engine oil and coolant water etc. Any unusual discovery of warning lights in the vehicle, Hirer are to consult ABSL for further assistance.

Rental Fee is to be fully paid within 3 days from the date

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof, and may be amended only by the written agreement of the Parties.

IN WITNESS WHEREOF, the parties hereby enter into this Agreement as of the date first above written

Signed by and on behalf of ABS Leasing Services Pte Ltd

Position : Salesman Name: Chan

Signed by and on behalf of Position:

Name: HUANG ZHEN FENG

NRIC - SR110020E

