

NATIONAL Assessment & Car Service, Inc. 210821A MOOLP

Date In: 22/10/2021 16:25	Job description:	Date & Time Completed:	Done by:
Ref No: NBA/C772010877	SAS e-illing:		
Veh No: GPX 2352 P	E-mail (by phone, A/S, etc):		
P.O.A: 01/10/2021 02:30	1-Motor Claim Form		
	1-Motor W/O (Within 30 days, TP 1st)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Agent		

TP Insured:

Preferred Wksp / INO Assgn Wksp / OW:

TP Municipality: **Yeli No:** **INO () / Non-INO ()**

Owner / Driver (**Toll**)

Policy No () Period () Cover Type ()

Confirmed by (**Date:** **Driver:**)

Insured/Driver Liability (**%**) [Note: Est. Slows (WO) N: 0-20%, P: 25-79%, P: 80-100%]

Year of Registration (**Warranty: YES () / NO ()**)

Deductible (\$) Loading: \$1,000 () / \$2,000 ()

() Within-Claimant: Customer's information strictly confidential & strictly NO Rotor of rotation

() Total Loss Case: To e-mail Insurer URGENTLY

Drive-In () / Towed-In () / Invoice VRS () / NO () / Towing Cost ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Pwli Repair Inspection ()

3) Upload Recovery Photo [Repair Cost > \$3000] ()

Injury:

MA 2004.92

Driver/Owner:	1) All Additional Work Done ()
Contract No:	2) All Damage Assessment (\$1000)
Damaged Portion:	3) All Following:
	4) All Follow-up with Survey
	5) All Follow-up with Survey (Recovery)
	6) All Follow-up with Survey (Recovery)
	7) All Follow-up with Survey (Recovery)
	8) All Follow-up with Survey (Recovery)
	9) All Follow-up with Survey (Recovery)
	10) All Follow-up with Survey (Recovery)
	11) All Follow-up with Survey (Recovery)
	12) All Follow-up with Survey (Recovery)
	13) All Follow-up with Survey (Recovery)
	14) All Follow-up with Survey (Recovery)
	15) All Follow-up with Survey (Recovery)
	16) All Follow-up with Survey (Recovery)
	17) All Follow-up with Survey (Recovery)
	18) All Follow-up with Survey (Recovery)
	19) All Follow-up with Survey (Recovery)
	20) All Follow-up with Survey (Recovery)

QC Checked by (Under-In-Charge):

QC Checked:

QC Checked:

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 22/10/2021 16:25 (SGT)
Date of Accident 01/10/2021 02:30 (SGT)
Exact Location of Accident Bartley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK2352P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABS LEASING SERVICES PTE LTD
Company Reg No 2XXXXX528D
Email Address enquiry@absleasing.com.sg
Mobile Phone No (Phone) +65-87273866
Alternative Phone No +65-89391819

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 - Reporting only
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 DMCVSNW00063302101
Cover Note Number -

DRIVER

Name of Driver CHEN WENBIN, JENSON
NRIC No SXXXX071D

Date Of Birth	02/06/1992
Occupation	Outdoor
Date Of Driving Pass	19/04/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89391819
Alt. Phone Number	-
Email Address	enquiry@absleasing.com.sg
Address	BLK 851 TAMPINES STREET 83 #02-202
Address complement	-
Postcode	520851
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211017/2085

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 TRAFFIC POLICE
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN WENBIN, JENSON
Gender	Male
Phone No	(Phone) +65-89391819



Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBK2352P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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 :

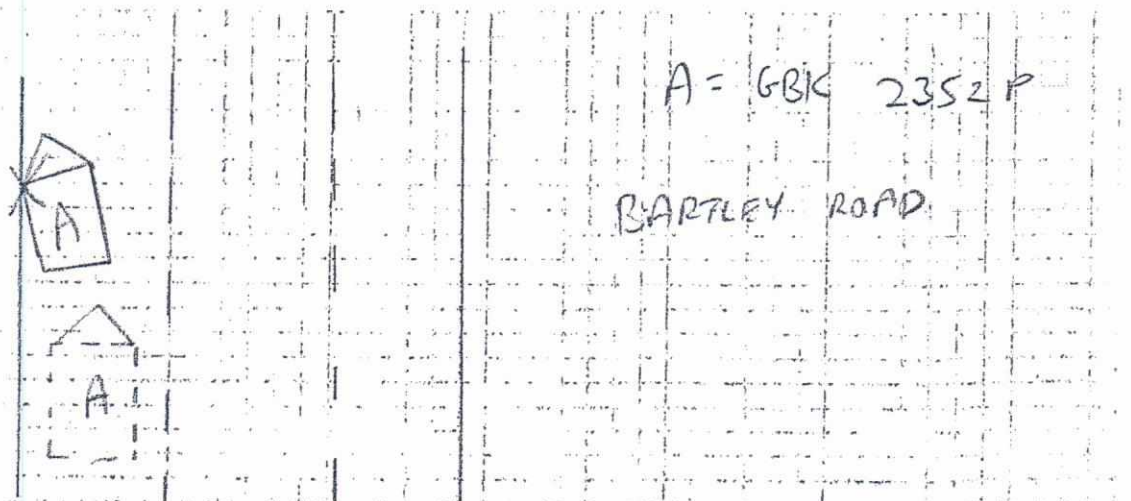
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan




Describe Circumstances of the Accident

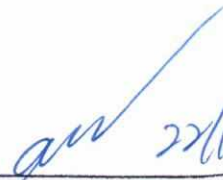
- REFER TO POLICE REPORT - 1/200211017/2085

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

 22/10/2007
Witnessed by Reporting Centre
Personnel

VEHICLE NO: GBK 2352P

MAKE & MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	01 / 10 / 2021	*C.C.
TIME OF ACCIDENT	0230 AM / PM	
LOCATION OF ACCIDENT	BARTLEY ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD	
EMAIL	ENQUIRY@ABSLEASING.COM-SG	Office: MOBILE: 8727 3866
NRIC	201819528D	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	CN TAMPINE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00063302101	
NAME OF DRIVER	AS ABOVE / IF NO. CHEN WENBIN, JENSON	
NRIC	S9219071D	
DATE OF BIRTH	02 / 06 / 1992	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE X	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	19 / 04 / 2013	
GENDER	Male / female	
CONTACT NO.	Mobile: 8939 1819 Office: Home:	
EMAIL		
ADDRESS	1 BLK 851, TAMPINES ST 83, #02-202	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? 1) DRIVER	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	- Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		



SINGAPORE POLICE FORCE



T/20211017/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20211017/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2021 22:31		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: CHEN WENBIN, JENSON			Address: APT BLK 851 TAMPINES STREET 83 #02-202 SINGAPORE 520851		
ID Type / ID No.: NRIC NO / S9219071D			Contact No.: Home/Office: Mobile: 89391819		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 02/06/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2021 02:30	Type of Location: Straight Road
Location: BARTLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK2352P	Van	TOYOTA		Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211017/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20211017/2085

CONTINUATION OF REPORT

Driver			
Name	CHEN WENBIN, JENSON	ID No.	S9219071D
Related Vehicle	GBK2352P (Van)	Contact No.	89391819
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, I was driving the vehicle on lane 3 of 3 lane road going straight. Along the journey, I fell asleep, causing the vehicle to swerve on its own towards the left.

The accident then took place, of me, hit the side walls. I only realise only after the collision. Thereafter, I was conveyed to hospital.

No mechanical fault. The in-car CCTV SD card was handed over to Police vide E/20211001/0025



**SINGAPORE
POLICE FORCE**



T/20211017/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20211017/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
G /
Sgt 3 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/10/2021 22:31

Officer In Charge Of Case:
TP / SINGAPORE
Sgt 3 ABDUL MUHAMMAD BIN HUSSAIN
Contact No.: 65476090

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Motor Commercial

MZ407/C

R SN

AN0597A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMCVSNW00063302101

Engine No.: 1KD1565587

Cha. No.: JTFHT02P100001864

1. Index Mark and Registration
Number of Vehicle

GBK2352P

AUTOSAFE

=====

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment15/07/2021
(00:00:00)

Excess Sect I . SS\$1,500.00

Excess Sect. II SS\$1,500.00

4. Date of Expiry of Insurance

14/07/2022

EX ON WINDSCREEN . SS\$100.00

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.

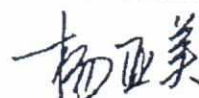
HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

* 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: ABS INSURANCE AGENCY PTE LTD.
Authorised Officer

Authorised Signatory