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SN0821BN0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/11/2021 15:00 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/11/2021 15:00 (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

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

26/11/2021 15:00 (SGT) 02/11/2021 18:50 (SGT) 120 Marsiling Rise, Block 120, Singapore 730120

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB4183U

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner Company Reg No **Email Address**

ABS LEASING SERVICES PTE LTD 2XXXXX528D

Mobile Phone No Alternative Phone No

enquiry@absleasing.com.sq (Phone) +65-92255858 +65-92255858

VEHICLE PARTICULARS

Manufacturer

Model Variant Toyota Hiace

Exact purpose for which vehicle was being used at time of

accident

your vehicle? Vehicle Category

Are you claiming under your own insurance policy for repair to

Transmission CC

Private use

No - Reporting only Commercial vehicle

Manual 2754

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

DMCVSNW00008882102

DRIVER

Name of Driver NRIC No

DERRYL NG KAI WEN SXXXX870I

Accident report SN0821BN0002

Date Of Birth 01/12/1995 Occupation Outdoor Date Of Driving Pass 19/04/2018 Driving experience 3 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92255858 Alt. Phone Number Email Address derryl.ng@outlook.com Address BLK 624A WOODLANDS DRIVE 52 #04-09 Address complement Postcode 731624 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Parked Vehicle Weather Conditions Raining Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name JENNY TAN JIANG NI Gender Female 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? No Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SMX7342L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver	
Contact Number	-
Address Complement	
Address complement Postcode	3.0
Postcode	-
Postcode Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	

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 facallow 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
- 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 Associ 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)

Lunderstand, 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 insure. 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' 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (b) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disolocurs of certain percentil data about me to bring about delivery of the stams as well as on the external cover of envelopes/mail paukages); 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
- to) my Fereonal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or service throughing their four year flow direct), which may be alked cutolide of Singapore, for one or more of the above Europeese.

Policyholder's Signature / Date & Time

Sketch Plan

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

& Time

MARSILING

Witnessed by Reporting Centre Personnel

A) GBB41834 B) SMX 7342L

Describe Circumstances of the Accident ON THE STATED TAME WAS LEAUTNG THE PARKENG IT WAS ACCTOENTALLY HIT ONTO THE CEF7 WHILE A COMENT VEHICLE FROM LOT .

Declaration

We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date & Time

FEMOLENO GBB 4183	S 4 NAME & ANDRES TO YOTA HIACE (CUT) MICHAEL
DATE OF ACCIDING	02 11 21
TIME OF ACCIDENT	1. 3.3
LOCATION OF ACCIDENT	120 MARSEIGN PESE
EXACT PURPOSE USED AT TIME OF ACCID	DENT EMPLOYMENT (PRIVATE US) / PRIVATE HIRE
NAME OF OVENER	A
	Commo Survivos Pre City
NRIC	ENGUTRY & ARS LEASING COMOSSICE. MOBILE.
CLAIM TYPE	2018 1952 80
	OD / THIRD PARTY / KEPORTING ONLY
FLEET POLICY	YES/NO?
INSURANCE CO. TYPE OF COVERAGE	CN TATATALE
	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSNW 0000 888 2/02
NAME OF DRIVER	AS ABOVE I KIND DERRYL NO KAI WEN
NIOC	594538701
DATE OF BIRTH	01 / 12 / 1995
ANY PASSENGER	(YES) NO:
NAME OF PASSENGER	JENNY TAN JIANG NI
GENDER OF PASSENGER	MALE / (FEMALE)
OCCUPATION	Outdoor / Indoor
EVALE OF EMPAPE 6403	19/04/2018
CERTER	(dail) / Fernale
CONTACT NO	Mobile, 9225 S858 Office. Home.
ENLAIL.	DERRYL. NG @ OUTLOOK. COM
ADDRESS	BLK 624 A WOODLANDS DRIVE 52, #04-09
OCES DRIVER OWIT OTHER VEHICLES?	(72 16)
(ELATIOUESHIP	Employee / (T) HTRER (151624)
WEATHER CONDITION	Clear Raining / Other.
TY DAID SUPPACE	Dry (We) Other.
ANY INJURIES	(No) ii yes : Who?
CONTACT NO	
POLICE REFORT	No / Ii yes : Where?
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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 AGREEMENT

No. A21040031

Date: 12 Apr 2021

VEHICLE DESCRIPTION

Vehicle No.

: GBB4183U

Make

: TOYOTA

Model

: HIACE 3.0DX A

Fuel type

: Diesel

HIRER PARTICULARS

Name

: SPACE BUSTERS PTE. LTD

Co Reg No./ NRIC

: 201717207G

Address

50 UBI CRESCENT #01-08

Singapore 408568

Fax

Contact Person

: YONG SZE CHANG

NRIC

S0234696F

Tel

96681597

Email

MAIN DRIVER PARTICULARS

Name

: GOH SOON LAI

NRIC/FIN/Passport No

: S7815828Z

RENTAL DETAIL

Rental Start Date & Time

: 12 Apr 2021 | 1448

Rental End Date & Time

: 11 Apr 2022 | 1448

Rental Period

: 12 months

Rental Per Month (excl. GST)

: S\$ 1,200.00 .

Rental Per Month (incl. GST)

: S\$ 1,284.00

Payment on

Insurance Premium

(for ABSL arranged

: CHINA TAIPING

Insurance)

PAYMENT

Deposit

5\$ 1,200.00

Upfront Rental

: S\$ 1,284.00

Total Rental Fee (to be paid

on signing of Agreement)

5\$ 2,484.00

IMPORTANT NOTE

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

of our invoice

Hirer to ensure pumping correct FUEL TYPE listed above. 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.

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: Name: Lai Date:

Signed by and on behalf of Position : DIRECTOR

Name: YONG SZE CHANG NRIC: S0234696F

Date:



ABS LEASING SERVICES PTE LTD

ROC No: 201819528D 15 YISHUN INDUSTRIAL STREET 1 01-02 WIN 5 768091 SINGAPORE

Date: 12 4 2021

We acknowledged that ABS LEASING SERVICES PTE LTD ("ABSL") has clearly explained to us the insurance section excess that we need to be liable in the event of an accident:

Section 1	S1,500
Section 2	S1,500
Section 1 & 2 Excess Will Be DOUBLED If driven by:	 Who possess less than 1 year driving licence OR Who is less than 22 years old OR Who is a FOREIGNER (Non Singaporean / Non-Singaporean P.R)
nsurance Clauses At Agreement Clause "5. Insurc	moa"

We also note that ABSL reserve the right to change insurance company for the coverage for its own fleet of vehicle and the respective section excess will be applicable to the newest policy in the event of an accident.

Yours Sincerely,

Name:

12/4/2021

Motor Commercial

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ407/C

SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00008882102

Engine No.: 1KD1882389

Cha. No.:KDH2010034859

1. Index Mark and Registration

GBB4183U

AUTOSAFE

Number of Vehicle

========

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

Effective date of the Commencement of

04/03/2021

Excess Sect I.

\$\$1,500,00

Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

03/03/2022

EX ON WINDSCREEN . S\$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:

Use for racing, pace-making, reliability trial or speed-testing.
 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. : ABS FINANCIAL PTE 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: SG MOTOR TRADER PTE LTD

Authorised Officer

Authorised Signatory