

NATIONWIDE ASSESSMENT CENTRE SERVICES

SM0821CN0002

| | | | |
|---------------------------|--|------------------------|-----------|
| Date in: 23/10/2021 15:38 | Vehicle description: N/A/C1721013062/Y | Date & Time Completed: | Location: |
| Veh No: YM 846SP | SASE filing | | |
| TP No: 14/12/2021 20:35 | E-mail (within 24 Hrs) | | |
| TP Insurer: (Circled) | i-Motor Claim Form | | |
| | i-Motor W/O (Within 24 Hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

| | | |
|---|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: () | 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 or repairer

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towel-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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

N/A2104789

| Claimant's Particulars :- | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add'l Bill |
|---------------------------------|---|-----------------------|-------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40 \$25 | | |
| 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 19 Jan 2015) | | |
| Cat 2 & 3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: 1 day DA + SMRT Survey \$160 | | |
| | 8) NTU: Additional Services:- | | |
| | OH: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Coordination \$30 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | LP (N11, TP (N4, ESC) against INS \$20 | | |
| | 9) NT2: 1 day Mobile \$30 | | |
| | Invoice dated: () | Fee Charged: | |
| | Surveys dated: () | 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 | 23/12/2021 15:38 (SGT) |
| Date of Accident | 14/12/2021 20:35 (SGT) |
| Exact Location of Accident | 91 Tanglin Halt Rd, Block 91, Singapore 142091 |
| Additional Location Information | CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | YM8469P |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | ABS LEASING SERVICES PTE LTD |
| Company Reg No | 2XXXXX528D |
| Email Address | john.pyj@hotmail.com |
| Mobile Phone No | (Phone) +65-86790563 |
| Alternative Phone No | +65-86790563 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Mitsubishi |
| Model | Fe83beosrdea |
| 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 | 2977 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCVSNW00112162103 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|-----------------|
| Name of Driver | SIKDER MD MAMUN |
| Passport No/FIN | GXXXX154X |

| | |
|--|-----------------------|
| Date Of Birth | 20/02/1992 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/10/2021 |
| Driving experience | 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86790563 |
| Alt. Phone Number | - |
| Email Address | john.pyj@hotmail.com |
| Address | 18A KRANJI WAY #08-01 |
| Address complement | - |
| Postcode | 739443 |
| 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 | 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| 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? | 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 | SGL6758L |
| 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) -

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.



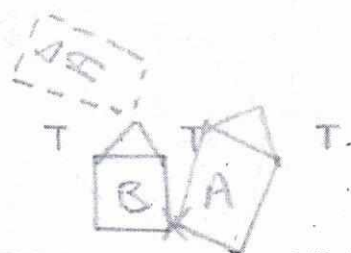
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BK 91 TONGLIN HART ROAD



A) Ym 8469P
B) SGL 6758L

Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I WAS REVERSING
INTO A LOT, OUT OF A SUDDEN I HIT ONTO A CAR
THAT WAS PARKED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Albin

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

guy 23/12/2021
Witnessed by Reporting Centre
Personnel

| | | | | |
|--|---|-----------------|-------------------|--------------------------|
| VEHICLE NO: | YM 8469 P | MAKE & MODEL: | MTSUBISHI FE 83BE | AUTO / MANUAL OSR DEA |
| DATE OF ACCIDENT | 14 / 12 / 2021 | *C.C. | | |
| TIME OF ACCIDENT | 8:35 AM / <input checked="" type="radio"/> PM | | | |
| LOCATION OF ACCIDENT | BLK 91, TANGLIN HART ROAD | | | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | <input checked="" type="radio"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | |
| NAME OF OWNER | ABS LEASING | | | |
| EMAIL: | JOHN.PYS@HSTRAIL.COM | Office: | MOBILE: | |
| NRIC | 2018195280 | | | |
| CLAIM TYPE | OD / THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY | | | |
| FLEET POLICY: | YES / NO ? | | | |
| INSURANCE CO. | CN TAIPING | | | |
| TYPE OF COVERAGE | <input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft | | | |
| POLICY NO. | DUEVSN W0011216 2103 | | | |
| NAME OF DRIVER | AS ABOVE / <input checked="" type="radio"/> IF NO, SIKDER MD MAMUN | | | |
| NRIC | G 2747154X | | | |
| DATE OF BIRTH | 20 / 02 / 1992 | | | |
| ANY PASSENGER | YES / <input checked="" type="radio"/> NO: | | | |
| NAME OF PASSENGER | | | | |
| GENDER OF PASSENGER | MALE / FEMALE <input checked="" type="radio"/> Y | | | |
| OCCUPATION | <input checked="" type="radio"/> Outdoor / Indoor | | | |
| DATE OF DRIVING PASS | 26 / 10 / 2021 | | | |
| GENDER | <input checked="" type="radio"/> Male / Female | | | |
| CONTACT NO. | Mobile: 8679 0563 | Office: | Home: | |
| EMAIL: | | | | |
| ADDRESS | 18A KRANJI WAY #08-01, S 739443 | | | |
| DOES DRIVER OWN OTHER VEHICLES? | <input checked="" type="radio"/> NO / If yes, Reg No. | INSURER: | | |
| RELATIONSHIP | Employee / <input checked="" type="radio"/> IF NO, HIRER | | | |
| WEATHER CONDITION | <input checked="" type="radio"/> Clear / Raining / Other: | | | |
| ROAD SURFACE | <input checked="" type="radio"/> Dry / Wet / Other: | | | |
| ANY INJURIES | <input checked="" type="radio"/> No / If yes, Who? | | | |
| CONTACT NO. | | | | |
| POLICE REPORT | <input checked="" type="radio"/> No / If yes, Where? | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | | NO/IF YES, WHO? | | |
| VEHICLE B NO. | SGL 6758 L | 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 / <input checked="" type="radio"/> NO | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / <input checked="" type="radio"/> NO | | | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <input checked="" type="radio"/> NO | | | |
| **WORKSHOP: | | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | | | |



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. A21120011

Date: 01 Dec 2021

VEHICLE DESCRIPTION

Vehicle No. : YM8469P
Make : MITSUBISHI
Model : FE83BEOSRDEA
Fuel type : Diesel

HIRER PARTICULARS

Name : YANG FAN ENGINEERING
PTE LTD
Co Reg No./ NRIC : 201223803E
Address : 6 WOODLANDS
INDUSTRIAL PARK E1
Singapore 757729
Fax :
Contact Person : LI YONG QIANG
NRIC : G5975579Q
Tel : 94558370
Email :

MAIN DRIVER PARTICULARS

Name : RANA MASUD
NRIC/FIN/Passport No : G8058327W

RENTAL DETAIL

Rental Start Date & Time : 01 Dec 2021 | 1230
Rental End Date & Time : 28 Feb 2022 | 1230
Rental Period : 3 months
Rental Per Month (excl. GST) : S\$ 1,400.00
Rental Per Month (incl. GST) : S\$ 1,498.00

Payment on :
Insurance Premium : CHINA TAIPING
(for ABSL arranged Insurance)

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,498.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,098.00

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

Second Driver: Sikder MD Mamun
Ct 2747154x

Signed by and on behalf of
ABS Leasing Services Pte Ltd
Position : Salesman
Name : Chan Siang Shan
Date : 1/12/21



Signed by and on behalf of
Position : DIRECTOR
Name : LI YONG QIANG
NRIC : G5975579Q
Date : 1/12/21





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

R SN

AN0597A

Cov. Type:C

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.

DMCVSNW00112162103

Engine No.: 4M42A56021

Cha. No.: FE83BEA10841

1. Index Mark and Registration
Number of Vehicle

YM8469P

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 Enactment

29/10/2021
(00:00:00)

Excess Sect. I . \$S1,500.00

Excess Sect. II \$S1,500.00

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

28/10/2022

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. : 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: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory