

NATIONAL Assessment Centre Services

SN082210009

Date In: 10/01/2022 17:38	Job description	Date & Time Completed	Done by
Ref No: N/A 220000311/V	SAS e-filing		
Veh No: GBH 9756C	E-mail (within 4hrs. At 2hrs.)		
DOA: 07/01/2022 11:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within 10. 2hrs. TP Only)		
	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: XD 515B	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Duty (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Idac Mobile		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:			
Cat. 2 / 3:			

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	10/01/2022 17:38 (SGT)
Date of Accident	07/01/2022 11:30 (SGT)
Exact Location of Accident	84 Genting Ln, Singapore 349584
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9756C
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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) +65-92966056
Alternative Phone No	+65-89212995

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00000242102
Cover Note Number	-

DRIVER

Name of Driver	YEOW KAI TIONG (YAO KAIZHONG)
NRIC No	SXXXX882Z

Date Of Birth	31/05/1986
Occupation	Outdoor
Date Of Driving Pass	20/08/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89212995
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 141 LORONG AH SOO #02-291
Address complement	-
Postcode	530141
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	Side Swipe
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)	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	XD515B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	YEOW KAI TIONG (YAO KAIZHONG)
Gender	Male
Phone No	(Phone) +65-89212995
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH9756C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. MY VEHICLE "A" WAS STATIONARY ON THE LEFT CORNER WHILE I WAS SENDING GOODS. WHEN I CAME BACK ~~THE~~ VEHICLE "B" HAD ALREADY COLLIDED ONTO MY VEHICLE RIGHT PORTION. HE CAME TO APOLOGIZE AND WE PROCEED TO INSURANCE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 10/6/2022
Witnessed by Reporting Centre Personnel

VEHICLE NO: GBH9756CMAKE & MODEL: NISSAN NV350AUTO / MANUAL

DATE OF ACCIDENT	<u>07 / 01 / 2022</u>	ACC.
TIME OF ACCIDENT	<u>1130 HRS</u>	<u>AM</u> / PM
LOCATION OF ACCIDENT	<u>84 GENTING LANE</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>ABS LEASING SERVICES PTE. LTD.</u>	
EMAIL	<u>JOHN.PYJ@HOTMAIL.COM</u>	Office: <u>MOBILE: 9296 6056</u>
NRIC	<u>201819528D</u>	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> / ?	
INSURANCE CO.	<u>CHINA TAIPING</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>DMCVSNW00000 242/02</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: YEOW KAI TIONG</u>	
NRIC	<u>S86148822</u>	
DATE OF BIRTH	<u>31 / 05 / 1986</u>	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	<u>—</u>	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>20 / 08 / 2010</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>8921 2995</u> Office: Home:	
EMAIL	<u>JOHN.PYJ@HOTMAIL.COM</u>	
ADDRESS	<u>141 LORENZ AVE S00 #02-291 530141</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: DESCRIBE:	
RELATIONSHIP	Employee / If No: <u>HIRE</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.	<u>8921 2995</u>	
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	<u>XD 515B</u>	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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /	<u>—</u>	

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.

DMCVSNW00000242102

Engine No.: ZD30254253K

Cha. No.: JN1MG4E25Z0793770

1. Index Mark and Registration
Number of Vehicle

GBH9756C

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 Enactment12/01/2021
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

11/01/2022

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 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



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. A21010028

Date: 13 Jan 2021

VEHICLE DESCRIPTION

Vehicle No. : GBH4279X
Make : OPEL
Model : COMBO VAN AZ
Fuel type : Diesel

HIRER PARTICULARS

Name : YEOW KAI TIONG
Co Reg No./ NRIC : S8614882Z
Address : BLK 141 LORONG AH SOO
#02-291 Singapore
530141

Fax :
Contact Person : YEOW KAI TIONG
NRIC : S8614882Z
Tel : 8921 2995
Email :

MAIN DRIVER PARTICULARS

Name : YEOW KAI TIONG
NRIC/FIN/Passport No : S8614882Z

RENTAL DETAIL

Rental Start Date & Time : 13 Jan 2021 | 1700
Rental End Date & Time : 12 Feb 2021 | 1113
Rental Period : 1 months
Rental Per Month (excl. GST) : S\$ 850.00
Rental Per Month (incl. GST) : S\$ 909.50
Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 400.00
Upfront Rental : S\$ 909.50
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,309.50

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 :
Name : YEOW KAI TIONG
NRIC : S8614882Z
Date :



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821A0001-01 Vehicle Registration No: PC9524R
Name (as shown in NRIC): Tan Koon Hong NRIC/FIN/Passport No: S1711144B
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: APT BLK 120B Rivervale Drive #12-384 Singapore (542120)
Contact (Tel): - Mobile No.: 96892318
Email Address: joseph3065@gmail.com
Date of Accident: 07/01/2022 Time of Accident: 1345hrs
Place of Accident: Upper Serangoon Road towards Wolstel Road
Insurance Company: China Taiping

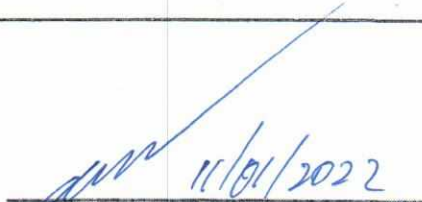
(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

amend email to: joseph3065@gmail.com



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Rosh. Linares
NRIC/FIN No.:
Date: