

# NATIONAL Assessment Centre Services

82108221K0007

Date In: 20/01/2022 16:57	Job description	Date & Time Completed	Done by
Ref No: X1BAC71220007594	SAS e-illing		
Veh No: GBL587L	E-mail (within 2hrs. After 2hrs)		
DOA: 18/01/2021 15:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within 2hrs. After 2hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Yes/No)		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLF9164C	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

X1172200193	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
			Int. Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-Inspection \$75			
Cat. 2 / 3:	7) NI: Idam DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q11:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idam Mobile \$10			
	Invoice dated	Fee Charged		
	Invoice 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	20/01/2022 16:57 (SGT)
Date of Accident	18/09/2021 15:00 (SGT)
Exact Location of Accident	Upper Changi, Singapore
Additional Location Information	SLIP ROAD TOWARDS TPE/SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL587L
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	+65-92966056

### 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	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00098382100
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMMAD RADZI BIN MOHD KASSIM
NRIC No	SXXXX572B



Date Of Birth	29/03/1973
Occupation	Outdoor
Date Of Driving Pass	25/11/2020
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92966056
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 677C JURONG WEST STREET 64 #02-293
Address complement	-
Postcode	643677
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	Collision - Head to Rear
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	SLF9164C
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.
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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.

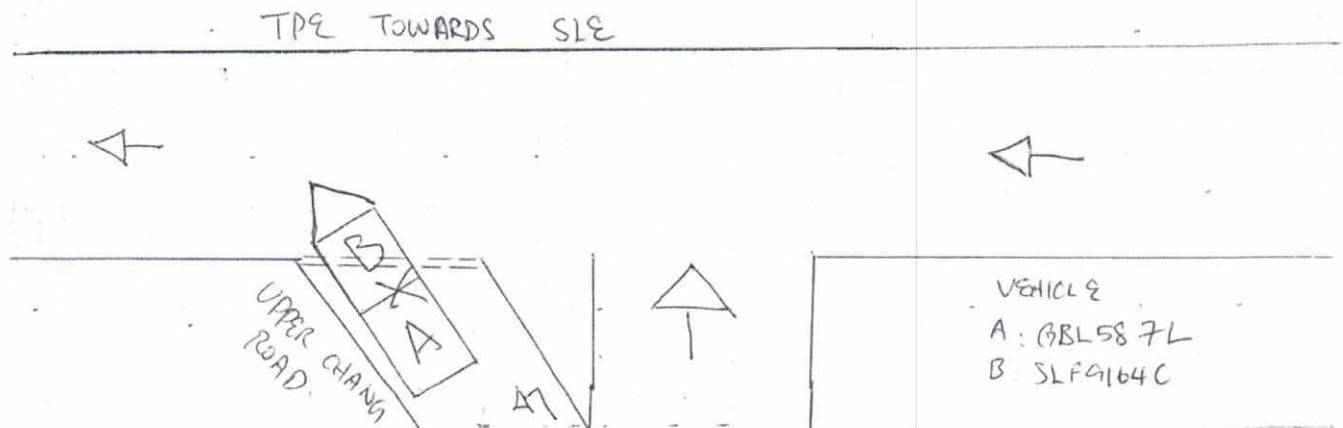


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

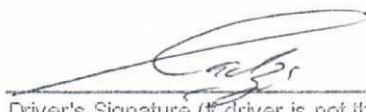
ON THE DATE AND TIME, I WAS TRAVELING AT UPPER  
CHANGI ROAD EXITING TO THE TOWARDS SLE. IN FRONT OF MY  
VEHICLE "SLF9164C" MOVED OFF FROM THE SLIP ROAD AND I MOVED  
OFF TOO, WHILE I WAS CHECKING TO THE RIGHT MAIN ROAD.  
I DID NOT NOTICE THAT SLF9164C STOPPED IN FRONT AND I  
COLLIDED ON TO VEHICLE "SLF9164C". WE EXCHANGE PARTICULAR AND  
MOVE ON.

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

 20/01/2022  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO: GBL587L

MAKE &amp; MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	18 / 09 / 2021	C.C.
TIME OF ACCIDENT	1500HRS	AM / PM
LOCATION OF ACCIDENT	UPPER CHANGI ROAD SLIP ROAD TO TPE / SLE.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	[EMPLOYMENT] / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.	
EMAIL	JOHN.PYJ@HOTMAIL.COM	Office: MOBILE: 9296 6096
NRIC	20819528D	
CLAIM TYPE	OD / THIRD PARTY / [REPORTING ONLY]	
FLEET POLICY	YES / NO?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	[Comprehensive] / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00098382190	
NAME OF DRIVER	AS ABOVE / IF NO: MOHAMMAD RADZI BIN MOHD KASSIM	
NRIC	37310572B	
DATE OF BIRTH	29 / 03 / 1973	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	[Outdoor] / Indoor	
DATE OF EXPIRY PASS	25 / 11 / 2020	
GENDER	[Male] / Female	
CONTACT NO.	Mobile: 8666 1474 Office: Home:	
E-MAIL	JOHN.PYJ@HOTMAIL.COM	
ADDRESS	677C JURONG WEST STREET 64 #02-293 S643677.	
DRIVER OWNED WITH OTHER VEHICLES?	[NO] / If yes, No.	
RELATIONSHIP	Employee / IF NO: HIRER.	
WEATHER CONDITION	[Clear] / Raining / Other:	
ROAD SURFACE	[Dry] / Wet / Other:	
ANY INJURIES	[No] / If yes, Who?	
CONTACT NO.	-	
POLICE REPORT	[No] / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	[NO] / YES: WHO?	
VEHICLE B NO.	SLF9164C Any Passenger: 01	
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 an intent claims assistance?	YES / [NO]	

Motor Commercial

MZ407/C

N 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.

DMCVSNW00098382100

Engine No.: 1GD8626007

Cha. No.: GDH2012014964

1. Index Mark and Registration  
Number of Vehicle

GBL587L

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 Enactment11/08/2021  
(15:10:54)

Excess Sect I . SS\$1,500.00

Excess Sect. II SS\$1,500.00

EX ON WINDSCREEN . SS\$100.00

4. Date of Expiry of Insurance

10/08/2022

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. : DBS BANK LTD

\* 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

*inv 21080098*  
**No. A21080029**

Date: 12 Aug 2021

#### VEHICLE DESCRIPTION

Vehicle No. : GBL587L  
Make : TOYOTA  
Model : HIACE DX 2.8 AUTO  
Fuel type : Diesel

#### HIRER PARTICULARS

Name : MOHAMMAD RADZI BIN MOHD KASSIM  
Co Reg No./ NRIC : S7310572B  
Address : BLK 677C JURONG WEST STREET 64 #02-293 Singapore 643677  
Fax :  
Contact Person : MOHAMMAD RADZI BIN MOHD KASSIM  
NRIC : S7310572B  
Tel : +6586661474  
Email :

#### MAIN DRIVER PARTICULARS

Name : MOHAMMAD RADZI BIN MOHD KASSIM  
NRIC/FIN/Passport No : S7310572B

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

*\* All Blue must top up while light appear in dashboard.*

#### RENTAL DETAIL

Rental Start Date & Time : 12 Aug 2021 | 0900  
Rental End Date & Time : 11 Aug 2022 | 0900  
Rental Period : 12 months  
Rental Per Month (excl. GST) : S\$ 1,400.00  
Rental Per Month (incl. GST) : S\$ 1,498.00  
Payment on :  
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

#### PAYMENT

Deposit : S\$ 1,400.00 - *cash*  
Upfront Rental : S\$ 1,498.00 - *Net*  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,898.00

#### 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.



Signed by and on behalf of  
ABS Leasing Services Pte Ltd  
Position : Salesman  
Name : Chan Siang Shan  
Date : 12/8/21

*[Signature]*  
Signed by and on behalf of  
Position :  
Name : MOHAMMAD RADZI BIN MOHD KASSIM  
NRIC : S7310572B  
Date : 12/8/21

