

## NATIONAL Assessment Centre Services:

(wef 1 Jan'06)

SA1022470008

Date In: 19/04/2022 16:28	Job description	Date & Time Completed	Done by
Ref No: N39/C7L22003569/4	SAS e-filing		
Veh No: GBL 6655J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/04/2022 19:30	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	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:

SMH 6330L

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 &amp; 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 &amp; Time Completed:

Done by

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury:

Date/Time	Actions

NA2201041

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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 Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
auditors' Comments:-			
t. 1:			
t. 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	19/04/2022 16:29 (SGT)
Date of Accident	15/04/2022 19:30 (SGT)
Exact Location of Accident	Still Rd S, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6655J
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	+65-86065797

### 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 - Claiming third party
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	Yes
Policy Number	DMCVSNW00007702200
Cover Note Number	-

### DRIVER

Name of Driver	UMMU ZULAIKHA BINTI KAMARUDIN
NRIC No	SXXXX313A

Date Of Birth	03/04/1993
Occupation	Outdoor
Date Of Driving Pass	15/04/2014
Driving experience	8 YEARS
Gender	Female
Mobile Number	(Phone) +65-86065797
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 326C SUMANG WALK #02-956
Address complement	-
Postcode	823326
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	SHAKIR
Gender	Male

#### 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	SMH6330L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle







## 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.

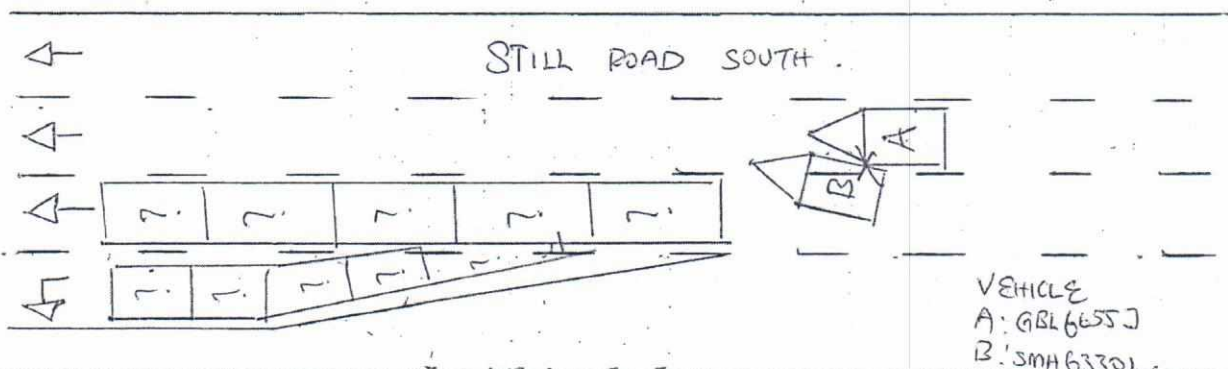


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION . I WAS TRAVELING  
 STRAIGHT ON STILL ROAD SOUTH ON THE 2ND LANE OF A THREE  
 LANE ROAD . OUT OF A SUDDEN VEHICLE "B" ABRUPTLY CHANGE  
 LANE FROM THE LEFT LANE (3RD LANE) INTO my LANE AND  
 COLLIDED ONTO my VEHICLE LEFT PORTION . WE MOVED TO THE  
 LEFT CORNER TO SETTLE AND EXCHANGE DETAILS .

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]* 19/04/2022  
 Witnessed by Reporting Centre Personnel





VEHICLE NO: GBL66553

MAKE &amp; MODEL TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	15 / 04 / 2022	T.O.C.
TIME OF ACCIDENT	1930HRS	AM / PM
LOCATION OF ACCIDENT	STILL ROAD SOUTH TOWARDS EAST COAST ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD	
EMAIL	JOHN.PYI@HOTMAIL.COM	Office: MOBILE 9296 6056
NRIC	201819528D	
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.	DMCVSNW0000 7702200	
NAME OF DRIVER	AS ABOVE / IF NO: UMMU ZULAIKHA BINTI KAMARUDIN	
NRIC	S9312313A	
DATE OF BIRTH	03 / 04 / 1993	
ANY PASSENGER	YES / NO : 01	
NAME OF PASSENGER	SHAKIR	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 04 / 2014	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8606 5797 Office: Home:	
EMAIL	-	
ADDRESS	326C SUMANG WALK #02-958	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. REGISTERED	
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 / IF YES, WHO?	
VEHICLE B NO.	SMH 6330 L	(B) 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 PHOTO TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		

DATE / TIME



## 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. A22010008**

Date: 05 Jan 2022

#### VEHICLE DESCRIPTION

Vehicle No. : GBL6655J  
Make : TOYOTA  
Model : HIACE 2.0 DX AT  
Fuel type : Petrol

#### HIRER PARTICULARS

Name : UMMU ZULAIKHA BINTI KAMARUDIN  
Co Reg No./ NRIC : S9312313A  
Address : BLK 326C SUMANG WALK #02-956 Singapore 823326  
Fax :  
Contact Person : UMMU ZULAIKHA BINTI KAMARUDIN  
NRIC : S9312313A  
Tel : 86065797  
Email :

#### MAIN DRIVER PARTICULARS

Name : UMMU ZULAIKHA BINTI KAMARUDIN  
NRIC/FIN/Passport No : S9312313A

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

#### RENTAL DETAIL

Rental Start Date & Time : 05 Jan 2022 | 1630  
Rental End Date & Time : 04 Jul 2022 | 1630  
Rental Period : 6 months  
Rental Per Month (excl. GST) : S\$ 1,300.00  
Rental Per Month (incl. GST) : S\$ 1,391.00  
Payment on :  
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

#### PAYMENT

Deposit : S\$ 1,300.00  
Upfront Rental : S\$ 1,391.00 (cash)  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,691.00

#### 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 :  
Name : Lai  
Date :



Signed by and on behalf of  
Position :  
Name : UMMU ZULAIKHA BINTI KAMARUDIN  
NRIC : S9312313A  
Date :





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.

DMCVSNW00007702200

Engine No.: 1TR2371551

Cha. No.: TRH2005048229

1. Index Mark and Registration  
Number of Vehicle

GBL6655J

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 Enactment04/01/2022  
(11:45:31)

Excess Sect I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

03/01/2023

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:

(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