

NATIONAL Assessment Centre Services:

[wef 1 Jan'08]

S/Nof 225 D0005

Date In: 13/05/2022 18:05	Job description	Date & Time Completed	Done by
Ref No: NA201C122004549/Y	SAS e-filing		
Veh No: QBC 26955	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/05/2022 12:45	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: S1W 363M 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:	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

NA 2201291	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idaho DA + SMRT Survey \$160		
	8) NIUC 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: Idaho Mobile \$0		
	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	13/05/2022 18:05 (SGT)
Date of Accident	12/05/2022 12:40 (SGT)
Exact Location of Accident	290 Orchard Rd, Singapore 238859
Additional Location Information	PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2695S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABS LEASING SERVICES
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	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00112182102
Cover Note Number	-

DRIVER

Name of Driver	PHO CHEE YONG
NRIC No	SXXXX191A

Date Of Birth	07/03/1977
Occupation	Outdoor
Date Of Driving Pass	02/07/2002
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92966056
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 733 JURONG WEST STREET 73 #07-20
Address complement	-
Postcode	640733
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Opening Door of 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	SJW363M
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

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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.

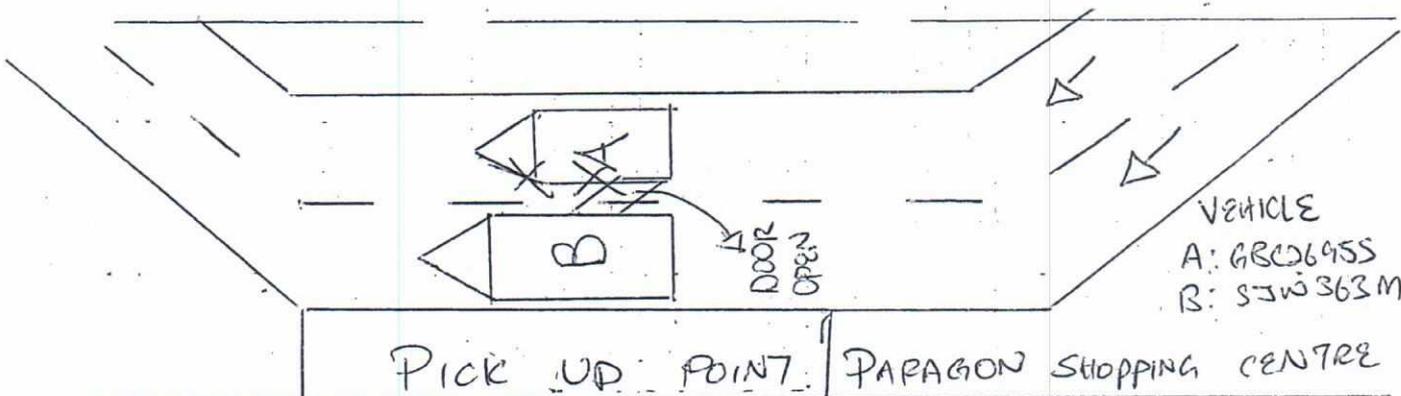


Policyholder's Signature / Date & Time

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
DRIVING ON THE MOST RIGHT LANE GOING INTO PARAGON
SHOPPING CENTRE CARPARK. ON THE LEFT LANE IS A
DROP/PICK UP POINT. WHILE I PROCEED TO MOVE FORWARD
SLOWLY OUT OF A SUDDEN. THERE WAS A LOUD BANG
FROM MY LEFT. I QUICKLY JAM BRAKED. I ALIGHT AND
REALIZE VEHICLE "B" DOOR COLLIDED ONTO MY VEHICLE "A".
BEFORE THE COLLIDED, VEHICLE "B" DOOR WAS CLOSED.
VEHICLE "B" TOLD SAID THAT SHE DIDN'T CHECK CLEAR
BEFORE OPENING THE DOOR.

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]

Witnessed by Reporting Centre Personnel

[Signature] 13/05/2022

VEHICLE NO: 6BC 26955

MAKE & MODEL: TOYOTA DYNA

AUTO / MANUAL

DATE OF ACCIDENT	<u>12 / 05 / 2002</u>	CC:
TIME OF ACCIDENT	<u>1240HRS.</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>PARAGON SHOPPING CENTRE PICK UP PART.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>ABS LEASING SERVICES PTE LTD</u>	
EMAIL	<u>JOHN.PYJ@HOTMAIL.COM</u>	Office: MOBILE: <u>9296 6056</u>
NRIC	<u>201819528 D.</u>	
CLAIM TYPE	<u>OD</u> / <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>DMCVSNW000112182102</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: <u>PHO CHEE YONG</u>	
NRIC	<u>S7707191A</u>	
DATE OF BIRTH	<u>07 / 03 / 1977</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>02 / 07 / 2002</u>	
GEN- DER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>98796336</u>	Office: Home:
EMAIL	<u>-</u>	
ADDRESS	<u>733 JURONG WEST STREET 73 #07-20 640733</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. LICENSE:	
RELATIONSHIP	<u>Employee</u> / If No:	
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>-</u>	
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>SJW363M</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) /



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.	DMCVSNW00112182102	Engine No.: 1KD2123260	
		Cha. No.: JTFAT35Y70K201756	
1. Index Mark and Registration Number of Vehicle	GBC2695S	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	28/10/2021 (00:00:00)	Excess Sect. I .	SS\$1,500.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	27/10/2022	EX ON WINDSCREEN .	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>		
6. Limitations as to use:*	<p>(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.</p> <p>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.</p>		
<p>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.</p>			

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