

Date In: 18/05/2022 17:12	Job description	Date & Time Completed	Done by
Ref No: N/A/C122004671/y	SAS e-filing		
Veh No: GBC 2227K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/05/2022 13:40	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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **S90 2985A** 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

NA2201358	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Main Particulars:		Inc Bill:	Acc 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		
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
L 1:	7) N1: Idac DA + SMRT Survey \$160		
L 2 / 3:	8) NTUC Additional Services:		
	OD*		
	*N3: 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		
	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	18/05/2022 17:12 (SGT)
Date of Accident	17/05/2022 13:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE ADAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2227K
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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	+65-83866384

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00072012102
Cover Note Number	-

DRIVER

Name of Driver	KUTTIYANDI SAMY ELANGANAL
Passport No/FIN	GXXXX647W

Date Of Birth	10/03/1994
Occupation	Outdoor
Date Of Driving Pass	29/11/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83866384
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	20 CLIVE STREET
Address complement	-
Postcode	209778
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAJESH
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	SBD2985A
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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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.
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.



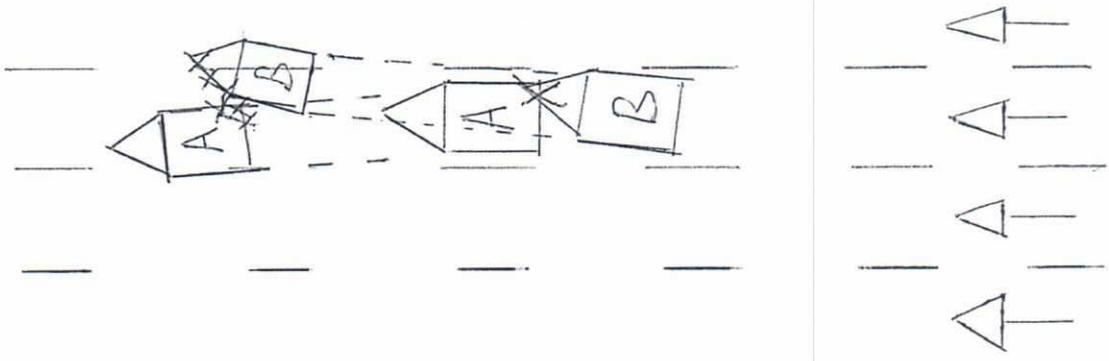
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TONS BEFORE ADAM ROAD EXIT.



A: GBC22 27K

B: SBD2985A.

Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I
VEHICLE "A" WAS TRAVELING STRAIGHT ON THE 2ND LANE.
IN FRONT OF MY VEHICLE STARTED TO SLOW DOWN
AND STOPPED. I FOLLOW SUIT AND STOPPED BY KEEPING
A DISTANCE. OUT OF A SUDDEN THERE WAS AN
HUGE IMPACT CAME FROM MY VEHICLE REAR. THE IMPACT
WAS SO HUGE THAT MY VEHICLE WAS FORCED FORWARD
AND SWERVE TOWARDS THE LEFT MORE. I ALIGHT
AND REALIZE VEHICLE "B" TOLD ME THAT HE COULDN'T
STOP IN TIME AND COLLIDED ONTO MY VEHICLE "A"
REAR RIGHT PORTION. I WOULD LIKE TO STATE THAT
MY VEHICLE DID NOT COLLIDED ONTO OTHERS VEHICLE
AFTER VEHICLE "B" ACCIDENT WITH MY VEHICLE "A"

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


Witnessed by Reporting Centre
Personnel

VEHICLE NO: GBC 2227K

MAKE & MODEL: NISSAN URYAN.

AUTO / MANUAL MANUAL

DATE OF ACCIDENT	17/05/2022	CC: 3.0
TIME OF ACCIDENT	1340 HRS AM / PM <input checked="" type="checkbox"/> AM	
LOCATION OF ACCIDENT	Pie TUGS BEFORE ADAM ROAD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.	
EMAIL	JOHN.PYJ@HOTMAIL.COM	Office: MOBILE: 92966086.
NRIC	201819528D.	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> (THIRD PARTY) / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	CHINA TAIPING.	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMCVSNWS000072012102.	
NAME OF DRIVER	AS ABOVE / IF NO: KUTTIYANDI SAMY ELANGANAL.	
NRIC	G24491647W	
DATE OF BIRTH	10 103 1994.	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO: RAJESH.	
NAME OF PASSENGER	RAJESH.	
GENDER OF PASSENGER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	29 111 2016.	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 8386 6384 / Office: Home:	
EMAIL	-	
ADDRESS	20 CHIVE STREET S209778.	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER:	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No: DRIVER.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other.	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other.	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?	
CONTACT NO.	-	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	SBD 2985A.	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="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

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.	DMCVSNW00072012102	Engine No.: ZD30289747K	
		Cha. No.: JN1MG4E25Z0796319	
1. Index Mark and Registration Number of Vehicle	GBC2227K	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	10/08/2021 (00:00:00)		Excess Sect I . S\$1,500.00 Excess Sect. II S\$1,500.00
4. Date of Expiry of Insurance	09/08/2022		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. : ABWIN 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



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 21080024
No. A21080007

Date: 02 Aug 2021

VEHICLE DESCRIPTION

Vehicle No. : GBC2227K
Make : NISSAN
Model : URVAN 3.0 5MT ABS AB
5DR LWB PANEL
Fuel type : Diesel

HIRER PARTICULARS

Name : KUTTIYANDI SAMY
ELANGANAL
Co Reg No./ NRIC : G2449647W
Address : 113 RANGOON ROAD #01-
02 LOFT @RANGOON
Singapore 218392
Fax :
Contact Person : KUTTIYANDI SAMY
ELANGANAL
NRIC : G2449647W
Tel : +6583866384
Email :

MAIN DRIVER PARTICULARS

Name : KUTTIYANDI SAMY
ELANGANAL
NRIC/FIN/Passport No : G2449647W

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 : 02 Aug 2021 | 0930
Rental End Date & Time : 01 Sep 2021 | 0930
Rental Period : 1 months
Rental Per Month (excl. GST) : S\$ 1,100.00
Rental Per Month (incl. GST) : S\$ 1,177.00
Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 600.00 *(\$400)*
Upfront Rental : S\$ 1,177.00 *→ \$1000 by Cash*
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,777.00 *\$177 pay now.*

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 : Yong Da
Date : *2/8/21*

F. Elanganal
Signed by and on behalf of
Position :
Name : KUTTIYANDI SAMY
ELANGANAL
NRIC : G2449647W
Date : *2/8/21*

