Date	NATIONAL Assessment Centre:	Services: [well Jan'08]	SN/0822	500003		
Doi: 17			Date & Time	Completed .	Done by	
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Policy No: () Period: () Cover Type: ()		114 1/2.)	
Date: Time: Date: Time: Date: Time: Date: Date: Time: Date:		· A. (:: ().	
Insured/Driver Liability: (rolley 140. ()	
Year of Registration: () Wattanty: YES ()/NO () Excess: (S) Loading: \$1,000 () / \$2,000 () Serie diagrams: () Loading: \$1,000 () / \$2,000 () Serie diagrams: () Walk-In Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URCENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: () 2) QC Check / Post Reprir Inspection () / Courtesy Car () 2) QC Check / Post Reprir Inspection () / Outresy Car () 3) Upload Resurvey Photo (Repair Cost > \$3000]. () Injury: Destruction () / ARIAccedent Reporting () / ()					0%]	
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Invoice dated Fee Charged		T	(NIL) : TF (Non INC	egainst INC		1
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9. 9



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 witholding 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 26/05/2022 17:53 (SGT) Date of Submission 25/05/2022 19:20 (SGT) Date of Accident 186 Woodlands Industrial Park E5, Singapore 757515 **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss DETAILS OF OWN VEHICLE GBH931Y Vehicle Registration Number INSURED/POLICYHOLDER Yes Is company? ABS LEASING SERVICES PTE LTD Name Of Registered Owner 2XXXXX528D Company Reg No john.pyj@hotmail.com Email Address (Phone) +65-92966056 Mobile Phone No +65-84569395 Alternative Phone No VEHICLE PARTICULARS Toyota Manufacturer Hiace Model Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category Manual Transmission 2754 CC INSURANCE COMPANY China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy DMCVSNW00015212202 Policy Number Cover Note Number

RAJENDRAN RAMACHANDRAN

GXXXX691L

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth	30/04/1991
Occupation	Outdoor
Date Of Driving Pass	24/09/2021
-Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84569395
Alt. Phone Number	
Email Address	john.pyj@hotmail.com
Address	23 DICKSON ROAD #01-03
Address complement	÷
Postcode	209507
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	-
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Type of Accident Weather Conditions	Collided into Parked Venicle Clear
Road Surface	
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)	Ne
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	
PEROENEI EN TO ONETOTT EST	
ATTACHMENT(S)	
ATTACHMENT(0)	
A	Vez
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No No
Was there any audio recorded?	No
SETAN OF STAN	D VEHICLE PROPERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Valida Designation Manager	CM 12740V
Vehicle Registration Number	SMU2749X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	Private cor
Vehicle Category	Private car
Name of Driver Contact Number	
Address	
Address complement	
Variess combining	

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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

201819528D

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

Personnel

Witnessed by Reporting Centre

Sketch Plan

Yehicle N

Vehicle B

SMU 2749 X

escribe Circumstances of the Accident			
(1) 25 05 2022 1920 HP3.			
	(1)		
(2) WOODLANDS INDUSTRIAL PARK ES	(186).		
		710	Lact
(3) VEHICLE "B" WAS STATIONARY	ON	748	LEFT
ANE.			
		.2/	20144000
(4) VEHICLE "A" TURN LEFT OUT	OF	186 W	ROUPLOS
NOUSTRIAL PARK 85.			
NOCE THE PRINCE		-	170
(3) MISJUDGED MY TURNING AND	01110	ed or	170
(3) MISJOPGED			
1EHICLE "B"			
(6) EXCHING PO DETAILS AND MOVE O	N.		
(6) EXCHANGED DETAILS AND MOVE D			
		(6):	
		14	

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



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. A22030009

Date: 02 Mar 2022

VEHICLE DESCRIPTION

Vehicle No.

: GBJ351K

Make

: NISSAN

Model

: URVAN PANEL SWB 3.0 **5DR 5MT AIRBAG 2WD**

Fuel type

: Diesel

HIRER PARTICULARS

Name

: RAJENDRAN RAMACHANDRAN

Co Reg No./ NRIC

: G2509691L

Address

23 DICKSON ROAD

Singapore 209507

Fax

Contact Person

RAJENDRAN

RAMACHANDRAN

NRIC

: G2509691L

Tel

: 84569395

Email

MAIN DRIVER PARTICULARS

Name

: RAJENDRAN RAMACHANDRAN

NRIC/FIN/Passport No

: G2509691L

RENTAL DETAIL

Rental Start Date & Time

: 02 Mar 2022 | 1000

Rental End Date & Time

: 01 Apr 2022 | 1000

Rental Period

: 1 months

Rental Per Month (excl. GST) : S\$ 1,100.00

Rental Per Month (Incl. GST)

: 5\$ 1,177.00

Payment on

Insurance Premium

(for ABSL arranged Insurance)

: CHINA TAIPING

PAYMENT

Deposit

: 5\$ 800.00

Upfront Rental

: 5\$ 1,177.00

Total Rental Fee (to be paid on signing of Agreement)

5\$ 1,977.00

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.

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: Lal Date:

R. Rame Indo

Signed by and on behalf of Position:

Name: RAJENDRAN RAMACHANDRAN NRIC: G2509691L

Date:



VEHICLE NO: GBH 931 Y	MAKE & MODEL : TOYOTA AUTO MANUALI		
DATE OF ACCIDENT	25 / 05 / 2022C.C.		
TIME OF ACCIDENT	7:20 AM /(PM)		
LOCATION OF ACCIDENT	186 WOODLANDS INDUSTRIAL FARK 85		
EXACT PURPOSE USED AT TIME OF ACCIDEN			
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.		
EMAIL JOHA.	PYJ @HOTMAIL.COM. Office. MOBILE. 9296605		
NRIC	201819528D		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY.	YES 7 NO1 ?		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / (FND. RAJENDRAN RAMACHANDRAN		
NRIC	625096912		
DATE OF BIRTH	30 /104 / 1991		
ANY PASSENGER	YES/MD:		
NAME OF PASSENGER	- NIL-		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Officer / Indoor		
DATE OF DRIVING PASS	24/09/2021		
GENDER.	Male / Female		
CONTACT NO.	Mobile: 8456 9395 Office. Home.		
EMAIL	•		
ADDRESS	23 Dickson Road 401-03 5/209507		
DOES DRIVER OWN OTHER VEHICLES?	1 If yes . Reg No. INSURER.		
RELATIONSHIP	Employee / If No. HIREC-		
WEATHER CONDITION	(Ca) / Raining / Other:		
ROAD SURFACE	pry / Wet / Other.		
any injuries	Noy If yes . Who?		
CONTACT NO.			
POLICE REPORT	(Noy If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVE	NO/IF YES, WHO?		
PEHICLE B NO.	SMU 2749 X Any Passenger.		
JAME			
CONTACT NO.			
EHICLE C NO.	Any Passenger.		
EHICLE D NO.	Any Passenger:		
TYYOTHENO	Any Passenger,		
EHICLE E NO.			
EHICLE FNO.	Any Passenger.		
EHICLE F NO. NY WITNESS	Any Passenger		
EHICLE F NO. NY WITNESS VITNESS CONTACT NO.			
EHICLE F NO. NY WITNESS VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	YES / NO!		
EHICLE F NO. NY WITNESS VITNESS CONTACT NO.			



Motor Commercial

CERTIFICATE OF INSURANCE

olor Vehiclos (Third-Parly Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Parly Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Parly Risks) Rules, 1959 (Malaysia)

MZ407/C R SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00015212202

Engine No.: 2KD1661036 Cha. No.:KDH2000082246

1. Index Mark and Registration

GBH931Y

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

12/03/2022

Excess Sect I.

\$\$1,500.00

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

(00:00:00)

Excess Sect. II EX ON WINDSCREEN . \$\$1,500.00 S\$100.00

4. Date of Expiry of Insurance

11/03/2023

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 revolued that the person driving is permitted in accordance with the licensing or other laws of 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:

Use in connection with the Policyholder's business and Hirer's Business.
 Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's

(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 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com