

**NATIONAL Assessment Centre Services:** [ver 1 Jan'08] **8410822690001**

Date In: <b>09/06/2022 16:52</b>	Job description	Date & Time Completed	Done by
Ref No: <b>N138/07220055054</b>	SAS e-filing		
Veh No: <b>954 8428 7</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>05/06/2022 11:30</b>	1-Motor Claim Form		
OD: <b>TP / Reporting Only</b>	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Veh No: **SLK 61544** 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 5616)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000]: ( )

**Injury:**

Date/Time	ACTIONS

**Claimant's Particulars:**

Driver/Owner: **11A2201601**

Contact No: **11A2201601**

Damaged Portion: **11A2201601**

C. Checked by (Engr-In-Charge): **11A2201601**

Auditors' Comments:

t. 1:

t. 2 / 3:

Invoice Preparation Checklist		Inc Bill	Non Inc Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$80)		
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 2003)			
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		
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	09/06/2022 16:52 (SGT)
Date of Accident	05/06/2022 11:30 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4428J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ABS LEASING SERVICES PTE LTD
Company Reg No	2XXXXX528D
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-92966056
Alternative Phone No	+65-97996909

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00049742102
Cover Note Number	-

## DRIVER

Name of Driver	WONG CHUI LENG
NRIC No	SXXXX643J

Date Of Birth	20/11/1968
Occupation	Outdoor
Date Of Driving Pass	22/10/1987
Driving experience	34 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97996909
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 465 ANG MO KIO AVENUE 10 #04-1072
Address complement	-
Postcode	560465
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	SLE6154G
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

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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.



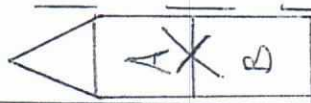
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sims way



VEHICLE

A: GBC 4428J

B: SL86154G

Incident Description of the Accident

① VEHICLE "A" SLOW DOWN AND CAME TO A COMPLETE STOP.

② OUT OF A SUDDEN VEHICLE "A" WAS REAR ENDED BY VEHICLE "B"

③ EXCHANGED DETAIL FOR BOTH PARTY AND MOVED ON TO INSURANCE CLAIM.

④ NO INJURY WAS INVOLVED.

⑤ I WOULD LIKE TO STATE THAT MY VEHICLE "A" WAS TRAVELING STRAIGHT IN MY LANE.

#### 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

09/06/2022



VEHICLE NO: ABC4428J

MAKE &amp; MODEL: NV200

AUTO / MANUAL

DATE OF ACCIDENT	05/06/2022	C.C. 1.5
TIME OF ACCIDENT	1130 HRS.	<input checked="" type="checkbox"/> AM / <input type="checkbox"/> PM
LOCATION OF ACCIDENT	Sims Way.	
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	OPTIONS GARAGE@HOTMAIL.COM	
NRIC	201819528D	MOBILE: 90966056
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.		
NAME OF DRIVER	AS ABOVE / IF NO: WONG CHUI KENG	
NRIC	S6844643J	
DATE OF BIRTH	20 / 11 / 1968	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	22 / 10 / 1987	
GENDER	Male / <input checked="" type="checkbox"/> Female	
CONTACT NO.	Mobile: 9799 6909 / Office: / Home:	
EMAIL		
ADDRESS	465 ANG MO KIO AVE 10 #04-1072	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER	
RELATIONSHIP	Employee / If No: HIRER	
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?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	SLE 6154G	
NAME	Any Passenger	
CONTACT NO.		
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS	Any Passenger	
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?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / <input checked="" type="checkbox"/> NO		



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ407/C

E 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.

DMCVSNW00049742102

Engine No.: K9KF276D126612

Cha. No.: VSKYBAM20U0031634

1. Index Mark and Registration  
Number of Vehicle

GBC4428J

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

23/05/2022  
(00:00:00)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

10/06/2022

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.: ABS FINANCIAL PTE 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: \_\_\_\_\_  
Elise Lim Xin Yi  
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

#### VEHICLE DESCRIPTION

Vehicle No. : GBC4428J  
Make : NISSAN  
Model : NV200 1.5L MT ABS  
AIRBAG 2WD 6DR  
Fuel type : Diesel

#### HIRER PARTICULARS

Name : WONG CHUI LENG  
Co Reg No./ NRIC : S6844643J  
Address : BLK 465 ANG MO KIO  
AVENUE 10 #04-1072  
Singapore 560465

Fax :  
Contact Person : WONG CHUI LENG  
NRIC : S6844643J  
Tel : +6597996909  
Email :

#### MAIN DRIVER PARTICULARS

Name : WONG CHUI LENG  
NRIC/FIN/Passport No : S6844643J

#### RENTAL DETAIL

Rental Start Date & Time : 19 Oct 2020 | 1156  
Rental End Date & Time : 26 Oct 2020 | 1156  
Rental Period : 1 weeks  
Rental Per Week (excl. GST) : S\$ 300.00  
Rental Per Week (incl. GST) : S\$ 321.00  
Payment on :  
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

#### PAYMENT

Deposit : S\$ 100.00  
Upfront Rental : S\$ 321.00  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 421.00

#### 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 : Salesman  
Name : Chan Sjang Shan  
Date : 19/10/2020



Signed by and on behalf of  
Position :  
Name : WONG CHUI LENG  
NRIC : S6844643J  
Date : 19/10/2020

