

NATIONAL Assessment Centre Services: [wef 1 Jan 08] **SA00822750001**

Date In: 05/07/2022 16:04	Job description	Date & Time Completed	Done by
Ref No: N/A/C7220064074	SAS e-filing		
Veh No: GBL 7163E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/07/2022 12:46	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	1-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: **SKC 478S** 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

NA2201827

Statement Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C Checked by (Engr-In-Charge): _____

Invoice Preparation Checklist:

Item	Amount	Remarks
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) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
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		
TE (N11): TP (Non INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fees Charged	
Invoice dated	Fees Charged	

Auditors Comments:

1.1: _____

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	05/07/2022 16:01 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 12:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI ENTERED PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7163E
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	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00031242200

DRIVER

Name of Driver	MUHAMMAD KAMARUL ARIFIN BIN ABDUL RAHMAN
NRIC No	SXXXX007D
Date Of Birth	30/09/1996
Occupation	Outdoor

Date Of Driving Pass	30/11/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90678250
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 124 KIM TIAN PLACE #01-229
Address complement	-
Postcode	160124
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC4778S
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
 Gender
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?

MUHAMMAD KAMARUL ARIFIN BIN ABDUL RAHMAN
 Male
 (Phone) +65-90678250
 -
 -
 -
 -
 SLIGHT INJURY
 GBL7163E
 Yes
 No

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

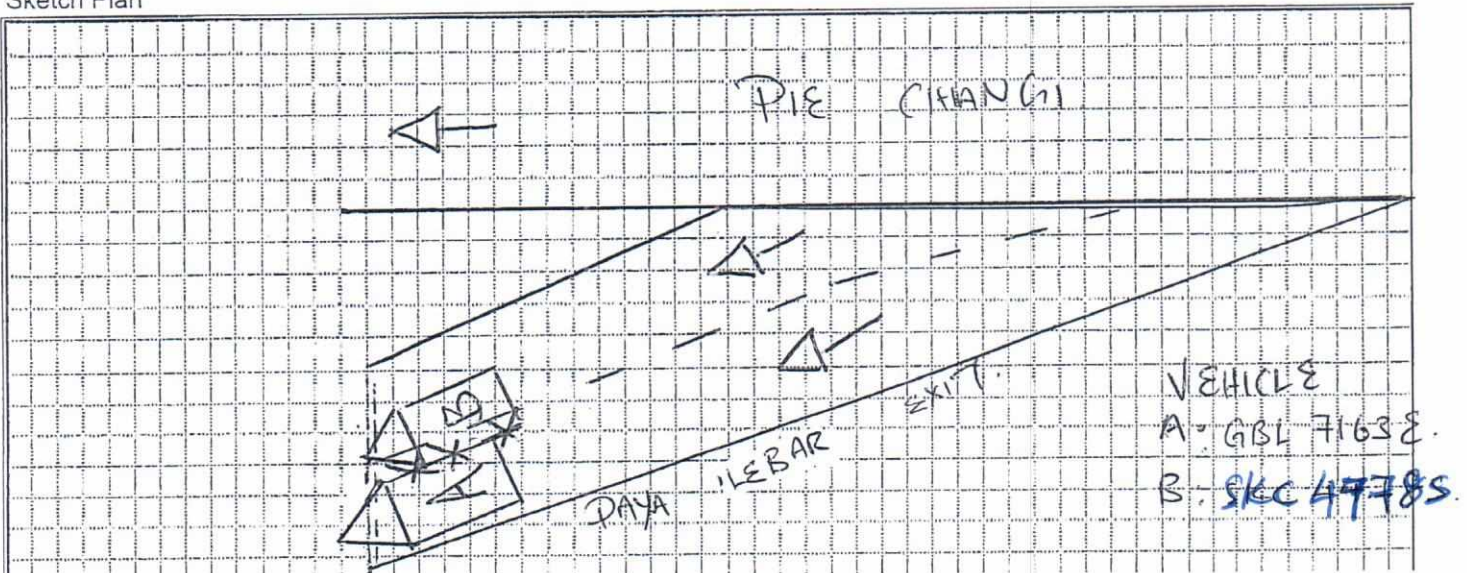


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

(1) VEHICLE "A" WAS STATIONARY ON THE
MOST LEFT CHECKING CLEAR ON MAIN ROAD ON
COMING VEHICLE.
(2) SUDDENLY VEHICLE "B" COLLIDED ONTO VEHICLE "A"
REAR RIGHT PORTION TO THE FRONT.
(3) EXCHANGED DETAILS AND MOVED ON TO
INSURANCE CLAIM.
(4) I KAMARUL FELT PAIN ON MY NECK
AND BACK AREA AND WENT TO CONSULT A DOCTOR
AND WAS GIVEN TWO DAYS OF MC.

Declaration

I/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

Witnessed by Reporting Centre Personnel

VEHICLE NO: GBL 7163 EMAKE & MODEL: NISSAN NISSOAUTO / MANUAL

DATE OF ACCIDENT	<u>04 / 07 / 2022</u>	C.C.
TIME OF ACCIDENT	<u>1240PM</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>P1E CHANGI ENTERED PAYA LEBAR ROAD.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>ABS LEASING SERVICES PTE LTD.</u>	
EMAIL	<u>OPTIONSGARAGE@HOTMAIL.COM</u>	OFFICE: MOBILE: <u>9296 6056</u>
NRIC	<u>201819528D.</u>	
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / NO</u>	
INCURANCE CO.	<u>CHINA TAIPING.</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMCVSNW00031242200</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: MUHAMMAD KAMARUL ARIFIN BIN</u>	
NRIC	<u>89635007D.</u>	<u>ABDUL RAHMAN.</u>
DATE OF BIRTH	<u>30 / 09 / 1996.</u>	
ANY PASSENGER	<u>YES / NO</u>	
NAME OF PASSENGER	<u>-</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>30 / 11 / 2020</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>9067 8250</u>	Office: Home:
EMAIL	<u>-</u>	
ADDRESS	<u>124 KIM TIAN PLACE #01-229 160124.</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:	
RELATIONSHIP	<u>Employee / If No: HIRER.</u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>No / If yes Who? KAMARUL. CM</u>	
CONTACT NO.	<u>9067 8250.</u>	
ROLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?	
VEHICLE B NO.	<u>SKC 4778S</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?	<u>YES / NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES / NO</u>	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES / NO</u>	



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.

DMCVSNW00031242200

Engine No.: QR20020259R

Cha. No.: VR2E26136574

1. Index Mark and Registration
Number of Vehicle

GBL7163E

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

04/03/2022
(00:00:00)

Excess Sect. I . \$S\$1,500.00

Excess Sect. II \$S\$1,500.00

EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance

03/03/2023

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: Lim Lee Choo
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

No. A22030006

Date: 08 Mar 2022

VEHICLE DESCRIPTION

Vehicle No. : GBL7163E
Make : NISSAN
Model : NV350 CARAVAN DX
Fuel type : Petrol

HIRER PARTICULARS

Name : FIZZY PRODUCTIONS PTE. LTD.
Co Reg No./ NRIC : 201835859G
Address : 113 UBI AVENUE 4 CIVIC TERRANCE WAREHOUSE Singapore 408762
Fax :
Contact Person : DURAISAMY JAGANATHAN
NRIC : S9319938C
Tel : 87507442
Email :

MAIN DRIVER PARTICULARS

Name : MUHAMMAD KAMARUL ARIFIN BIN ABDUL RAHMAN
NRIC/FIN/Passport No : S9635007D

RENTAL DETAIL

Rental Start Date & Time : 08 Mar 2022 | 0900
Rental End Date & Time : 07 Mar 2023 | 0900
Rental Period : 12 months
Rental Per Month (excl. GST) : S\$ 1,200.00
Rental Per Month (incl. GST) : S\$ 1,284.00

Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 1,200.00
Upfront Rental : S\$ 1,284.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,484.00

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 : Lai
Date :



Signed by and on behalf of
Position : DIRECTOR
Name : DURAISAMY JAGANATHAN
NRIC : S9319938C
Date :

