

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

2002278000

Date In: 28/07/2022 16:58	Job description	Date & Time Completed	Done by
Ref No: N18011722007213/4	SAS e-filing		
Veh No: GBL 2600	E-mail (within 4hrs, ATC 2hrs)		
D.O.A: 28/07/2022 13:42	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: YQ1471 G	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

NA2202006

Claimant's Particulars	Invoice Preparation Checklist
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
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
1.1:	For claiming against INC Only (wef 10 Jan 2008)
1.2/3:	6) TR: Re-inspection \$75
	7) N1: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*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 (w/in INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fax Charged
	Fax 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 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 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	28/07/2022 16:58 (SGT)
Reported by	Driver
Date of Accident	23/07/2022 13:42 (SGT)
Exact Location of Accident	Upper Serangoon View, Singapore
Additional Location Information	RIO VISTA CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL260D
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	Toyota
Model	Hiace
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	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00013802201

DRIVER

Name of Driver	GAVIN TAN
NRIC No	SXXXXX414G
Date Of Birth	12/03/1998
Occupation	Outdoor

Date Of Driving Pass	23/04/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91697745
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 455 YISHUN STREET 41 #07-45
Address complement	-
Postcode	760455
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE WITNESS POLICE REPORT T/20220725/7042 AND DRIVER POLICE REPORT T/20220725/7040

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1471G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

* Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GAVIN TAN
Gender	Male
Phone No	(Phone) +65-91697745
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL260D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHUA WEN LUO
Phone	(Phone) +65-92203215
Email	ahluo95@gmail.com

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

Rio VIMA CARPARK UPPER SHANGHAI VIEWS



Ref: A
GBL 260 A

Ref: B
YA 14716

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

1/20220725/7042
1/20220725/7040.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

h

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

[Signature] 28/07/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220725/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220725/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 16:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: GAVIN TAN		Address: 455 YISHUN STREET 41 #07-45 SINGAPORE 760455	
ID Type / ID No.: NRIC NO / S9807414G		Contact No.: Home/Office: Mobile: 91697745	
Nationality: SINGAPORE CITIZEN		Email: XIIAOSADS@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 12/03/1998	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: delivery driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 13:40	Type of Location: Loading bay
Location: UPPER SERANGOON VIEW				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL260D	Van			Yellow	Seriously Damaged	0
YQ1471G	Lorry					1



**SINGAPORE
POLICE FORCE**



T/20220725/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220725/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAVIN TAN	ID No.	S9807414G
Related Vehicle	GBL260D (Van)	Contact No.	91697745
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/07/2022	Date	25/07/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER GBL260D WAS STATIONARY PARK AT RIO VISTA LOADING AND UNLOADING AREA, I WAS IN MY VAN SUDDENLY VEHICLE PLATE NUMBER YQ1471G REVERSE AND HIT ONTO MY REAR PORTION OF MY VAN AND DAMAGE MY REAR PORTION.

AFTER THE ACCIDENT WE EXCHANGE PARTICULAR AND LEFT THE PLACE, ON THE 25-07-2022 I WENT TO INTEMEDICAL CLNIC AT KOVAN TO SEE DOCTOR CAUSE I FELT PAIN ON MY NECK AND BACK AND DOCTOR GIVEN ME 5 DAYS MC.

I WISH TO STATE I HAVE A WITNESS
CHUA WEN LUO (92203215)
THAT SAW HOW THE INCIDENT HAPPEN



**SINGAPORE
POLICE FORCE**



T/20220725/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220725/7040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/07/2022 16:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220725/7042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220725/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 16:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA WEN LUO			Address: 250 YISHUN AVENUE 9 #05-227 SINGAPORE 760250		
ID Type / ID No.: NRIC NO / S9530167C			Contact No.: Home/Office: Mobile: 92203215		
Nationality: SINGAPORE CITIZEN			Email: ahluo95@gmail.com		
Sex: Male	Age: 26	Date of Birth: 29/08/1995	Type of Informant: Witness		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 13:40	Type of Location: Car Park
Location: UPPER SERANGOON VIEW				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBL260D	Van				Seriously Damaged	0
YQ1471G	Lorry				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220725/7042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220725/7042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAVIN TAN	ID No.	NIL
Related Vehicle	GBL260D (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the date 23/07/2022 time about 1330hrs. I was a delivery man sending parcel to block 30 upper serangoon view Rio Vista. While I was walking towards block 30, I saw a Lorry YQ 1471 G reverse and collided onto a Van GBL 260 D. The driver of GBL 260 D Van alighted and I told the driver Gavin that I saw how the incident happen.

This is a witness report to assist the driver of GBL 260 D.



**SINGAPORE
POLICE FORCE**



T/20220725/7042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220725/7042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/07/2022 16:17

Classification Of Case:

VEHICLE NO: 6BL 2600

MAKE & MODEL: TOYOTA HIACE AUTO/MANUAL

DATE OF ACCIDENT	23 / 07 / 2022	C.C.
TIME OF ACCIDENT	1:42	AM / PM
LOCATION OF ACCIDENT	RIO Vista carpark	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD	
EMAIL	Optionsgarage@hotmail.com	OFFICE: MOBILE: 92966056
NRIC	201819528D	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00013802201	
NAME OF DRIVER	AS ABOVE / IF NO: GAVIN TAN	
NRIC	S98074146	
DATE OF BIRTH	12 / 03 / 1998	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	-Nil-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	23 / 04 / 2019	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9169 7745 Office: Home:	
EMAIL		
ADDRESS	Blk 455 Yishun Street 41 #07-45 s/760 455	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? GAVIN TAN (CM)	
CONTACT NO.		
ROLICE REPORT	No / If yes Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	YQ 14716	Any Passenger: 01
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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.

DMCVSNW00013802201

Engine No.: 1GD8644955

Cha. No.: GDH2012015673

1. Index Mark and Registration
Number of Vehicle

GBL260D

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

08/03/2022
(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

07/03/2023

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: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory