SN0822B90001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/11/2022 09:52 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/11/2022 09:52 (SGT))

# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 09/11/2022 09:52 (SGT) Reported by Owner Date of Accident 12/04/2021 18:50 (SGT) Exact Location of Accident Jurong West Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBK1209C** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ABS LEASING SERVICES PTE LTD Company Reg No 2XXXXX528D Email Address optiongarage@hotmail.com Mobile Phone No (Phone) +65-92966056 Alternative Phone No

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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1598

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00000622101

DRIVER

Name of Driver NG JIA HAO NRIC No SXXXX553A Date Of Birth 05/09/1990 Occupation Outdoor

Date Of Driving Pass 03/11/2010 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-84688191 Alt. Phone Number Email Address optiongarage@hotmail.com Address BLK 330A ANCHORVALE STREET #09-521 Address complement Postcode 541330 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 No Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO LETTER ATTACHED 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 SLS81Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver
Contact Number

| Address                                 | <br>_ |
|---|-------|
| Address complement                      | _     |
| Postcode                                | _     |
| Insurance Company Name                  | <br>- |
| Nature Of Damage                        | _     |
| Details of property damaged in accident | <br>_ |
| 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 Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wiful 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.
- 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 parks.
- 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 agencylauthority (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 dains (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
- (a) 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.

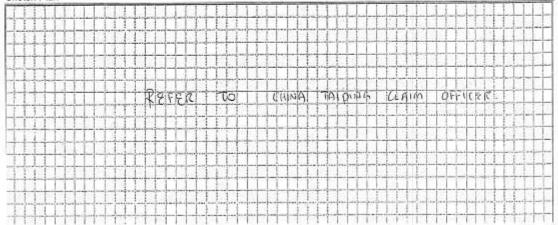
Policyholder's Signature / Date & Time

3 SERVIC. 2018/95280

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

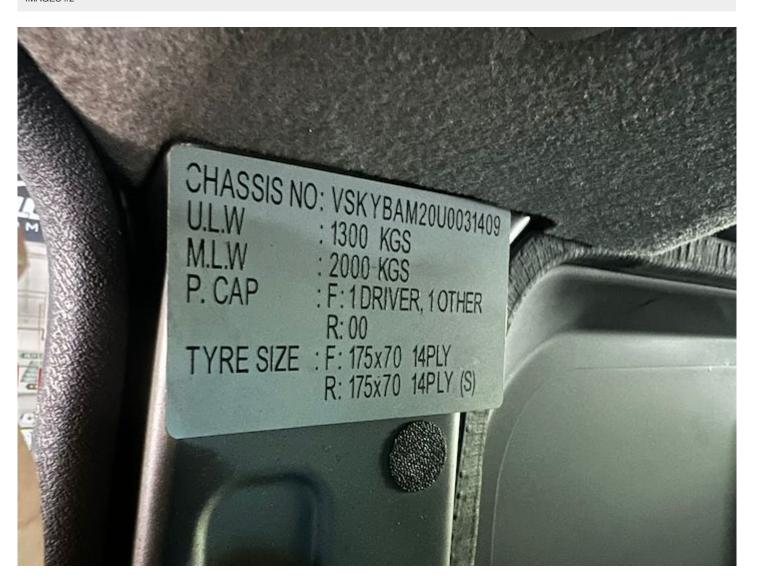
Witnessed by Reporting Centre Personnel

Sketch Plan

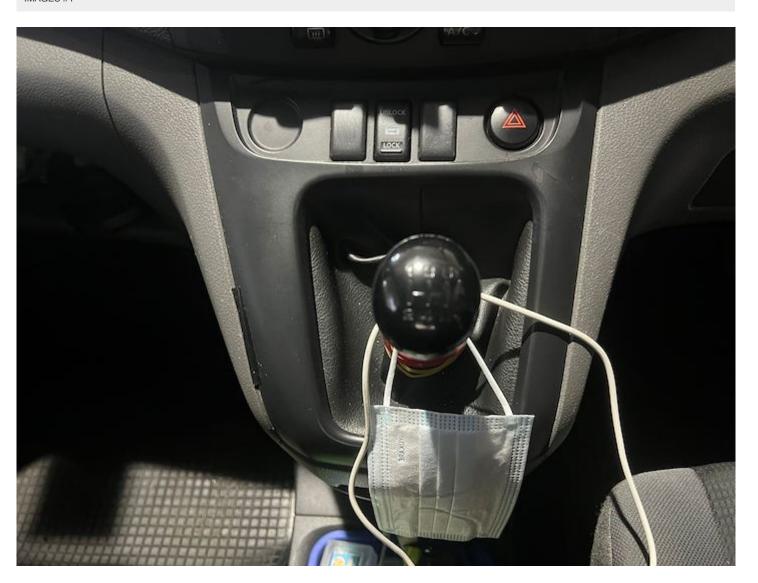


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中国太平保险(新加坡)有限公司 CHRA TAIPING INSURANCE (SNSAPORE) PTE LTD

3 Anses Road #15-00 Springled Tower Singspore E79909 Sp. 6389 6111 Fax: 6227 1033 Website since of proping com Co. Hog. No. 2000/93/64E

Our Ref :SNM21D202098/GBK1209C/C02

Date :13 Apr 2021

Via Ordinary Mail

ABS LEASING SERVICES PTE LTD 172 SIN MING DRIVE SIN MING SEMAC'S DEPOT SINGAPORE 575720

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GBK1209C AND SLS81Z ON 12 Apr 2021 ALONG JURONG WEST AVE 1 Policy : DMCVSNW00000622101

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0597A SG MOTOR TRADER PTE LTD

# VISION LAW LLC Absolutes to Research Service Funds Agents for Trade Maria Agents for Trade Maria Incomposited with Intellect Intellect Unique Entity Number 200721144H Addition 135 Now Buston Road

Address: 133 Now Bridge Road #18-01/02 Chinaken Paint Sergeouto (28,413)

TEL (05) 053/2811 (-0.000)
FAX (05) 0336802 (06-000) (05) 0535905 (U592/00)
C-mail - wannelm (by/darlawin com Conveyances is Family Law Practices
FEL: (60) 63580703
FAX: (65) 63580648 (Conveyancing)

BY POST ONLY

WHEN REPLYING PLEASE QUOTE OUR REFERENCE DAT-ylv-lms-H3-115369-21

Our Ref :

27 April 2021

ABS LEASING SERVICES PTE LTO 15 Yishun Industrial Street 1 s01-02 Win 5 Singapora 768091

IMMEDIATE ATTENTION

CLAIMANT: VALERIE KANG ZI WEI ACCIDENT INVOLVING SLS \$1 Z & GBK 1209 C ON 12-APR-2021 ALONG JURONG WEST AVENUE 1 AT AEQUT 1850 HOURS

We act for Valsnic Kang Zi Wei, the owner of mater vehicle no. SLS 81 Z.

Our investigation reveals that you were the owners of motor vehicle GBK 1209 C at the time of the accident. Kindly confirm.

Please let us have the following perticulars:-

- the name, address and NRIC No. of the driver;
- whether the said motor vehicle was at the time of the accident covered by a policy of (b) insurance, if so, the particulars thereof;
- whether the driver was at the time of the accident driving as your servant or agent; and
- whether the driver was an authorised driver and covered by the policy of insurance.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent and if we do not hear from you within seven (7) days from the date hereof, we shall commence action against you as a Defendant.

If the information requested above are not provided within 14 days, any amendments are to be made thereafter to the Writ of Summons and / or any Pleadings, you will be responsible for the costs and disbursements incurred.

We would sevise that upon receipt of this latter, you report the above accident to your insurers immediately logarities with your Certificate of Insurance to enable them to assist you.

If you fet to do so, your said insurers may exercise their right not to cover you against our clients' claim. In such event, our clients will have to took towards you for their claim and if you are found liable, you will have to pay our clients' damages out of your own pocket.

Yours faithfully

DIANE ANG

cc: SLS 81 Z - By fax: 6457 8287 only

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE. OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction distribution or other designment or use of this immunitation is strictly prohibited. If you have received this transmission in error please contact us immediately by Misphone so that we can energy but to.



# 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. A20110006

: 01 Nov 2020 | 1105

: 30 Jun 2021 | 1105

: 8 months

Date: 01 Nov 2020

VEHICLE DESCRIPTION

Vehicle No.

: GBK1209C : NISSAN

Make Model

NV200 1.5L MT ABS AIRBAG 2WD 6DR

Fuel type

: Diesel

HIRER PARTICULARS

Name

THREEMAN LOGISTICS PTE

Co Reg No./ NRIC Address

: 202028753N 71 WOODLANDS INDUSTRIAL PARK E9 08-08 WAVE 9 Singapore

757048

Fax

Contact Person NRIC

: NG JIA HAO : 59032553A : 84688191

Tel Email

MAIN DRIVER PARTICULARS

: NG JIA HAO NRIC/FIN/Passport No : 59032553A RENTAL DETAIL

Rental Start Date & Time Rental End Date & Time

Rental Period Rental Per Month (excl. GST) : S\$ 950.00

Rental Per Month (incl. GST) : S\$ 1,016.50 Payment on

Insurance Premium (for ABSL arranged Insurance)

PAYMENT

: 5\$ 500.00 Deposit 5\$ 1,016.50 Upfront Rental

Total Rental Fee (to be paid \$\$1,516.50 on signing of Agreement)

: CHINA TAIPING

IMPORTANT NOTE

Rental Fee is to be fully paid within 3 days from the date of our invoice

or 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

2nd Driver: Mchammed Norsman Bin Ismail NRIC: S8211918C

Tel: 88076851



Signed by and on behalf of ABS Leasing Services Pte Ltd Position : Salesman Name : Chan

Date: / /[ 2020



Signed by and on behalf of Position : DIRECTOR Name: NG JIA HAO NRIC: S9032553A Date : 14/000

