NATIONAL Assessment Centre	Services	(+ 5° 1 . 12 . 1 . 1		a manus regardons y tale account a placement to see				
1 rate In 9/11/2012	Job descrip	tion	Date & Time Comple	ted	Done b),		
Rel No NA/0122011221/r3	SAS e-fili	ng	,	٠				
Veh No GBG 7186R	E-mail (within Shrs, AIC 2hrs,					to allow the production of the last of the		
1640 1640	i-Nlotor (Claim Form	1		makes, the feeting it decrees a day of the second			
	i-Motor V	W/O (Within: QD 2)	urs. TP 4hrs)			•		
OD (b) ' Reporting Only	Jploaded							
TP Insurer	t/Survey Report	1						
TT INSUICE.	ort by <u>Fax / Hand</u>	oy Fax / Hand to Owner/Wksp ;						
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)		
TP Particulars: Veh No: G8:	J 4669-	INC	()/Non-INC()				
Owner / Driver: (Tel:)	The second secon		
Policy No: () Peri	od: ()	Cover Type: ()			
Confirmed by : (- D - O	Date:	7ime:	80 100%				
The same of the sa		-	20%; P: 21-79%. F:	30-10070]			
Committee on the committee of the commit	arranty: YES)			THE RESERVE THE PERSON NAMED IN COLUMN TWO		
Excess: (\$) Loading: \$1,00	0 () / \$2,							
General Remarks:-								
() Walk-In Customer: Customer's inform			Strictly NO raier of repa	лег. 				
() Total Loss Case : to e-mail Insurer								
Drive-In () / Towed-In (); Invoice:	YES ()	/ NO () ;	Towing Co. (, , , , , , , , , , , , , , , , , , , ,		
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	'ed	Done	by		
1) Apply for Transport Allowance ()/ Co	ourtesy Car ()						
2) QC Check / Post Repair Inspection	()						
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()						
Injury:		***************************************						
Date/Time Actions			MERKEEDYI D					
Directime Actions				plating				
			,			programme and the statement of the state of the state of		
NA2203149	Invoice P	reparation Checklist		Amt (\$) Ist Bill	Amt (\$)			
Survivor of participate annual plant size, appearing the true \$500 to all participates and according		lent Reporting (\$30);		1st Dill				
Claimant's Particulars :-	- ill	2) DA: Damage Assessment (\$100), INC (\$80) 3) TF: Towing Fee \$40/\$45						
Driver/Owner:	4) FT : Follow	4) FT: Follow-Through Survey \$120						
Contact No:		5) FT : Follow For claiming	w-Through Survey (Resurvey) ng against INC Only (wef 10 :	\$30 Jan 2005)				
Damäged Portion:	B. C. C. Calle Service Species and Language Service Service and National Service Servi	6) TR : Re-iu	spection OA + SMRT Survey	\$75 \$160				
	:	8) NTUC Ad	ditional Services:-					
QC Checked by (Engr-In-Charge):		<u>O1)*</u> *N5: Cour	tesy Car / Tpt Allowance	\$5				
			ir Co-ordination	\$10 \$25		·		
Auditors' Comments :-		- *N8: DV /	Repair Inspection Collect Excess Coordination	\$5				
lat 1		<u>TP (N11)</u> 9) N12: Idac	: TP (Non INC) against INC	S20 30				
at. 2./3:		Invoice dates	f Pee C	harged		Select The		
		Invoice dated	f ee C	inarged	"一个 大 有"	i		



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

09/11/2022 15:53 (SGT)

Driver

08/11/2022 16:40 (SGT)

Singapore

AYE TOWARDS TUAS NEAR EXIT 9

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG7186R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

ABS BUS PTE LTD

2XXXXX757M

kinkeong@absgroup.sg

(Phone) +65-87760862

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Nissan

Nv200

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Employment

No - Claiming third party

Commercial vehicle

Manual

1597

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMTPSNA00000452204

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0922B90005

TAN CHIN HIAP SXXXX811F 17/09/1999

Outdoor

Page 1 of 12

Date Of Driving Pass 14/05/2018 Driving experience 4 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-97712811 Alt. Phone Number **Email Address** kinkeong@absgroup.sg Address 922 JURONG WEST STREET 92 #04-41 Address complement Postcode 640922 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 Chain 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 3 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) 2 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 PASSENGER 1 Name LEONG HUANG WEI Gender Male 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 ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No THE SHAPE OF THE **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBJ4669T** 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG640S 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 Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? **GBG7186R** Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

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? TAN CHIN HIAP

(Phone) +65-97712811

LEONG HUANG WEI

Male

(Phone) +65-97718688

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- 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
- 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 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

2007097571

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

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

9/11/2022

Sketch Plan Exit 9 Mon

	HIS TO THE COURT COUNTY AND THE COURT OF THE
escribe Circumstance of the Accident	
As per above date and ti	me, I has driving GBG +1864
alone AXF towards Their on	the center lanc. Sprenhere
new Frit 9. Veh(c> 686,640s	in front od me sloved
down and Stranged . As such.	I applied brake and stipped
accordically Dot of gudden I	felt a huge imad from
the car. Ove to the impac	1, My vehicle surger form
and collided and wet (C) re	now portion I alighted from
my Vehicle and discoursed 7	was involved in a
my Vehicles and discoursed 7 3 - vehicles chain collisten	accident withouthy vehilb)
CON HIGHT From Modern	collisted and my venice
rear portin and my vel	ricle Surged forward and
hit veh (c) rear portion.	

Declaration

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

(200709757M) (200709757M) (200709757M)

Policyholder's Signature / Date & Time

Hes

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

g a/11/2022

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

THE PERSON NAMED IN COLUMN TO THE PE	MAKE & MODEL NISSAN NV 200 AUTO / MANUAL
	08 / h / 2022 CC.
NE OF ACCIDENT:	1640 HRS
CATION OF ACCIDENT:	AYE founds Tubs near Exit 9
ACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
ME OF OWNER:	Abs Bus Pte Ltd
L NO:	H/P: 8476 0862 OFFICE: HOME:
RIC:	2007 09757M
	38m Penjuru rd (8>609148
DRESS.	Kinkeong @ absgroup. Sg
AAIL:	OD / THIRD PARTY / REPORTING ONLY
AIM TYPE:	YES / 100 ?
EET POLICY:	China Taipin
ISURANCE COMPANY:	Comprehensive / Third Party / Third Party Fire & Theft
YPE OF COVERAGE:	DMTPSNA 00000 452204
OLICY NO:	AS ABOVE / IF NO: Tan Chin Hiap
IAME OF DRIVER:	89972811F ANY PASSENGER: 1(m) Collection
IRIC:	17 / 09 / 1999 LICENCE PASSED DATE: /4 / 05 / 2018
DATE OF BIRTH:	
OCCUPATION:	OUDOR / INDOOR
SENDER:	MALE / FEMALE HOME:
CONTACT NO:	H/P: 1771 2611 Office.
ADDRESS:	922 Jurany West Street 92 (5>640922 #04-4)
EMAIL:	INSURER:
DOES DRIVER OWNED ANY VEHICLE:	NOTE TES, REGINO.
RELATIONSHIP:	Employee
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF/ES, WHO?
NAME & CONTACT:	Fan Chin Higgs 9771 2811
NAME & CONTACT:	Frons Hugge
POLICE REPORT:	No / IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	1 IF YES, WHO?
VEHICLE B REG NO:	GBJ 4669T ANY PASSENGERS: N.A.
NAME OF DRIVER:	Unknown CONTACT NO: unknown
VEHICLE C REG NO:	GBG 640S ANY PASSENGERS: A. N.A.
VEHICLE D RÉG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / MO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	VES / NO
ACCIDENT PORTION:	From & cear portion (affection arcident claims assistance? YES NO
Have you been approach by unknown person solicit	ing (s) / offering accident claims assistant
WORKSHOP PARTICULAR:	, 51 ., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
CONTACT NO:	68420051 / 67440510 Im Ming
CONTACT PERSON:	67410510
FAX NO:	sales@n51.com.sg



Motor Trade Policy

MZ9

SN R

AN0597A Cov. Type:T

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.

DMTPSNA00000452204

Engine No.: N.A.

Cha. No.:N.A

Index Mark and Registration

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

Number of Vehicle

Name of Policy Holder

ABS BUS PTE LTD

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

23/09/2022 (00:00:00)

Excess Sect. II

\$\$1,500.00

Date of Expiry of Insurance

22/09/2023

5. Persons or Classes of Persons entitled to drive*

As per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy.

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.

6. Limitations as to use:*

Use only for Motor Trade purposes.

- 7. The Policy does not cover
- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

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

^{*} 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.

Confirm Transfer Of Vehicle Ownership (Acknowledgement) **Vehicle Details**

Vehicle No.:

GBG7186R

Vehicle Type:

A50 - Goods (Closed) Van/Van Panel

(Delivery)

Vehicle Scheme:

Normal

Vehicle Make:

NISSAN

Vehicle Model:

NV200 1.5 MT ABS AIRBAG 2WD 6DR E5

W/RC

Chassis No.:

VSKYBAM20Z0147996

Engine No.:

K9KC400D057506

Motor No.:

Trailer Chassis No.:

Propellant:

Diesel

Passenger Capacity:

Engine Capacity:

1461 cc

Power Rating:

Unladen Weight:

1260 kg

Maximum Laden Weight:

2000 kg

Primary Colour:

Silver

Secondary Colour:

IU Label No.:

1042971887

Maximum Power Output:

First Registration Date:

13 Oct 2017

Original Registration Date: 13 Oct 2017

Manufacturing Year:

2017

Open Market Value:

\$20,119.00

PARF Eligibility:

No

Minimum PARF Benefit:

\$0.00

Temporary Start Date:

11 Oct 2022

Temporary End Date:

10 Jan 2023

No. of Transfer:

0

Actual ARF Paid:

\$1,006.00

Owner Particulars

Owner Name:

ABS BUS PTE. LTD.

Owner ID Type:

Company

Owner ID:

200709757M

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 38M

Registered Street Name:

PENJURU ROAD

Registered Unit No.:

Registered Building Name: Registered Postal Code:

609148

COE No./Expiry Date:

2017090105000349Z / 12 Oct 2027

COE Bid Category:

C - Goods Vehicle & Bus

QP Paid:

\$42,801.00

Transaction Details

Business Transaction Ref.

20221003155522118510

No.:

Business Transaction Date: 11 Oct 2022

Business Transaction Time: 14:09:14

Message

Vehicle has been successfully transferred to ABS BUS PTE. LTD. (200709757M).

The total amount is \$238.00.

OK

Save as PDF



ABS BUS PTE LTD

38M PENJURU ROAD, SINGAPORE 609148

Tel: 6456 8887

Fax: 6456 0678

Co. Reg. No.: 200709757M

PAY TO:

LEONG HUANG WEI @ RYAN (Commission for Sep'22)

Buyer/Seller Name CITI BEAUTY PTE. LTD.	Vehicle No.	E Out/In Date	Booking/Pur chase Date	<u>Sales</u> <u>Comm</u>	Purchase Comm	Agreemen t Fees	Buffer	Assist Allowance	Total Comm
CITIBLAOTT FTE. LID.	GBG4327X	23/9/2022	28/8/2022	650.00	-	100.00	-	-	750.00
K&D TRANSPORTATION SERVICES	GBJ7706A	1/9/2022	23/8/2022	850.00	-	100.00	_	-	950.00
BLACK MAXICAB	PA8702K	27/9/2022	5/9/2022	850.00	-	100.00	-	_	950.00
SUPERTEC LIMOUSINE PTE LTD	SMQ6049C	23/9/2022	19/9/2022	400.00	-	-	_	_	400.00
SUPERTEC LIMOUSINE PTE LTD	SNF1814P	23/9/2022	19/9/2022	400.00	-	-	-	-	400.00
K&D TRANSPORTATION SERVICES	GBC1085J	9/9/2022	23/8/2022	-	500.00	_	-	_	500.00
OHHTO HOLDINGS PTE. LTD.	GBE3829G	6/9/2022	27/8/2022	-	200.00	-	-		200.00
ZHANG CHONGHAI	SKB5014L	28/9/2022	28/8/2022	-	300.00	-		-	300.00

4,450.00

Date:

Cheque No: Bank Transfer

Yivier

Prepared by:

Su ZhiWei

Approved by:

Received by:



ABS BUS PTE LTD 38M PENJURU ROAD, SINGAPORE 609148

Tel: 6456 8887

Fax: 6456 0678

Co. Reg. No.: 200709757M

PAY TO:

TAN CHIN HIAP @ LEON (Commission for Sep'22)

		E Out/In	Booking/Pur	Sales	Purchase	Agreemen		Assist	
<u>Buyer/Seller Name</u>	Vehicle No.	<u>Date</u>	chase Date	Comm	Comm	t Fees	Buffer	<u>Allowance</u>	Total Comm
ACW ALLIANCE PTE. LTD.	GBJ2923Y	8/9/2022	16/8/2022	450.00	-	100.00	-	-	550.00
XIAO PUTIAN RESTAURANT PTE. LTD.	GBK5759E	1/9/2022	2/8/2022	850.00	-	100.00	-	-	950.00
LIEW SIET KONG	GBK8074C	13/9/2022	27/8/2022	550.00	-	100.00	•	-	650.00
ASIA CARZ AUTO	GBL3123Y	20/9/2022	10/9/2022	300.00	-	-	-	-	300.00
ANSAVAHEE TRANSPORT	PC5250G	1/9/2022	10/8/2022	650.00	-	100.00	-	-	750.00
SYED ABDULLAH BIN SYED SALLEH	SKX7581L	7/9/2022	10/8/2022	650.00	-	100.00	-	-	750.00
HON BEE YIN	SNF7759B	27/9/2022	10/8/2022	650.00	-	-	-	-	650.00
ONG CHIN CHYE DANIEL	SMQ2726H	6/9/2022	11/8/2022	-	200.00	-	-	-	200.00

4,800.00

Date:

Cheque No: Bank Transfer

Yivier

Prepared by:

Su ZhiWei

Approved by:

Received by: