

NTUC Assessment Centre Services

Date: 29/11/2022	Job Description	Done & Time Completed	Done by
Ref: NA/CT122011939/a4	SAs e-filing		
Ref: GBH 931Y	E-mail (w/ or w/o M. 200)		
Date: 28/11/2022 1410	E-Motor Claim Form		
0	E-Motor W/O (w/ or w/o M. 200) IP 400		
IP Insurer	i-Photo Uploaded		
	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW. ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: SLK 1043U	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 6616)	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

NA2203342	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idse DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
Auditors' Comments :-	*N8: DV / Collect Excess Coordination	\$5	
	IP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idse Mobile	\$30	
Ref 1	Invoice dated	Fee Charged	
Ref 2, 3	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 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	29/11/2022 10:07 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH931Y
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) +65-92696056
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00015212202

DRIVER

Name of Driver	SUBRAMANI KABASKAR
Work Permit No	GXXXX280W
Date Of Birth	10/03/1985
Occupation	Indoor

Date Of Driving Pass	18/05/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82766744
Alt. Phone Number	-
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Address	BLK 221 TAMPINES STREET 24 #04-66
Address complement	-
Postcode	520221
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	Raining
Road Surface	Wet

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)	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	PASSENGER
Gender	Male

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 ATTACHED REPORT

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	SLK1043U
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

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.

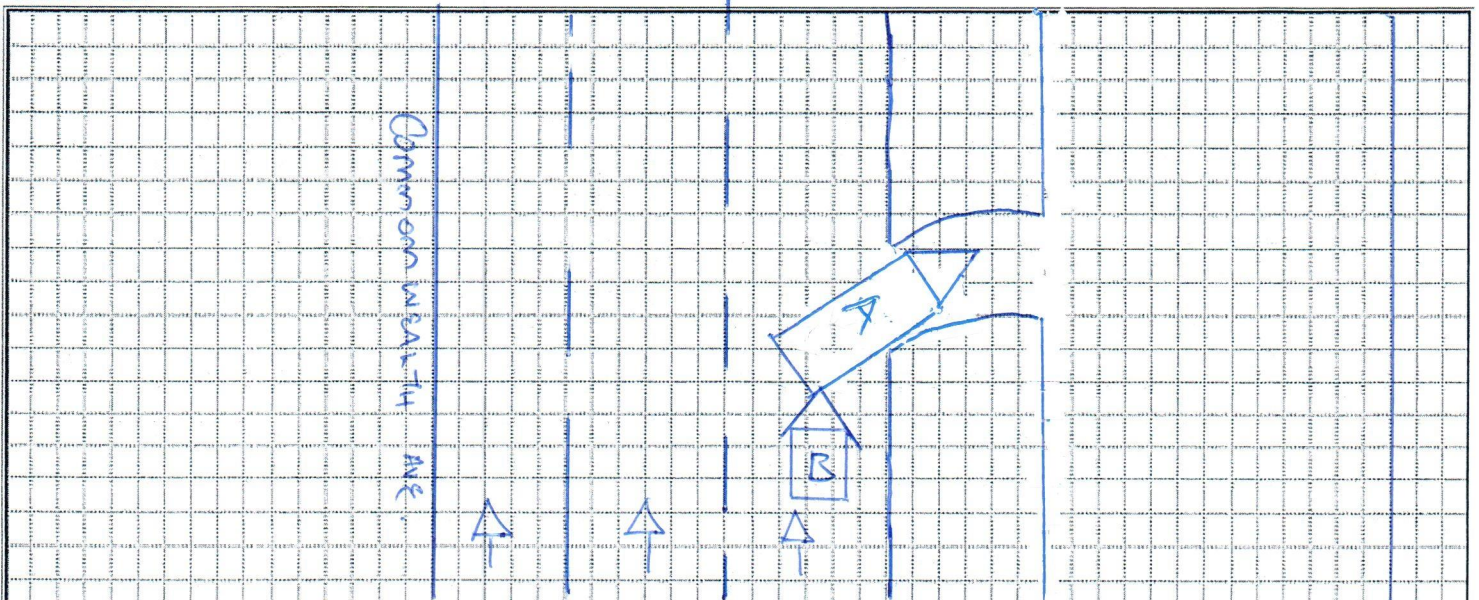


Policyholder's Signature / Date & Time

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

REFER TO POLICE ~~REPORT~~ REPORT.

T/20221128 / 7063.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 29/11/2022

Witnessed by Reporting Centre Personnel



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

1 of 3
Report No. T/20221128/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2022 17:36	Vide Report No.: D/20221128/0064	Station Diary No.:
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Informant's Particulars

Name of Informant: SUBRAMANI KABASKAR			Address: 221 TAMPINES STREET 24 #04-66 SINGAPORE 521221		
ID Type / ID No.: FIN NO / G3108280W			Contact No.: Home/Office: Mobile: 82766744		
Nationality: INDIAN			Email: KABASKAR.NSUI@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 10/03/1985	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2022 14:10	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH931Y	Van				Seriously Damaged	1
SLK1043U	Car				Seriously Damaged	0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANI KABASKAR	ID No.	G3108280W
Related Vehicle	GBH931Y (Van)	Contact No.	82766744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I SUBRAMANI KABASKAR G3108280W WAS THE DRIVER OF GBH 931 Y. I HAVE A PASSENGER YEASIRU KALPANA SITTING ON THR FRONT SEAT. I WERE TRAVELING AT COMMONWEALTH AVENUE. I CAME TO AN UTURN AREA AND TRAVELING INTO THE UTURN ROAD TO MAKE AN UTURN, OUT OF A SUDDEN THERE WAS AN HUGE IMPACT CAME FROM MY REAR. MY VEHICLE SPIN AND CRASH ONTO A PILLAR UTURN SIGN. TRAFFIC POLICE ARRIVED AFTER 1HR AND 35MIN. TOOK OUR STATEMENT.

THIS ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSES.



**SINGAPORE
POLICE FORCE**



T/20221128/7063

3 of 3

Report No. T/20221128/7063

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

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
28/11/2022 17:36

Classification Of Case:

VEHICLE NO: GBH 931 Y

MAKE & MODEL: TOYOTA HIACC

AUTO / MANUAL

DATE OF ACCIDENT	28 / 11 / 2022	C.C.
TIME OF ACCIDENT	2:10 AM / PM	
LOCATION OF ACCIDENT	Commonwealth Ave	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.	
EMAIL	OPTIONS GARAGE@hotmail.com	OFFICE: MOBILE:
NRIC	2018195280	9296 6056
CLAIM TYPE	LOD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW0015212202	
NAME OF DRIVER	AS ABOVE / IF NO: SUBRAMANI KARASKAR	
NRIC	G 3108280W	
DATE OF BIRTH	10 / 03 / 1985	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	YEASIRU KALPANA	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 05 / 2015	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 8276 6744 Office: Home:	
EMAIL		
ADDRESS	Bik 221 Tampines St 24 #04-66 S/520 221	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: HIACC.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? Online	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SLK 1043 U Any Passenger: 0	
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 INSURANCEMotor 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.

DMCVSNW00015212202

Engine No.: 2KD1661036

Cha. No.:KDH2000082246

1. Index Mark and Registration
Number of Vehicle

GBH931Y

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 Enactment12/03/2022
(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

11/03/2023

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 AS HP OWNER

* 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



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 220

14/2/2020/13

RENTAL AGREEMENT

No. A22080020

Date: 29 Aug 2022

VEHICLE DESCRIPTION

Vehicle No. : GBH931Y
Make : TOYOTA
Model : REGIUS ACE 2.5 M
Fuel type : Diesel

HIRER PARTICULARS

Name : SUBRAMANI KABASKAR
Co Reg No./ NRIC : G3108280W
Address : BLOCK 221 TAMPINES
STREET 24 #04-66
Singapore 521221
Fax :
Contact Person : SUBRAMANI KABASKAR
NRIC : G3108280W
Tel : +6582766744
Email :

MAIN DRIVER PARTICULARS

Name : SUBRAMANI KABASKAR
NRIC/FIN/Passport No : G3108280W

RENTAL DETAIL

Rental Start Date & Time : 29 Aug 2022 | 1000
Rental End Date & Time : 28 Sep 2022 | 1000
Rental Period : 1 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

Extend until
Further notice.

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,284.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,884.00

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
Date : 29/8/22

Signed by and on behalf of
Position :
Name : SUBRAMANI KABASKAR
NRIC : G3108280W
Date : 29/8/22

