

NATIONAL Assessment Centre Services

Date: 22/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/CT/22012777/W	SAS e-filing		
Veh No GBD 7281 P	E-mail (within 2hrs. A/C 2hrs)		
DOA 21/12/2022	i-Motor Claim Form		
OD / <input checked="" type="checkbox"/> / Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-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: YP 6442 M	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

NA2203538	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac 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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Cal 1:	Invoice dated	Fee Charged		
Cal 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	22/12/2022 12:50 (SGT)
Reported by	Both
Date of Accident	21/12/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	7 Mandai Link Roundabout building
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7281P
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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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00073352204

DRIVER

Name of Driver	Guo Lianda
NRIC No	SXXXX710Z
Date Of Birth	03/03/1988
Occupation	Outdoor

Date Of Driving Pass	13/12/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-97164086
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	Blk 188B Rivervale Drive
Address complement	#16-1064
Postcode	542188
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 - Roundabout
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

Refer to the attached statement.

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	YP6442M
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	Guo Lianda
Gender	Male
Phone No	(Phone) +65-97164086
Address	Blk 188B Rivervale Drive
Address Complement	#16-1064
Post Code	542188
Approximate Age Years Old	34
Injuries Sustained	-
Injured person in which vehicle?	GBD7281P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

VEHICLE NO: QSD 7281P

MAKE & MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	21 / 12 / 2022		C.C. 3.0
TIME OF ACCIDENT	1000 HRS AM / PM		
LOCATION OF ACCIDENT	7 MANDAI LINK ROUND ABOUT BUILDING.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	ABS LEASING SERVICES PTE LTD		
EMAIL	OPTIONS GARAGE @HOTMAIL.	OFFICE:	MOBILE: 9296 6056
NRIC	IDM 201819528D		
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u>		
INCURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSNW00073352204		
NAME OF DRIVER	AS ABOVE / IF NO: GUO LIANDA		
NRIC	S88617102		
DATE OF BIRTH	03 / 03 / 1988		
ANY PASSENGER	YES / <u>NO</u>		
NAME OF PASSENGER	-		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	13 / 12 / 2016		
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	Mobile: 9716 4086 Office: Home:		
EMAIL			
ADDRESS	188B RIVERVALE DRIVE #16-1064 542188		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: <u>HIRE</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes, Who? <u>LIANDA</u>		
CONTACT NO.			
POLICE REPORT	<u>No</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?		
VEHICLE B NO.	YP 6442 M	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?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO		
WHO IS REPORTING	DRIVER / OWNER / <u>BOTH</u>		
Original Language Used	English / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		

SKETCH PLAN

IMPORTANT NOTICE

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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.

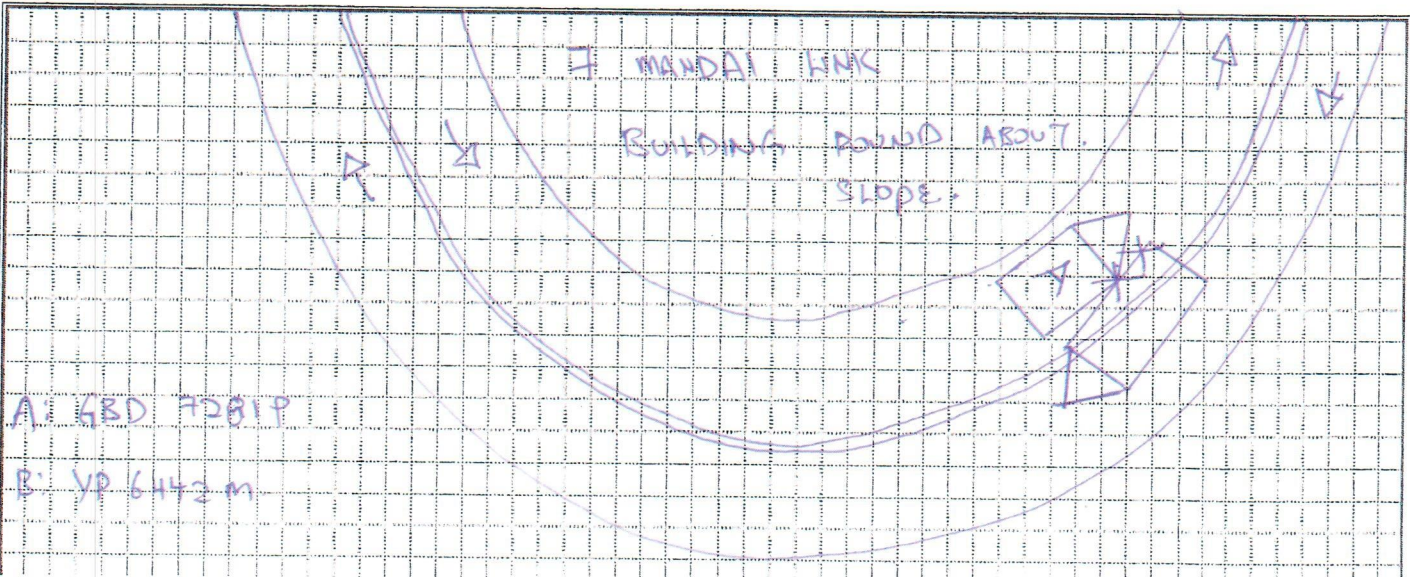


Policyholder's Signature / Date & Time

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

ON THE DATE, TIME AND LOCATION. I WAS TRAVELING
UP SLOPE IN A BUILDING (A MANDAI LINK). THERE WERE
DOUBLE WHITE LINE IN BETWEEN 2 WAY LANE. I WAS
TRAVELING ON MY RIGHTFUL LANE. OUT OF A SUDDEN,
VEHICLE B ABRUPTLY SWERVE INTO MY LANE FROM THE
OPPOSITE DIRECTION AND COLLIDED ONTO MY RIGHT FRONT
PORTION AREA.

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

22/12/2022

Witnessed by Reporting Centre Personnel



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. A22050022

Date: 12 May 2022

VEHICLE DESCRIPTION

Vehicle No. : GBD7281P
Make : TOYOTA
Model : HIACE 3.0 DX DIESEL
TURBO MT 2WD LGV
Fuel type : Diesel

HIRER PARTICULARS

Name : GUO LIANDA
Co Reg No./ NRIC : S8861710Z
Address : BLK 188B RIVERVALE
DRIVE #16-1064
Singapore 542188
Fax :
Contact Person : GUO LIANDA
NRIC : S8861710Z
Tel : +6597164086
Email :

MAIN DRIVER PARTICULARS

Name : GUO LIANDA
NRIC/FIN/Passport No : S8861710Z

RENTAL DETAIL

Rental Start Date & Time : 12 May 2022 | 1947
Rental End Date & Time : 11 Jan 2023 | 1947
Rental Period : 8 months
Rental Per Month (excl. GST) : S\$ 1,200.00
Rental Per Month (incl. GST) : S\$ 1,284.00
Payment on :
Insurance Premium : CHINA TAIPING
(for ABSL arranged Insurance)

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 : 12/5/2022

Signed by and on behalf of
Position :
Name : GUO LIANDA
NRIC : S8861710Z
Date : 12/5/2022



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.

DMCVSNW00073352204

Engine No.: 1KD2487183

Cha. No.:KDH2015016594

1. Index Mark and Registration
Number of Vehicle

GBD7281P

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 Enactment30/07/2022
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

29/07/2023

EX ON WINDSCREEN . S\$100.00

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.

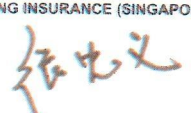
HIRE PURCHASE CO. : ABS FINANCIAL PTE LTD AS HP OWNER

* 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