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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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.

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 10/02/2023 18:00 (SGT) Reported by Driver Date of Accident 10/02/2023 10:40 (SGT) Exact Location of Accident Singapore Additional Location Information UPPER SERANGOON ROAD SLIP TO BRADDELL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number GBH931Y

INSURED/POLICYHOLDER

Is company? 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

Model Regiusace 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 2494

INSURANCE COMPANY

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

DRIVER

Name of Driver SUBRAMANI KABASKAR Passport No/FIN GXXXX280W Date Of Birth 10/03/1985 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	18/05/2015 7 YEARS AND 9 MONTHS Male (Phone) +65-82766744 - optionsgarage@hotmail.com 221 TAMPINES STREET 24 # 04-66 520221 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SJJ5408D Private car

Address	_
Address complement	1011
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 <u>truthful and accurate as possible</u>. 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
- (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
- (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.

GSERVI 201819528D Driver's Signature (if driver is not the policyholder) i Date Witnessed by Reporting Centre Personne (Name as in NRIC/ID card) Upper Scrunguon Sketch Plan Bord to Roa & L

Describe Circumstance of the Accident
ON THE DATE 10 02 2023 ABOUT 1040HRS.
I WAS THE DRIVER VEMILLE BEARING GBH 931 Y. 1
CAME TO A STOP AT THE GIVE WAY ROAD LANE
OUT OF A SUDDEN, I FELT AN HUGE IMPACT COLLIDED ON
My VEHICLE PEAR. I ALIGHT AND REALISE VEHICLE "B"
HAD COLLIDED ONTO MY VEAICLE REAR. WE EXCHANGE
DETAILS AND PROCEED WITH INSURANCE.

Declaration

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

Policyholder's Signature / Date & Time

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

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. 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 : 27 Feb 2023 | 1000

Rental Period : 6 months

Rental Per Month (excl. GST) : \$\$ 1,200.00

Rental Per Month (incl. GST) : \$\$ 1,284.00

Payment on

Insurance Premium : CHINA TAIPING

(for ABSL arranged

Insurance)

PAYMENT

Deposit : \$\$ 600.00 Upfront Rental : \$\$ 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 : 9/17

Signed by and on behalf of Position :

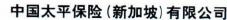
Name: SUBRAMANI KABASKAR

NRIC: G3108280W

Date:



Have you been approach by unknown person oliciting (s) / offering accident claims ssistance?	YES KNOF
Original Language Used	English/ Mandarin/ Others:
WHO IS REPORTING	DRIVER OWNER BOTH
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES/NO
WAS THERE ANY VIDEO CAPTURE?	YES /(NO)
VITNESS CONTACT NO.	
NY WITNESS	Any rassenger:
EHICLE F NO.	Any Passenger: Any Passenger:
/EHICLE E NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
/EHICLE C NO.	A D.
CONTACT NO.	
NAME	Any Passenger:
VEHICLE B NO. \$735408 D	No / If yes, Who?
NOTICE OF INTENDED PROSECUTION?	Nol/If yes, Where?
ROLICE REPORT	N. Jure vin
CONTACT NO.	No / If yes, Who?
ANY INJURIES	Dry / Wet / Other:
ROAD SURFACE	Clear / Raining / Other:
WEATHER CONDITION	Employee / If No: HICER.
RELATIONSHIP	INSURE:
DOES DRIVER OWN OTHER VEHICLES?	22+ TAMPINES STREET 24 #04-66 55022
ADDRESS	221 720 20120
EMAIL	Mobile: 8246 640 fice: Home:
CONTACT NO.	William
GENDER	(MALE) FEMALE
DATE OF DRIVING PASS	18 / 05 / 2015 ·
OCCUPATION	Outdoor/Indoor
GENDER OF PASSENGER	MALE / FEMALE
NAME OF PASSENGER	
ANY PASSENGER	YES /NO:
DATE OF BIRTH	10 / 03 / 1985
NRIC	G3108280W
NAME OF DRIVER	AS ABOVE / IF NO: SUBRAMANI KABASKAR.
POLICY NO.	DMCVSNW80015212202
TYPE OF COVERAGE	(Comprehensive / Third Party / Third Party Fire & Theft
INCURENCE CO.	CHINA TAIPING
FLEET POLICY	YES (NO?
	OD / THIRTY PARTY / REPORTING ONLY
CLAIM TYPE	2018195281)-
NRIC OPTIONS GARAG	ECHOTMAIL CONSFICE: MOBILE: 9296 6056
EMAIL	MBS LEASING SERVICES PTE LTD
NAME OF OWNER	BRADDEL BRADDEL
EXACT PURPOSE USED AT TIME OF ACCIDEN	UPPER SERANGOON ROAD SUP ROAD T
LOCATION OF ACCIDENT	1040 HRS (AM/PM
TIME OF ACCIDENT	10 / 02 / 2023 C.C. 2.0
DATE OF ACCIDENT	10 / 00 / 0003



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ407/C

SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00015212202

Engine No.: 2KD1661036

Index Mark and Registration

Cha. No.:KDH2000082246

Number of Vehicle

GBH931Y

AUTOSAFE

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

CERTIFICATE OF INSURANCE otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

12/03/2022

Excess Sect |

S\$1,500.00

Excess Sect. II

S\$1,500.00

4. Date of Expiry of Insurance

11/03/2023

EX ON WINDSCREEN .

S\$100.00

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
- (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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

www.sg.cntaiping.com