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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.
- 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
- 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 20/02/2023 08:35 (SGT) Reported by Driver Date of Accident 17/02/2023 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information SENG KANG EAST WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Vehicle Registration Number GBL6806R

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 Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00000202301

DRIVER

Name of Driver TAY YANG HOW NRIC No SXXXX007E Date Of Birth 05/10/1969 Occupation Outdoor

	14/04/1997					
Date Of Driving Pass Driving experience	25 YEARS AND 10 MONTHS					
Driving experience	Male					
Gender						
Mobile Number	(Phone) +65-94230407					
Alt. Phone Number	optionsgarage@hotmail.com					
Email Address	APT BLK 430B FERNVALE LINK					
Address						
Address complement	# 12-217					
Postcode	792430					
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	Side Swipe					
Weather Conditions	Clear					
Road Surface	Dry					
Noda Gariace	•					
OTHER INFORMATION						
Market and the second of the s	No					
Was any foreign vehicle involved in the accident?	2					
Number of vehicles involved in the accident						
Was anybody injured in the Accident?	No					
Was any injured conveyed to hospital by ambulance?	- V					
Was any other vehicle or property damaged?	Yes					
Number of Passengers (Including Driver)	2					
Has the driver been approached by unknown person(s)	No					
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	MRS.TAN					
Gender	Female					
defined						
DETAILS OF POLICE ACTION						
Was the accident reported to the police?	No					
Was notice of intended Prosecution given?	No					
If yes, against whom?						
If yes, against whom?	•					
CIRCUMSTANCES OF ACCIDENT						
PLEASE REFER TO THE ATTACHED STATEMENT						
ATTACHMENT(S)						
Are accident photos available for attachment?	Yes					
Was there any video captured by Car Camera?	Yes					
Reasons for not uploading a video of the accident	WITH OWNER					
roducing for not appearing a reset of the						
DETAILS OF OTHE	ER VEHICLE PROPERTY 1					
	A 170500V					
Vehicle Registration Number	SJT2506X					
Vehicle Manufacturer	8					
Vehicle Model	•					

Vehicle Variant	
Vehicle Colour	-
Vehicle Category	-
	Private car
Name of Driver	_
Contact Number	
Address	-
Address complement	
Postcode	-
Incurance Company Name	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
No. Of Fassenger (including Driver)	-

SKETCH PLAN

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 Authorised 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. The 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.
- 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) w ho 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

02

Sketch Plan

SENC

Describe Circumstances of the Accident

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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 & Time

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. A22060001

Date: 02 Jun 2022

VEHICLE DESCRIPTION

Vehicle No.

: GBL6806R

Make

: TOYOTA

Model

: HIACE 2.0 DX AT

Fuel type

: Petrol

HIRER PARTICULARS

Name

: TAY YANG HOW

Co Reg No./ NRIC

: S6934007E

Address

: BLK 430B FERNVALE LINK #12-217 Singapore

792430

Fax

Contact Person

: TAY YANG HOW

NRIC

: S6934007E

Tel

: 94230407

Email

MAIN DRIVER PARTICULARS

Name

: TAY YANG HOW

NRIC/FIN/Passport No : S6934007E

RENTAL DETAIL

Rental Start Date & Time

: 02 Jun 2022 | 1210

Rental End Date & Time

: 01 Dec 2022 | 1210

Rental Period

: 6 months

Rental Per Month (excl. GST) : S\$ 1,300.00

Rental Per Month (incl. GST)

: S\$ 1,391.00

Payment on

Insurance Premium (for ABSL arranged

: CHINA TAIPING

Insurance)

PAYMENT

Deposit

: S\$ 1,350.00

Upfront Rental

: 5\$ 1,391.00

Total Rental Fee (to be paid on signing of Agreement)

5\$ 2,741.00

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: Name: Lai Date:

Signed by and on behalf of

Position:

Name: TAY YANG HOW NRIC: S6934007E

Date:



e 8	
VEHICLE NO. Co. 1000 P	MAKE & MODEL -
VEHICLE NO: GBL 6806 R	MAKE & MODEL: TOYOTA HIACE AUTOYMANUAL
DATE OF ACCIDENT	17 102 12023 C.C.
TIME OF ACCIDENT	OGSOHRS. (AM/PM
LOCATION OF ACCIDENT	SENG KANG EAST WALL.
EXACT PURPOSE USED AT TIME OF ACCIDEN	T EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.
EMAIL OPTIONS GARAGE @	HOTMAIL COM OFFICE: MOBILE: 9296 6086.
NRIC	201819528D.
CLAIM TYPE	OD / THIRTY PARTY // REPORTING ONLY
FLEET POLICY	YES / NO?
INCURENCE CO.	CHINA TAIDING.
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSNW000000000000000000000000000000000000
NAME OF DRIVER	AS ABOVE / IF NO: TAY YANG HOW
NRIC	86934007 E
DATE OF BIRTH	
ANY PASSENGER	05/10/1969.
NAME OF PASSENGER	YES NO: FEMALE (OI)
GENDER OF PASSENGER	MRS . TAN MALE FEMALE
OCCUPATION OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	14 10 H 1997 ·
GENDER	MALEV FEMALE
CONTACT NO.	Mobile: 9423 040 Office: Home:
EMAIL	0407.
ADDRESS	420B FERNULS LINK \$12-217.
DOES DRIVER OWN OTHER VEHICLES?	NOV If yes, Reg No: INSURE:
RELATIONSHIP	Employee / If No: HIRER
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
ROLICE REPORT	No / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?
VEHICLE B NO. STT 2506 X	Any Passenger:
NAME	- any t and angel
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	



Motor Commercial

MZ407/C

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)

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00000202301

Engine No.: 1TR2353695

Cha. No.:TRH2000342209

Index Mark and Registration Number of Vehicle

GBL6806R

AUTOSAFE

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00)

07/01/2023

Excess Sect I.

\$\$1,500.00

Ordinance or Enactment

Excess Sect. II EX ON WINDSCREEN .

\$\$1,500.00 \$\$100.00

4. Date of Expiry of Insurance

06/01/2024

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.

- 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:

- 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

*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