

NATIONAL Assessment Centre Services

| | | | |
|-------------------------------|--|-----------------------|---------|
| Date In 21/02/2023 | Job description | Date & Time Completed | Done by |
| Ref No NA/C1123001899/d4 | SAS e-filing | | |
| Veh No GBC 4318T | E-mail (within 8hrs, Alt: 2hrs) | | |
| DOA 20/01/2023 1215 | i-Motor Claim Form | | |
| OD/ TP/ <u>Reporting Only</u> | 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: SH 7841B | 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 |
|-----------|---------|
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|---------------------------------|---|-------------|-----------------------|-----------------------|
| NA2300550 | Invoice Preparation Checklist | | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF : 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 | | | |
| | 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 | | | |
| Auditors' Comments :- | TP (N11) : TP (Non INC) against INC \$20 | | | |
| Cat 1: | 9) N12: Idac Mobile 30 | | | |
| Cat 2/3: | Invoice dated | Fee Charged | | |
| | 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 21/02/2023 13:20 (SGT)
Reported by Driver
Date of Accident 20/01/2023 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4318T

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 - Reporting only
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 DMCVSNW00056262203

DRIVER

Name of Driver VENKATACHALAM SELVAKUMAR
Passport No/FIN GXXXX208U
Date Of Birth 12/09/1991
Occupation Outdoor

| | |
|--|---|
| Date Of Driving Pass | 29/01/2021 |
| Driving experience | 2 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-93575061 |
| Alt. Phone Number | - |
| Email Address | optionsgarage@hotmail.com |
| Address | LORONG 22 GEYLANG 407 (MIN WAH HOTEL) |
| Address complement | - |
| Postcode | 398676 |
| 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 | Chain Collision |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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

PLEASE 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 | SH7841B |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | GBG4827U |
| 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) | - |

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

Sketch Plan diagram showing the accident location on a grid. The diagram includes a horizontal line labeled "SELANGOR ROAD" and a vertical line labeled "JALAN". A car is shown at the intersection, with an arrow indicating its direction of travel. The car is labeled "A: GBC 438T". To the right of the car, there is a list of vehicle details:

- VEHICLE :
- A: GBC 438T
- R: SH 78 41B
- C: BGG 48270

Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS
THE DRIVER VEHICLE OF GBC 4318T. I WAS FOLLOWING
BEHIND VEHICLE "B" WITH A DISTANCE. OUT OF A SUDDEN
VEHICLE "C" JAM BRAKED, VEHICLE "B" COLLIDED ONTO
VEHICLE "C" AND MY VEHICLE "A" COLLIDED ONTO VEHICLE
"B". VEHICLE "C" HAVE NO DAMAGE AND VEHICLE "B"
HAVE MINOR DAMAGE FOR FRONT AND BACK.

Declaration

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



Policyholder's Signature / Date & Time

V. J. [Signature]

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

[Signature] 21/2/2023

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. A22110012

Date: 12 Nov 2022

VEHICLE DESCRIPTION

Vehicle No. : GBC4318T
Make : TOYOTA
Model : HIACE MANUAL
Fuel type : Diesel

HIRER PARTICULARS

Name : RCS CONCEPT PTE. LTD.
Co Reg No./ NRIC : 202025476Z
Address : 16 KALLANG PLACE #07-10/13 Singapore 339156
Fax :
Contact Person : SIA CHIEW KONG (Stern)
NRIC : S8367374E
Tel : 8781 0780
Email :

MAIN DRIVER PARTICULARS

Name : VENKATACHALAM SELVAKUMAR
NRIC/FIN/Passport No : G2163208U

RENTAL DETAIL

Rental Start Date & Time : 12 Nov 2022 | 1106
Rental End Date & Time : 11 Feb 2023 | 1106
Rental Period : 3 months
Rental Per Month (excl. GST) : S\$ 1,250.00
Rental Per Month (incl. GST) : S\$ 1,337.50
Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,337.50
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,937.50

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 : Shanice
Date :

Signed by and on behalf of
Position : DIRECTOR
Name : SIA CHIEW KONG
NRIC : S8367374E
Date :



VEHICLE NO: GBC 4818T

MAKE & MODEL: TOYOTA HIACE

AUTO ☒ MANUAL

| | | |
|--|--|---|
| DATE OF ACCIDENT | 20 / 01 / 2023 | C.C. 3.0 |
| TIME OF ACCIDENT | 1215 HRS | AM / <input checked="" type="checkbox"/> PM |
| LOCATION OF ACCIDENT | SERANGOON ROAD. | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | <input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE | |
| NAME OF OWNER | ABS LEASING SERVICES PTE LTD. | |
| EMAIL | OPTIONS GARAGE@HOTMAIL.COM | OFFICE: MOBILE: 9296 6056 |
| NRIC | 201819528 D | |
| CLAIM TYPE | OD / THIRTY PARTY / <input checked="" type="checkbox"/> REPORTING ONLY | |
| FLEET POLICY | YES / <input checked="" type="checkbox"/> NO | |
| INCURANCE CO. | CHINA TAIPING | |
| TYPE OF COVERAGE | <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft | |
| POLICY NO. | DMCVSNW00056262203 | |
| NAME OF DRIVER | AS ABOVE / IF NO: VENKATACHALAM SELVAKUMAR | |
| NRIC | G21632080 | |
| DATE OF BIRTH | 12 / 09 / 1991 | |
| ANY PASSENGER | YES / <input checked="" type="checkbox"/> NO | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | - MALE / FEMALE | |
| OCCUPATION | <input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor | |
| DATE OF DRIVING PASS | 29 / 01 / 2021 | |
| GENDER | <input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE | |
| CONTACT NO. | Mobile: 93575061 Office: Home: | |
| EMAIL | | |
| ADDRESS | LOR 22 GEYLANG 407 (MIN WAH HOTEL) | |
| DOES DRIVER OWN OTHER VEHICLES? | <input checked="" type="checkbox"/> NO / If yes, Reg No: INSURE: 398676 | |
| RELATIONSHIP | Employee / If No: <input checked="" type="checkbox"/> HIRER | |
| WEATHER CONDITION | Clear / <input checked="" type="checkbox"/> Raining / Other: DRIZZLING | |
| ROAD SURFACE | Dry / <input checked="" type="checkbox"/> Wet / Other: | |
| ANY INJURIES | <input checked="" type="checkbox"/> No / If yes, Who? | |
| CONTACT NO. | | |
| ROLICE REPORT | <input checked="" type="checkbox"/> No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION? | <input checked="" type="checkbox"/> No / If yes, Who? | |
| VEHICLE B NO. | SH 7841 B | |
| NAME | Any Passenger: | |
| CONTACT NO. | | |
| VEHICLE C NO. | GBC 4827 U | |
| VEHICLE D NO. | Any Passenger: | |
| VEHICLE E NO. | Any Passenger: | |
| VEHICLE F NO. | Any Passenger: | |
| ANY WITNESS | Any Passenger: | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / <input checked="" type="checkbox"/> NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / <input checked="" type="checkbox"/> NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <input checked="" type="checkbox"/> NO | |
| WHO IS REPORTING | <input checked="" type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER / <input type="checkbox"/> BOTH | |
| Original Language Used | <input checked="" type="checkbox"/> English / <input type="checkbox"/> Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <input checked="" type="checkbox"/> 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.

DMCVSNW00056262203

Engine No.: 1KD2127505

Cha. No.: JTFHT02P400087039

1. Index Mark and Registration
Number of Vehicle

GBC4318T

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 Enactment14/06/2022
(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

13/06/2023

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.: ABWIN 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