

NATIONAL Assessment Centre Services

Date In 21/03/2023	Job description	Date & Time Completed	Done by
RefNO NA/C1123002924/d4	SAS e-filing		
VehNo GBM1539P	E-mail (within 8hrs. A/C 2hrs)		
DOA 20/03/2023 12:15	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SBD 9400 A. 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:-	Date & Time Completed	Done by
(INC hotline: 67886616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist		Amnt (\$)	Amnt
			1st Bill	Add
NA2300826	1) AR: Accident Reporting (\$30);			
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) NI: 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 \$0			
	Invoice dated	Fee Charge-i		
	Invoice dated	Fee Charge-i		

## 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	21/03/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM1539P
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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	Golden Dragon
Model	EV ABS VAN
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	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00148692200

#### DRIVER

Name of Driver	HASAN MOHAMMAD RAWNAK
Passport No/FIN	GXXXX243W
Date Of Birth	07/03/1994
Occupation	Outdoor

Date Of Driving Pass .....	31/10/2022
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88463426
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	315 UPPER PAYA LEBAR ROAD
Address complement .....	# 03-315
Postcode .....	534941
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

#### 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) .....	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? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230320/2122

#### 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 .....	SBD9400A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	QUEK SO MOI
NRIC No .....	SXXXX041D
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

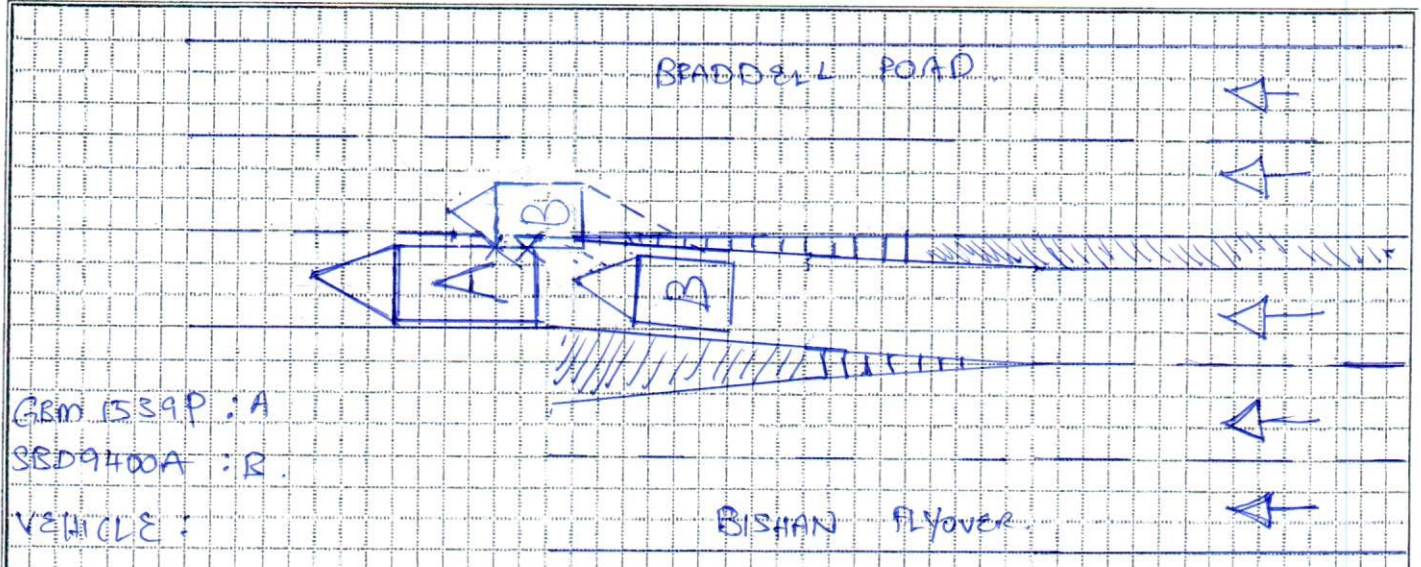
*RAJESH*

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

*gurunul 21/3/2023*

Witnessed by Reporting Centre Personnel (Name as on NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELING STRAIGHT ON MY LANE. I WAS DRIVING SLOW AND STABLE ON MY RIGHTFUL LANE. OUT OF A SUDDEN, THERE WAS AN IMPACT FROM MY VEHICLE REAR. I QUICKLY CAME TO A STOP. I AHAHT AND REALISE VEHICLE 'B' HAD MISJUDE HER ANGLE AND COLLIDED ONTO MY VEHICLE. I WOULD LIKE TO STATE THAT VEHICLE 'B' DRIVER WAS NO BEING COOPERATIVE. UNWILLING TO EXCHANGE PARTICULAR AND TAKING PHOTOS OF HER VEHICLE CARPLATE.

Declaration

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



Policyholder's Signature / Date & Time

*PAWLA*

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

*James 21/3/2023*

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230320/2122

2 of 3

Report No. T/20230320/2122

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

Driver			
Name	HASAN MOHAMMAD RAWNAK	ID No.	G2445243W
Related Vehicle	NIL	Contact No.	86154100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	QUEK SOI MOI	ID No.	S0183041D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/03/2023 at about 1230hrs, I was driving vehicle GBM1539P along Braddell Road towards Serangoon. While I have completed moving into the rightmost lane. One Vehicle (I do not have the car plate number) rear-ended my vehicle. Initially she does not want to provide me with her particulars but subsequently, I managed to get it from her. She did not provide me with her contact number and drove off.

At this juncture, I was informed to lodge a police report by my company.





**SINGAPORE  
POLICE FORCE**




T/20230320/2122


Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 3

Report No. T/20230320/2122

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: F / SGT 2 TOH KAI LE MELVIN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: 
Date/Time: 20/03/2023 20:19
Classification Of Case:

NP168



# 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. A23010016**

Date: 19 Jan 2023

### VEHICLE DESCRIPTION

Vehicle No. : GBM1539P  
Make : GOLDEN DRAGON  
Model : EV ABS VAN  
Fuel type : Electric

### HIRER PARTICULARS

Name : LE FONG BUILDING  
SERVICES PTE LTD  
Co Reg No./ NRIC : 201216062E  
Address : 50 SERANGOON NORTH  
AVENUE 4 #02-01 FIRST  
CENTRE Singapore 555856  
Fax :  
Contact Person : WILLIAM LIM KOK WEE  
NRIC : S8106115G  
Tel : 88856201  
Email :

### MAIN DRIVER PARTICULARS

Name : HASAN MOHAMMAD  
RAWNAK  
NRIC/FIN/Passport No : G2445243W

### RENTAL DETAIL

Rental Start Date & Time : 19 Jan 2023 | 1000  
Rental End Date & Time : 18 Jul 2023 | 1000  
Rental Period : 6 months  
Rental Per Month (excl. GST) : S\$ 1,200.00  
Rental Per Month (incl. GST) : S\$ 1,296.00  
Payment on :  
Insurance Premium  
(for ABSL arranged  
Insurance) : CHINA TAIPING

### PAYMENT

Deposit : S\$ 1,200.00  
Upfront Rental : S\$ 1,296.00  
Total Rental Fee (to be paid  
on signing of Agreement) : S\$ 2,496.00

### 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 : 18/1/2023

Signed by and on behalf of  
Position : DIRECTOR  
Name : WILLIAM LIM KOK WEE  
NRIC : S8106115G  
Date : 18/1/2023



VEHICLE NO: GBM 1539P

MAKE & MODEL: GOLDEN DRAGON / EV  AUTO /  MANUAL

DATE OF ACCIDENT	20 / 03 / 2023	ABS VAN C.C. 0
TIME OF ACCIDENT	12:15	AM / <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	BRADDELL ROAD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
<b>NAME OF OWNER</b>	ABS LEASING SERVICES PTE LTD.	
EMAIL	OPTIONS GARAGE@HOTMAIL.COM	OFFICE: MOBILE: 92966056
NRIC	201819528D	
CLAIM TYPE	OD / THIRTY PARTY / <input checked="" type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO?	
INCURENCE 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.	DMCVSNA 00148692200	
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: HASAN MOHAMMAD RAWNAK	
NRIC	A 2445243W	
DATE OF BIRTH	07 / 03 / 1994	
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	31 / 10 / 2022	
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO.	Mobile: 8846 3426	Office: Home:
EMAIL		
ADDRESS	315 UPPER PAYA LEBAR ROAD #03-215 S534941	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: <input checked="" type="checkbox"/> HIRER.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?	
CONTACT NO.	-	
ROLICE REPORT	No / If <input checked="" type="checkbox"/> yes Where? ANG MO KIO SOUTH N.P.C.	
NOTICE OF INTENDED PROSECUTION?	<input checked="" type="checkbox"/> No / If yes, Who?	
VEHICLE B NO.	SBD9400A.	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 / <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	
<b>WHO IS REPORTING</b>	<input checked="" type="checkbox"/> DRIVER / <input type="checkbox"/> OWNER / <input type="checkbox"/> BOTH	
<b>Original Language Used</b>	<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

**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)

N SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNAA00148692200

Engine No.: XL0134202205

Cha. No.: LL3AACJ22NA002913

 1. Index Mark and Registration  
 Number of Vehicle

GBM1539P

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 Enactment

29/12/2022

(15:49:32)

Excess Sect. I . S\$2,500.00

Excess Sect. II S\$2,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

28/12/2023

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


\* 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