

NATIONAL Assessment Centre Services

Date In 21/03/2023	Job description	Date & Time Completed	Done by
RefNO NA/CTI23002926/d4	SAS e-filing		
VehNo GBA 6218X	E-mail (within 8hrs, A/C 2hrs)		
DOA 14/03/2023	i-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	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: GBJ 9020 G. 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

NA 2300828	Invoice Preparation Checklist		Amnt (\$)	Amnt
			1st Bill	Add
Claimant's Particulars	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection	\$75		
	7) NI: Idac DA + SMRT Survey	\$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	ON*			
Auditors' Comments:-	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
Call 1:	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
Call 2/3:	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idac Mobile	\$0		
	Invoice date/	Fee Charge/		
	Invoice dated	Fee Charge/		

# 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 16:39 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HONG LIM COMPLEX LOADING BAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA6218X

### 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	DMCVSNW00019392202

### DRIVER

Name of Driver	JEFFERY TOH
NRIC No	TXXXX510E
Date Of Birth	30/08/2002
Occupation	Outdoor

Date Of Driving Pass .....	14/11/2022
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90694067
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	BLK 653 YISHUN AVENUE 4
Address complement .....	# 04-465
Postcode .....	760653
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RENTAL LEASING
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? .....	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 .....	GBJ9020G
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.



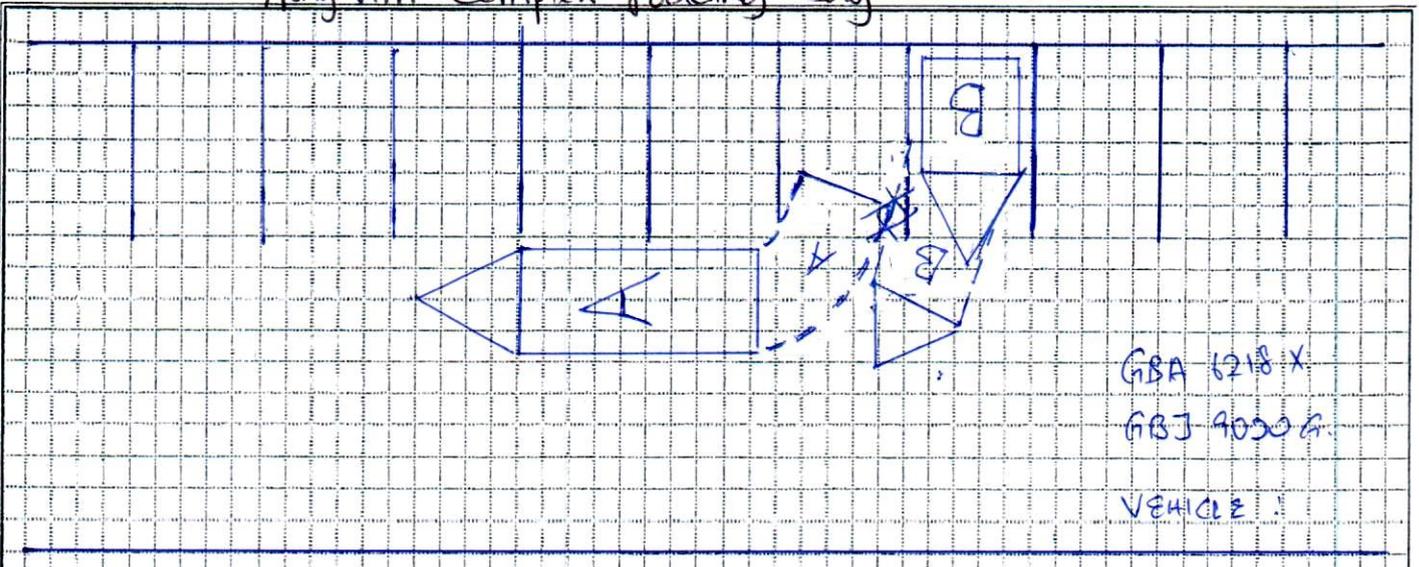
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Hong Lim Complex Loading Bay



GBA 6218 X

GBJ 9000 G

VEHICLE !

Describe Circumstance of the Accident

I WAS REVERSING my VAN TO PARK IN A LOT. IT WAS CLEAR IN my way. OUT OF A SUDDEN VEHICLE "B" MOVED OUT FROM HIS PARKING LOT AND I QUICKLY STOPPED BUT VEHICLE "B" STILL COLLIDED ONTO my REAR LEFT PORTION. AT THAT POINT OF TIME WE DECIDES TO SELF SETTLE OUR DAMAGE BUT VEHICLE "B" WENT TO CLAIM AGAINST ME.

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. A22050011**

Date: 07 May 2022

### VEHICLE DESCRIPTION

Vehicle No. : GBA6218X  
Make : TOYOTA  
Model : HIACE MANUAL  
Fuel type : Diesel

### HIRER PARTICULARS

Name : MUHAMMAD ARFIZAN BIN ARMAN  
Co Reg No./ NRIC : S9732615J  
Address : BLK 559 ANG MO KIO AVENUE 10 #03-1838 Singapore 560559  
Fax :  
Contact Person : MUHAMMAD ARFIZAN BIN ARMAN  
NRIC : S9732615J  
Tel : 93226469  
Email :

### MAIN DRIVER PARTICULARS

Name : JEFFERY TOH  
NRIC/FIN/Passport No : T0226510E

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

### RENTAL DETAIL

Rental Start Date & Time : 07 May 2022 | 1200  
Rental End Date & Time : 06 May 2023 | 1200  
Rental Period : 12 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.



Signed by and on behalf of  
ABS Leasing Services Pte Ltd  
Position : Salesman  
Name : Chan  
Date : 7/5/2022

Signed by and on behalf of  
Position :  
Name : MUHAMMAD ARFIZAN BIN ARMAN  
NRIC : S9732615J  
Date : 7/5/2022



VEHICLE NO: GBA 6218 X

MAKE &amp; MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	14 / 03 / 2023	C.C. 3.0
TIME OF ACCIDENT	11:20 AM / PM	
LOCATION OF ACCIDENT	HONG LIM COMPLEX LOADING BAY.	
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: 9296 6056.
NRIC	2018195280.	
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.	DMCVSNW00019392202.	
<b>NAME OF DRIVER</b>	AS ABOVE / IF NO: JEFFERY TOH	
NRIC	T0226510E.	
DATE OF BIRTH	30 / 08 / 2002	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE-	
OCCUPATION	Outdoor / Indoor-	
DATE OF DRIVING PASS	14 / 11 / 2022	
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
CONTACT NO.	Mobile: 9069 4067	Office: Home:
EMAIL	-	
ADDRESS	653 YISHUN AVE 4 #04-465 S760653.	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: DRIVER.	
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.	-	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	<input checked="" type="checkbox"/> No / If yes, Who?	
VEHICLE B NO.	GBJ A020 G.	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

E SN

**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

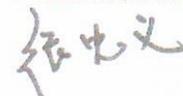
CERTIFICATE No.	DMCVSNW00019392202	Engine No : 1KD1659693	
		Cha. No.:JTFHT02PX00005492	
1. Index Mark and Registration Number of Vehicle	GBA6218X	AUTOSAFE	*****
2. Name of Policy Holder	ABS LEASING SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/08/2022 (00.00.00)	Excess Sect. I	SS\$1,500.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	18/03/2023	EX ON WINDSCREEN	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p>		
6. Limitations as to use:*	<p>(1) Use in connection with the Policyholder's business and Hirer's Business.</p> <p>(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.</p> <p>(3) Use for social, domestic or pleasure purpose.</p> <p>The policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>		
<p>HIRE PURCHASE CO. : DBS BANK LTD</p> <p>* 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.</p>			

**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: Elise Lim Xin Yi  
Authorised Officer



Authorised Signatory