

# NATIONAL Assessment Centre Services

Date In 21/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/CTI23002927/d4	SAS e-filing		
Veh No GBC 6926A	E-mail (within 8hrs. AP 2hrs)		
DOA 20/03/2023 11:00	i-Motor Claim Form		
OD/TP Reporting Only	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: SKT 2667C

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

NA2300829

## Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cont. 1:

Cont. 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

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	21/03/2023 17:01 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SOUTH BRIDGE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6926A
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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	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 - Claiming third party
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	DMCVSNW00067982203

#### DRIVER

Name of Driver	MOHAMMAD FIRDAUS BIN ALI
NRIC No	SXXXX294J
Date Of Birth	27/02/1986
Occupation	Outdoor



Date Of Driving Pass	19/01/2022
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89508978
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	APT BLK 228 TAMPINES STREET 23
Address complement	# 02-291
Postcode	521228
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SKT2667C
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MOHAMMAD FIRDAUS BIN ALI
Gender	Male
Phone No	(Phone) +65-89508978
Address	APT BLK 228 TAMPINES STREET 23
Address Complement	# 02-291
Post Code	521228
Approximate Age Years Old	-
Injuries Sustained	PAIN ON LOWER BACK AND NECK AREA. CHEST PAIN DUE TO WEARING SEAT BELT
Injured person in which vehicle?	GBC6926A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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.

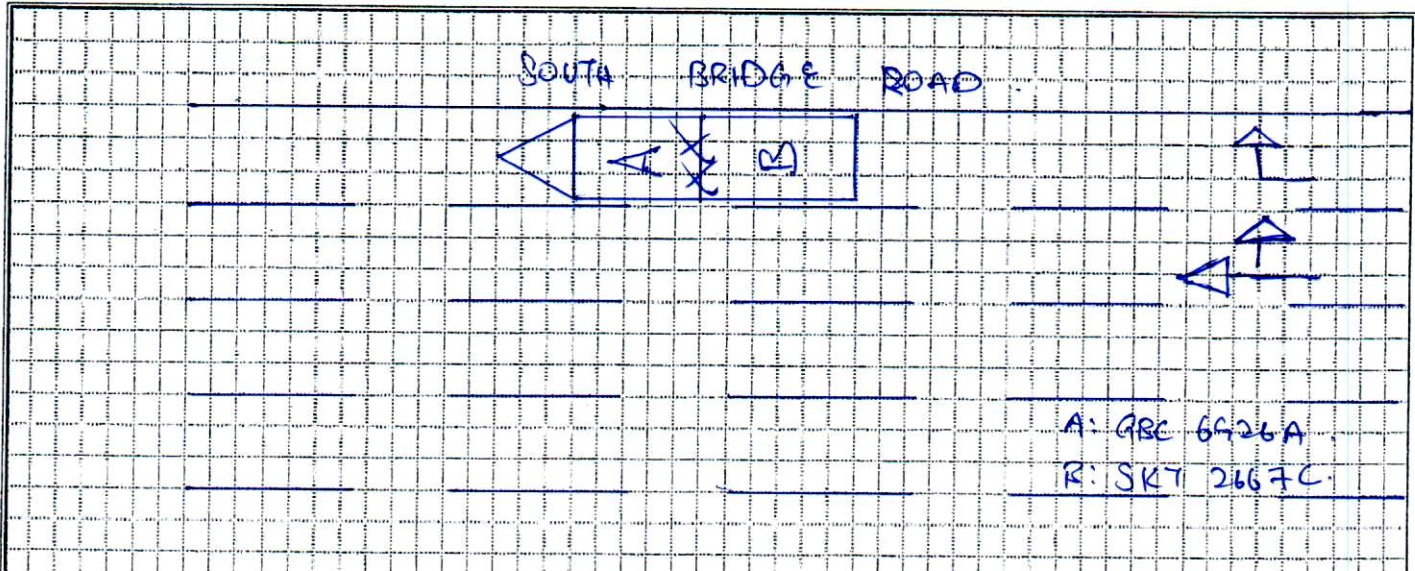


Policyholder's Signature / Date & Time

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

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

### Sketch Plan





Describe Circumstance of the Accident

I FIRDAUS WAS THE DRIVER VEHICLE BEARING  
ABC 6926 A. I WAS STATIONARY IN THE MOST  
RIGHT LANE (TURNING RIGHT). TRAFFIC WAS HEAVY, IN  
FRONT OF MY VEHICLE WAS STATIONARY. OUT OF A  
THERE WAS AN HUGE IMPACT FROM MY REAR. I WAS  
IN SHOCK AND AFTER AWHILE, I ALIGHT AND SAW VEHICLE  
BEARING SKT 2667 C HAD COLLIDED ON MY VEHICLE  
REAR. BOTH VEHICLE WAS BADLY DAMAGE. WE EXCHANGE  
DETAILS AND MOVED ON TO INSURANCE CLAIM. THE NEXT  
DAY I FELT PAIN IN MY LOWER BACK AND NECK  
AREA, MY CHEST IS IN PAIN DUE TO WEARING  
SEAT BELT.

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  
21/03/2023

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. A22040028**

Date: 19 Apr 2022

#### VEHICLE DESCRIPTION

Vehicle No. : GBC6926A  
Make : TOYOTA  
Model : HIACE MANUAL  
Fuel type : Diesel

#### HIRER PARTICULARS

Name : 3G LOGISTICS PTE LTD  
Co Reg No./ NRIC : 201006432Z  
Address : 2 JOO CHIAT ROAD #02-  
1129 JOO CHIAT COMPLEX  
Singapore 420002  
Fax :  
Contact Person : MUHAMMAD FAHMI BIN  
RAZALI  
NRIC : S9314797I  
Tel : 87687869  
Email :

#### MAIN DRIVER PARTICULARS

Name : MOHAMMAD FIRDAUS BIN  
ALI  
NRIC/FIN/Passport No : S8604294J

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 : 19 Apr 2022 | 1000  
Rental End Date & Time : 18 Apr 2023 | 1000  
Rental Period : 12 months  
Rental Per Month (excl. GST) : S\$ 1,200.00  
Rental Per Month (incl. GST) : ~~S\$ 1,284.00~~ \$1296  
Payment on :  
Insurance Premium : CHINA TAIPING  
(for ABSL arranged Insurance)

#### PAYMENT

Deposit : S\$ 600.00  
Upfront Rental : ~~S\$ 1,284.00~~ \$1296  
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 : 10/3/23



Signed by and on behalf of  
Position : OPERATION SUPERVISOR  
Name : MUHAMMAD FAHMI BIN  
RAZALI  
NRIC : S9314797I  
Date : 10 MAR 2023





VEHICLE NO: GBC 6926 A

MAKE &amp; MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	20 / 03 / 2023	C.C. 30
TIME OF ACCIDENT	1100HRS .	<u>AM</u> / PM
LOCATION OF ACCIDENT	SOUTH BRIDGE ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.	
EMAIL	OPTIONS GARAGE @HOTMAIL.COM	OFFICE: MOBILE: 9296 6056 .
NRIC	901819528D .	
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INCURANCE CO.	CHINA TAIPING .	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00067982203	
NAME OF DRIVER	AS ABOVE / IF NO: MOHAMMAD FIRDAUS BN ALI	
NRIC	S8604294J	
DATE OF BIRTH	27 / 02 / 1986 .	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	<del>MALE</del> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	19 / 01 / 2022	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	Mobile: 8950 8978 Office: Home:	
EMAIL		
ADDRESS	228 TAMPINES STREET 23 #02-291 S521228	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: <u>HIRER</u> .	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> , Who? <u>FIRDAUS</u> .	
CONTACT NO.	8950 8978	
ROLICE REPORT	<u>No</u> / I Where?	
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?	
VEHICLE B NO.	SKT 2667 C	
NAME	Any Passenger:	
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
WHO IS REPORTING	<u>DRIVER</u> / OWNER / BOTH	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



Motor Commercial

MZ407/C

R SN

AN0597A

Cov. Type: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)

CERTIFICATE No.

DMCVSNW00067982203

Engine No.: 1KD2312395

Cha. No.: JTFHT02P600119778

1. Index Mark and Registration  
Number of Vehicle

GBC6926A

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 Enactment19/07/2022  
(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

18/07/2023

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. : ABS FINANCIAL 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