

NATIONAL Assessment Centre Services

Date In 27/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/C1123003170/d4	SAS e-filing		
Veh No GBE 4184B	E-mail (within 8hrs. Aft 2hrs)		
DOA 24/03/2023 15:20	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:	Veh No: YQ 5974X	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

NA2300902	Invoice Preparation Checklist		Amc (\$)	Amc
Claimant's Particulars	1) AR: Accident Reporting (\$30);		1st Bill	Add
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)			
Call 1:	6) TR: Re-inspection \$75			
Call 2/3:	7) N1: Idau DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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: Idau Mobile \$0			
	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	27/03/2023 19:13 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4184B
-----------------------------	----------

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	Nissan
Model	Nv200
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00124412204

DRIVER

Name of Driver	ROSDI BIN ABD WAHAB
NRIC No	SXXXX031D
Date Of Birth	10/09/1980
Occupation	Outdoor

Date Of Driving Pass	02/07/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90297668
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	APT BLK 811A CHOA CHU KANG AVENUE 7
Address complement	# 03-659
Postcode	681811
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	Raining
Road Surface	Wet

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	YQ5974X
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

Describe Circumstance of the Accident

24/03/2023 1520 HRS I COULDN'T STOP IN

TIME AND COLLIDED ONTO FRONT VEHICLE.

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

James 27/3/23



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. A22080001

Date: 05 Aug 2022

VEHICLE DESCRIPTION

Vehicle No. : GBE4184B
Make : NISSAN
Model : NV200 1.6 AT 2WD
Fuel type : Petrol

HIRER PARTICULARS

Name : ROSDI BIN ABD WAHAB
Co Reg No./ NRIC : S8029031D
Address : BLK 811A CHOA CHU
KANG AVENUE 7 #03-659
Singapore 681811

Fax :
Contact Person : ROSDI BIN ABD WAHAB
NRIC : S8029031D
Tel : +6590297668
Email :

MAIN DRIVER PARTICULARS

Name : ROSDI BIN ABD WAHAB
NRIC/FIN/Passport No : S8029031D

RENTAL DETAIL

Rental Start Date & Time : 05 Aug 2022 | 1500
Rental End Date & Time : 04 Apr 2023 | 1500
Rental Period : 8 months
Rental Per Month (excl. GST) : S\$ 1,100.00
Rental Per Month (incl. GST) : S\$ 1,177.00
Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,177.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,777.00

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 : 13/7/2022

Signed by and on behalf of
Position :
Name : ROSDI BIN ABD WAHAB
NRIC : S8029031D
Date : 13/7/2022



VEHICLE NO: GBE 4184BMAKE & MODEL: NISSAN NV200AUTO ☒ MANUAL ☐

DATE OF ACCIDENT	<u>24 / 03 / 2023</u>		C.C. <u>1.6</u>
TIME OF ACCIDENT	<u>1520HRS</u>		AM / <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	<u>BUKIT BATOK ROAD.</u>		
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	<u>ABS LEASING SERVICES PTE LTD.</u>		
EMAIL	<u>OPTIONS GARAGE @HOTMAIL.COM</u>	OFFICE:	MOBILE: <u>9296 6056</u>
NRIC	<u>201819528D</u>		
CLAIM TYPE	<u>OD / THIRTY PARTY / <input checked="" type="checkbox"/> REPORTING ONLY</u>		
FLEET POLICY	<u>YES / <input checked="" type="checkbox"/> NO</u>		
INCURANCE CO.	<u>CHINA TAIYANG</u>		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO.	<u>DMCVSNW00124412204</u>		
NAME OF DRIVER	<u>AS ABOVE / IF NO: ROSDI BIN ABD WAHAB</u>		
NRIC	<u>88029031D</u>		
DATE OF BIRTH	<u>10 / 09 / 1980</u>		
ANY PASSENGER	<u>YES / <input checked="" type="checkbox"/> NO</u>		
NAME OF PASSENGER	<u>—</u>		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>		
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor		
DATE OF DRIVING PASS	<u>07 / 10 / 2003</u>		
GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE		
CONTACT NO.	Mobile: <u>9029 7668</u> Office: Home:		
EMAIL	<u>—</u>		
ADDRESS	<u>811A CHOA CHU KANG AVE 7 #03-659 681811</u>		
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: <u>HIRE</u>		
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:		
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:		
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?		
CONTACT NO.	<u>—</u>		
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.	<u>YQ 5974 X</u>		
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 / <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

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)

MZ407/C

R SN

AN0597A

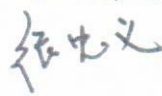
Cov. Type: C

CERTIFICATE No.	DMCVSNW00124412204	Engine No.: HR16040482D
		Cha. No.: VM20083114
1. Index Mark and Registration Number of Vehicle	GBE4184B	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	23/11/2022 (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	22/11/2023	
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>	
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