Date	NATIONAL-Assessment Centre	
VehNo   CIBE   418-4B	DateIn 27/03/2023	Job description
D O A   A   O 3   2023   15: 20	Retho NA/C1123003170/d4	SAS e-filing
D O A   A  03   2023   15: 20   I-Motor Claim Form   I-Motor W/O (Winkie UD Blar, Tr 4bry   I-Photo Uploaded   Assessment/Survey (Report   Assist Report by Pax / Hand to Owner/Wish   Assist Report by Pax / Hand to Owner/Wish   Tol: Fax:	VehNo GBE 4184B	E-mail (within Stars, AIC 2hrs,
I-Photo Uploaded	15104	i-Motor Claim Form
Preferred Wikep / INC Assign Wksp / OW: ( Tol: Fax:  TP Particulars: Vch No: Vch No: NC ( ) / Non-INC ( )  Owner / Driver: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%, P: 80-160%)  Vear of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )  General Remarks: ( ) Wall-In Constoner: Customer's information strictly Confidential & Strictly NO rafer of repairer. ( ) Yould-In Constoner: Customer's information strictly Confidential & Strictly NO rafer of repairer. ( ) Total Loss Case: to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. (  Remarks: (ING-tignline: CSSS(619)  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time: (Strictlats)  Driver/Owner: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
Preferred Wisep / INC Assign Wksp / QW:		Assessment/Survey Report
Preferred Wksp / INC Assign Wksp / GW:  TP Particulars:  Owner / Driver:  Policy No:  ( ) Period:  Canfirmed by:  ( ) Date:  Title:    Date: Title: Date: Da	TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp
TP Particulars:    Veli No:   Veli No:   Tel:     Policy No:   Date:   Title:     Confirmed by:   Date:   Title:     Insured/Driver Liability:   % [Note-Est Status (WO]: N: 0-20%; P: 21-79%. P: 80-160%]   Vear of Registration:   Warranty: YES ( ) / NO ( )     Excess: (S	Preferred Wksp / INC Assign Wksp / QW: (	Tol: Fax:
Department   Dep		5974X INC( . )/Non-INC( )
Confirmed by: (   Date: Time:	Owner / Driver: (	
Confirmed Dyriver Liability: (	Policy No: ( ) Period	d: ( ) Cover Type: ( )
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Contorner: Customer's information strictly Confidential & Strictly NO rafer of repairer. ( ) Total Lass Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towing Co. (  Remarks:- (INC Infolline: 6788.6616)  1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) , 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )  Injury:  Dafo/Time: Action:- Action:- Action:- Action:- Action:- Action:- Action:- Anditors' Comments:- Contact No:  Damaged Portion:- ( )   () Are Repair Inspection ( )   () Are Reddant Reporting (\$30); INC (\$30);	Confirmed by : (	
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks;- ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO rafer of repaller. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks;- (INC the line: 6788-6619)  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Dafe/Time: Action:  Dafe/Time: Action:  Dafe/Time: Action:  Claimant Starticulars  Driver/Owner:  Contact No:  Damaiged Portion:  QC Checked by (Engr-In-Charge):  Autilitors' Comments:-  Autilitors' Comments:-  Signal Actions ( )  Nit For Kepair Inspection ( )  1) Are Academ Reporting ( )  1) Are Academ Reporting ( )  1) Tr. Fallow-Through Survey ( )  1) Tr. Fallow-Through Survey ( )  1) Tr. Re-impection ( )  1) Tr. Re-impection ( )  1) Nit For Kepair Inspection ( )  1) Nit For Kepair Inspection ( )  1) Nit For Coordination ( )  1) Nit For Coordination ( )  1) Nit For Callett Research ( )  2) Nit For	Insured/Driver Liability: ( %) [No	
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( ) Total Lass Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks: (ING-horline: 67886616)  Remarks: (ING-horline: 67886616)  Remarks: (ING-horline: 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  Actions  Actions  Actions  Date/Time: Actions  Actions  Date/Time: Actions  Actions  Date/Time: Actions  Actions  Date/Time: Actions  Action	General Remarks;-	A Company of the NO series of repairer
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1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/fine: Actions  NA23 0000 2  Claimant's Particulars  Driver/Owner:  Contact No:  Damaged Portion:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments':  Divide Additional Services:  Divide	Remarks:- (1NG hotline: 6788 6616)	Dite&Time Completed Done by
2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time: Actions  NA2300902  Claimant Particular  Driver/Owner:  1) AR: Acident Reporting (\$30); (\$30); (\$100		urtesy Car ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury :  Date/Time: Actions  NA2300902  Claimant Particulars  Driver/Owner: (1) AR: Accident Reporting (\$30); (2) DA: Damage Assessment (\$100); (100 Cs80) (2) DA: Damage Assessment (\$100); (100		( )
Date/Time   Actions	3) Upload Resurvey Photo [Repair Cost > \$300	00] ( ) .
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NA 23 06 90 2   Invoice Proparation Checklist   Invoice Proparation Checklist   Invoice Proparation Checklist   Invoice Proparation Checklist   Invoice dated   Fee Charges   Invoice dated		Diens Committee of the
Claimant's Particulars  2) DA: Damage Assessment (\$100); INC (\$80)  Driver/Owner:  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75  7) NI: Idae DA + SMRT Survey \$160  8) NTUC Additional Services:  OD*  OD*  Auditors' Comments:-  Auditors' Comments:-  Auditors' Comments:-  Auditors' Comments:-  PN: Post Repair Inspection \$25  *NS: DV / Collect Excess Coordination \$25  Call 1:  9) NI2: Idae Mobile Fee Chargei  Invoice dated Fee Chargei		Invoice Preparation Checklist
Driver/Owner:   3) TF: Towing Fee   340/345		1) AR: Accident Reporting (\$30);
Contact No:    Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid Contact No:   Solid No:   Solid Contact No:   Solid No:	2 1 100 - 6 45 m3 m3 / 244 - 605 Divol 24 m3 / 27 m 3 1 m 3	3) TF: Towing Fee . 540/545
Contact No:  For claiming against INC Only (wef 10 Jan 200)  6) TR: Re-inspection	Driver/Owner:	(4) F1 : Pollow-I frough Survey
Damaged Portion:  6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:- On- On- N5: Courtesy Car / Tpt Allowance 55 *N6: Repair Co-ordination 510 *N7: Post Repair Inspection 525 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 530 Call 1: 9) N12: Idae Mobile 100  Fee Chargesi  Invoice date/  Invoice date/  Fee Chargesi	Contact No:	For claiming against INC Only (wel 10 Jan 200)
QC Checked by (Engr-In-Charge):  QC Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance 35  *N6: Repair Co-ordination 510  *N6: Repair Inspection 525  *N7: Post Repair Inspection 525  *N8: DV / Collect Excess Coordination 53  *N8: DV / Collect Excess Coordination 53  *Pr (N11): TP (N-ra INC) against INC 520  *Pre Chargest 100  *Pre Chargest	Damaged Portion:	6) TR: ite-inspection
QC Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance	Daning of Fortuni.	8) NTUC Additional Services:-
Auditors' Comments::  Auditors' Comments::  N8: DV / Collect Excess Coordination S20  Call 1:  9) N12: Idan Mobile Junction 30  Invoice dated Fee Charges	QC Checked by (Engr-In-Charge):	*NS: Courtesy Car / Tpt Allowance 33
Cit. 2 (3):  2P (N11): TP (Non INC) against INC		*N6: Repair Co-Gramman  *N7: Post Repair Inspection 525
Cit. 1: 9) N12: Idae Mobile 30  Invoice dated Fee Charges  For Charges		TP (N11): TP (Non INC) against INC 5201
Col 2/3:	<u>Cart. Et</u>	9) N12: Idae Nobile
1 x 62 x 67	Cat 2/3:	Invoice date!

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

- 3. Information provided intuits de as truthing and acceptance of possible by the 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**

27/03/2023 19:13 (SGT) Date of Submission **Actual Driver** Reported by 24/03/2023 15:20 (SGT) Date of Accident Exact Location of Accident Singapore **BUKIT BATOK ROAD** Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

**GBE4184B** Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ABS LEASING SERVICES PTE LTD 2XXXXX528D Company Reg No optionsgarage@hotmail.com Email Address (Phone) +65-92966056 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Nissan Nv200 Model ..... Variant ..... Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Reporting only Commercial vehicle Vehicle Category ..... Transmission ..... Auto 1597 CC

#### INSURANCE COMPANY

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

#### DRIVER

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

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 complement	APT BLK 811A CHOA CHU KANG AVENUE 7
Address complement Postcode	# 03-659
Is the driver the policyholder?	681811
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer No
Vehicle Registration Number of Other Vehicle Owned by Driver	No
***************************************	¥
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?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2 No
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	¥
onginal language used in the statement	•
DETAILS OF POLICE ACTION	
Was the assident was and to the U.S.	
Was notice of intended Processian single	No
Was notice of intended Prosecution given?  If yes, against whom?	No
ii yes, against wildii!	•
CIDCUMCTANCES OF ACCIDENT	
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	- 1 QUO/4A
Vehicle Model	
Vehicle Variant	4
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 WRIC/ID card)

Sketch Plan

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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

Amuul 27/3/23

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. 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 WAHAR

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

: CHINA TAIPING

Insurance)

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



VEHICLENO: GBE 4184B	MAKE & MODEL: NISSAN NV200 AUTO MANUAR
DATE OF ACCIDENT	24 / 03 / 2023 C.C. 1.6
TIME OF ACCIDENT	15 20 HRS AM PM
LOCATION OF ACCIDENT	BUKIT BATOK ROAD.
EXACT PURPOSE USED AT TIME OF ACCIDEN'	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	ABS LEASING SERVICES PTE LTD.
EMAIL OPTIONS GARAGE QHOTMAIL	
NRIC	OFFICE: MOBILE: 9296 6056.
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY
FLEET POLICY	YES /NO!
INCURENCE CO.	
TYPE OF COVERAGE	CHINA TAIPING
POLICY NO.	(Comprehensive)/ Third Party / Third Party Fire & Theft
NAME OF DRIVER	DMCVSNW ØØ 1244 12204.
NRIC NRIC	AS ABOVE / IF NO: ROSDI BIN ABD WAHAE
DATE OF BIRTH	360190510
ANY PASSENGER	10 /09 / 1980
NAME OF PASSENGER	YES / NO.
GENDER OF PASSENGER	
OCCUPATION	MALE / FEMALE
	Outdoor // Indoor
DATE OF DRIVING PASS	2000/10/2003
GENDER	MALD/FEMALE
CONTACT NO.	Mobile: 9029 7668 Office: Home:
EMAIL	
ADDRESS	811A CHOA CHU KANG AVE 7 #03-659 681811
DOES DRIVER OWN OTHER VEHICLES?	NOV If yes, Reg No: INSURE:
RELATIONSHIP	Employee / If No: HIRER.
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
ROLICE REPORT	Nol/ If yes, Where?
NOTICE OF INTENDED PROSECUTION?	NoV If yes, Who?
VEHICLE B NO. YQ 5974 X	Any Passenger:
NAME	my rassenger.
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	, mj rassenger.
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES NO
WAS THERE ANY AUDIO RECORDED?	
SCENE ACCIDENT PHOTOS TAKEN?	YES NO YES NO
WHO IS REPORTING	DRIVER OWNER/ BOTH
Original Language Used	English Mandarin/Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NOT

·', ·',



## 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

## CERTIFICATE OF INSURANCE

MZ407/C SN

AN0597A

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)

Cov. Type:C

CERTIFICATE No.

DMCVSNW00124412204

Engine No.: HR16040482D

Cha. No.: VM20083114

Index Mark and Registration

GBE4184B

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ABS LEASING SERVICES PTE LTD

3. Effective date of the Commencement of

23/11/2022

Excess Sect I

\$\$1,500,00

Insurance for the purposes of the Regulations, (00:00:00)

Persons or Classes of Persons entitled to drive\*

Excess Sect. II

\$\$1,500.00

Ordinance or Enactment Date of Expiry of Insurance

22/11/2023

EX ON WINDSCREEN

S\$100.00

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 is registered under the Road Traffic Act 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.

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** 

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 😭 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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