| NATIONAL-Assessment Centre Set   | vices :-:              | .'a '' .]     | Pane & Tune Completed  | De                 | one by        |
|--|------------------------|---------------|--|--------------------|---------------|
| Dateln 27/03/2023  | description            |               | I sale & Time Companie   | !                  |               |
| Retno NA (CT12300317/d4 S.   | AS e-filing            |               | <u> </u>   | 1.                 |               |
| Yehno GBC 2243M F.   | -mail (within Stars.   |               | *  | <u>:</u>           |               |
| DOA 19103 2023 11:35 1-  | Motor Claim Fo         |               | !<br>  | !                  |               |
| l-   | Motor W/O (Wi          |               | 'J'P 4hrs)   |                    |               |
|  | Photo Uploaded         |               | :  | <del>!</del>       |               |
|  | Assessment/Survey      |               | 0  |                    |               |
| TP Insurer:  | Ass't Report by Fa     | x/Hand        | The state of the s | Fax:               |               |
| Preferred Wksp / INC Assign Wksp / QW: (   | 201/                   | INC (         | Tol: )/Non-INC()   |                    |               |
| TP Particulars: Veh No: 8HC  | 28 K.                  | · INC (       | Tel:   |                    | )             |
| Owner / Driver: (  |                        |               | Cover Type: (  |                    | )             |
| Policy No: ( ) Period: (   |                        | <br>Date:     | Time:  |                    | )             |
| Confirmed by : (   |                        |               | 0%; P: 21-79%. F: S  | 0-100%]            |               |
| Illstited/Diver Blitter  |                        | /NO(          | )  |                    |               |
| Year of Registration. (  | )/\$2,000(             | )             |  |                    |               |
|  | " Section Red          | 47.50.35      | 4880 V St. 1920  | ·                  |               |
| General Remarks; Customer's informati  | ion strictly Confid    | lential & S   | trictly NO refer of repair   | er.                |               |
|  | RGENTLY.               | •             |  |                    |               |
| , , , , , , , , , , , , , , , , , , ,  |                        | ( );          | Towing Co. (   |                    | ·<br>         |
| Dillocalit   |                        | 2028/2-7407   | Date&Time Complets   | 48 F Oct.          | Done by       |
| Remarks: 4. (INChorline: 6788 6616)  |                        | 100 M         | 50,000,000   |                    |               |
| 1) Apply for Transport Allowance ( )/ Court  | tesy Car ( )           |               |  |                    |               |
| 2) QC Check / Post Repair Inspection   | ( )                    |               |  |                    |               |
| 3) Upload Resurvey Photo [Repair Cost > \$3000   | )] ( )                 |               |  |                    |               |
| Injury:  |                        |               |  |                    | <del></del> - |
| TO BE SEED AND SEED OF SEED AND SEED AN | /7,50 <u>~7/</u> 8000) | A SANTA       | 44, 343, 344, 466<br>44, 343, 344, 466   | \$ 10 mm           | <u>::•••</u>  |
| Dafe/Time Actions  | CIS. F A A             |               |  |                    |               |
|  |                        |               |  |                    |               |
|  |                        |               |  |                    |               |
|  |                        |               |  |                    |               |
|  |                        |               | Thurs Sand (Coffee   | 21.2.12            | Amr.(S)       |
| N10222222  | ::                     | Invoice P     | reparation Checklist   | stroken are        | Ist Bill      |
| NA2300903  | XXXXXXX                | I) AR : Accid | lent Reporting (\$30);   | NC (\$80)          |               |
| Claimant's Particulars   |                        | 3) TF : Towin | ng Fee   | \$40/\$45          |               |
| Driver/Owner:  | T                      | A) ET . Follo | w-Through Survey w-Through Survey (Resurvey)   | \$120<br>\$30      |               |
| Contact No:  |                        | For claimi    | on against INC Only (well to)  | an 2005)<br>\$75   |               |
|  |                        | 6) TR : Re-in | DA + SMRT Survey   | ·. \$160           |               |
| Damaged Portion:   |                        | 8) NTUC A     | Idilional Services;-   |                    |               |
| OG Cl. Ladby Warry In Charge):   |                        | *N5: Cou      | riesy Car / Tpt Allowance  | \$5                |               |
| QC Checked by (Engr-In-Charge):  |                        | *N6: Rep      | air Co-ordination  | \$25               |               |
| Auditors' Comments :-  |                        | +NR-DV        | / Collect Excess Coordination<br>): TP (Non INC) against INC   | \$5<br>520         | 1             |
| Cat. Ii  |                        | 9) N12: Ida   | c Niobile  | Charmei 30         | )             |
|  |                        | Invoice dat   | erl Free C   | Charged<br>Charged | WE THE        |
| Cat 2/3:   |                        | Invoice dat   | ed   |                    |               |

SN09233R000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/03/2023 18:58 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (27/03/2023 18:58 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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 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 18:58 (SGT) Date of Submission Reported by **Actual Driver** Date of Accident 19/03/2023 11:35 (SGT) Exact Location of Accident Singapore Additional Location Information MUSLIM CEMETERY PATH 17 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number GBC2243M

#### INSURED/POLICYHOLDER

Is company? 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

Model ..... Urvan Variant ,..... Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Auto 2953

Manufacturer

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00009262304

#### DRIVER

Name of Driver MUHAMMAD HAZWAN RIFA 'IE BIN MUHAMMAD RAMDZAN NRIC No TXXXX472F Date Of Birth 06/07/2002 Occupation ..... Outdoor

| Date Of Driving Pass   | 19/12/2022                     |
|--|--------------------------------|
| Driving experience   | 3 MONTHS                       |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-91149902           |
| Alt. Phone Number  | -                              |
| Email Address  | optionsgarage@hotmail.com      |
| Address  | APT BLK 708 WOODLANDS DRIVE 70 |
| Address complement   | # 02-29                        |
| Postcode   |                                |
| Is the driver the policyholder?                              | 730708                         |
| 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 |                                |
| 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?                         | No                             |
| Was any injured conveyed to hospital by ambulance?           | -                              |
| Was any other vehicle or property damaged?                   | Yes                            |
| Number of Passengers (Including Driver)                      | 4                              |
| 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                      |                                |
| PASSENGER 1  |                                |
| News   |                                |
| Name   | ADAM                           |
| Gender   | Male                           |
| PASSENGER 2  |                                |
| Name   | AARON                          |
| Gender   | Male                           |
|  | Wale                           |
| PASSENGER 3  |                                |
| Name   | HAIOAI                         |
| Gender   | HAIQAL                         |
| acidei mananamanamanamanamanamanamanamanamanam               | Male                           |
| DETAILS OF POLICE ACTION                                     |                                |
| W4   |                                |
| Was the accident reported to the police?                     | No                             |
| Was notice of intended Prosecution given?                    | No                             |
| If yes, against whom?  | Z                              |
| CIRCUMSTANCES OF ACCIDENT                                    |                                |
| PLEASE REFER TO THE ATTACHED STATEMENT                       |                                |
|  |                                |
| ATTACHMENT(S)  |                                |
| Are accident photos available for attachment?                | Yes                            |
|  |                                |
| Accident report SN09233R000D                                 | Page 2 of 13                   |
|  |                                |

# DETAILS OF OTHER VEHICLE PROPERTY 1

| Value -                                 |             |
|---|-------------|
| Vehicle Registration Number             | SHC28K      |
| Vehicle Manufacturer                    | 0110201     |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
|   | -           |
| Vehicle Colour                          |             |
| Vehicle Category                        | -           |
| Name of Driver                          | Private car |
| *************************************** | -           |
| Contact Number                          | land)       |
| Address                                 | -           |
| Address complement                      |             |
| Postcode                                | -           |
| Insurance Company Name                  | -           |
|   | <b></b>     |
| Nature Of Damage                        | -           |
| Details of property damaged in accident |             |
| No. Of Passenger (Including Driver)     | -           |
| (moldaling briver)                      | -           |

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- (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.

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

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

Sketch Plan

|              | Musim cementery para 17   |
|--------------|---|
| <del></del>  |   |
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| +++++++      |   |
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|              |   |
| VEHICLE      |   |
| A: 6BC 2243M |   |
|              |   |
| B SHC 28K    | the first the first the first term of the first |
|              |   |
|              |   |

| Describe Circu   | Imstance of the Accident   |
|--|--|
|  | On the states date and time I was travelling along the states          |
| Koad D   | then Vehicle B pracke, I followed sust But could not brake in time and |
|  | onto SHC 28K. When I alighted my vehicle, I noticed damage.            |
| The state of the s | 28K Bumper and minor damages to my vehicle.                            |
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Declaration

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

Policyholder's Signature / Date & Time

MA

ate

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

RENTAL DETAIL

Rental Period

Payment on

Insurance)

**PAYMENT** 

Upfront Rental

of our invoice

Deposit

Insurance Premium

(for ABSL arranged

Rental Start Date & Time

Rental End Date & Time

Rental Per Month (excl. GST)

Rental Per Month (incl. GST)

Total Rental Fee (to be paid

Rental Fee is to be fully paid within 3 days from the date

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.

on signing of Agreement)

IMPORTANT NOTE

UEN No. 201819528D

14/23020060

# RENTAL AGREEMENT

No. A23020008

: 06 Feb 2023 | 1500

: 05 May 2023 | 1500

: 3 months

: 5\$ 1,250.00

: S\$ 1,350.00

: CHINA TAIPING

: S\$ 600.00

: S\$ 1,350.00

S\$ 1,950.00

Date: 06 Feb 2023

VEHICLE DESCRIPTION

Vehicle No.

: GBC2243M

Make

: NISSAN

Model

URVAN PANEL LWB 3.0

5DR 4AT ABS A

Fuel type

: Diesel

HIRER PARTICULARS

Name

: MUHAMMAD HAZWAN RIFA'IE BIN MUHAMMAD

RAMDZAN

Co Reg No./ NRIC

: T0220472F

Address

**BLK 708 WOODLANDS** 

DRIVE 70 #02-29 Singapore 730708

Fax

Contact Person

MUHAMMAD HAZWAN

RIFA'IE BIN MUHAMMAD

RAMDZAN

NRIC

: T0220472F

Tel

+6587744796

Email

## MAIN DRIVER PARTICULARS

Name

MUHAMMAD HAZWAN RIFA'IE BIN MUHAMMAD

RAMDZAN

NRIC/FIN/Passport No

: T0220472F

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

, Dhay BOSS - 57744796.

2018195280

SERI

Signed by and on behalf of ABS Leasing Services Pte Ltd

Position: Salesman Name: Chan

Date:

Signed by and on behalf of

Position:

Name: MUHAMMAD HAZWAN RIFA'IE BIN MUHAMMAD RAMDZAN

NRIC: T0220472F Date:



MAKE & MODEL: NISSAN URVAN . AUTO/MANUALI VEHICLE NO: GBC 2243 M C.C. 3.0 DATE OF ACCIDENT 19 / 08 / 2003 AM/PM TIME OF ACCIDENT 1135HRS LOCATION OF ACCIDENT MUSLIM PEMETERY PATH 17 EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE SERVICES PTE LTD NAME OF OWNER ABS LEASING OPTIONS GARAGE Q HOTMAIL COM OFFICE: MOBILE: 9296 6056 EMAIL NRIC 201819528 D REPORTING ONLY CLAIM TYPE OD / THIRTY PARTY YES / NO? FLEET POLICY INCURENCE CO. CHINA TAIPING. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF COVERAGE POLICY NO. DMCVSNW8000926304. AS ABOVE / IF NO: Muhammad Hazwan Rifa'ie Bin NAME OF DRIVER TO 22 04 72 F Muhammad Ramd Zan NRIC 6 1 7 1 200 2 DATE OF BIRTH YES/NO: 03 ANY PASSENGER Adam - M, Aaron - M, Haigal -M NAME OF PASSENGER MALE / FEMALE GENDER OF PASSENGER Outdoor / Indoor OCCUPATION 19 / 12 / 2022 DATE OF DRIVING PASS MALE / FEMALE GENDER Mobile: 9114 9907 Office: Home: CONTACT NO. **EMAIL** Drive 70 # 02-29 (5) 730 708 ADDRESS BIK 708 Hoodlands INSURE: NOI/ If yes, Reg No: DOES DRIVER OWN OTHER VEHICLES? Employee / If No: HIRER RELATIONSHIP Clear / Raining / Other: WEATHER CONDITION Dry Wet / Other: ROAD SURFACE No / If yes, Who? ANY INJURIES CONTACT NO. ROLICE REPORT No V If yes, Where? NOTICE OF INTENDED PROSECUTION? Nol/ If yes, Who? VEHICLE B NO. 3HC 28 K Any Passenger: 03 NAME CONTACT NO. Any Passenger: VEHICLE C NO. VEHICLE D NO. Any Passenger: Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. YES / NO WAS THERE ANY VIDEO CAPTURE? YES / NO WAS THERE ANY AUDIO RECORDED? YES / NO. SCENE ACCIDENT PHOTOS TAKEN? DRIVER OWNER BOTH WHO IS REPORTING Original Language Used English Mandarin Others:

YES / NO

Have you been approach by unknown person

soliciting (s) / offering accident claims

assistance?

· · · · · ·



Motor Commercial

CERTIFICATE OF INSURANCE

MZ407/C

SN

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.

DMCVSNW00009262304

Engine No.: ZD30289598K

Cha. No.: JN1MG4E25Z0796323

Index Mark and Registration Number of Vehicle

GBC2243M

AUTOSAFF

Name of Policy Holder

ABS LEASING SERVICES PTE LTD

Effective date of the Commencement of 10/02/2023 Insurance for the purposes of the Regulations, (00:00:00)

Excess Sect I.

S\$1,500.00

Ordinance or Enactment

Excess Sect I.

\$\$1,500.00

4. Date of Expiry of Insurance

09/02/2024

EX ON WINDSCREEN . S\$100.00

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
  - (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.

ABS INSURANCE AGENCY PTE LTD Issued By:\_\_\_

Authorised Officer

**Authorised Signatory** 

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

Q63896111

6222 1033

www.sg.cntaiping.com