

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 03/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23006695/d4	SAS e-filing		
Veh No: GBC 44285	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 01/07/2023 04:30	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SNC6357A	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

NA2301994

## Invoice Preparation Checklist

Am't (\$)  
1st Bill Ad

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)	
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)	
Cat. 1:	6) TR : Re-inspection \$75	
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OP*	
	*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: 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	03/07/2023 16:44 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 04:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 35 GEYLANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4428J
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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	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	1461

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00040242304

#### DRIVER

Name of Driver	KRIS TAN CHOON HWEE
NRIC No	SXXXX877H
Date Of Birth	13/11/1959
Occupation	Outdoor

Date Of Driving Pass	17/08/2012
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97996909
Alt. Phone Number	-
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Address	475B UPPER SERANGOON CRESCENT
Address complement	# 08-525
Postcode	532475
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	Side Swipe
Weather Conditions	Clear
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)	2
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

Name	MDM
Gender	Female

#### 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	SNC6357A
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)	-



## 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)

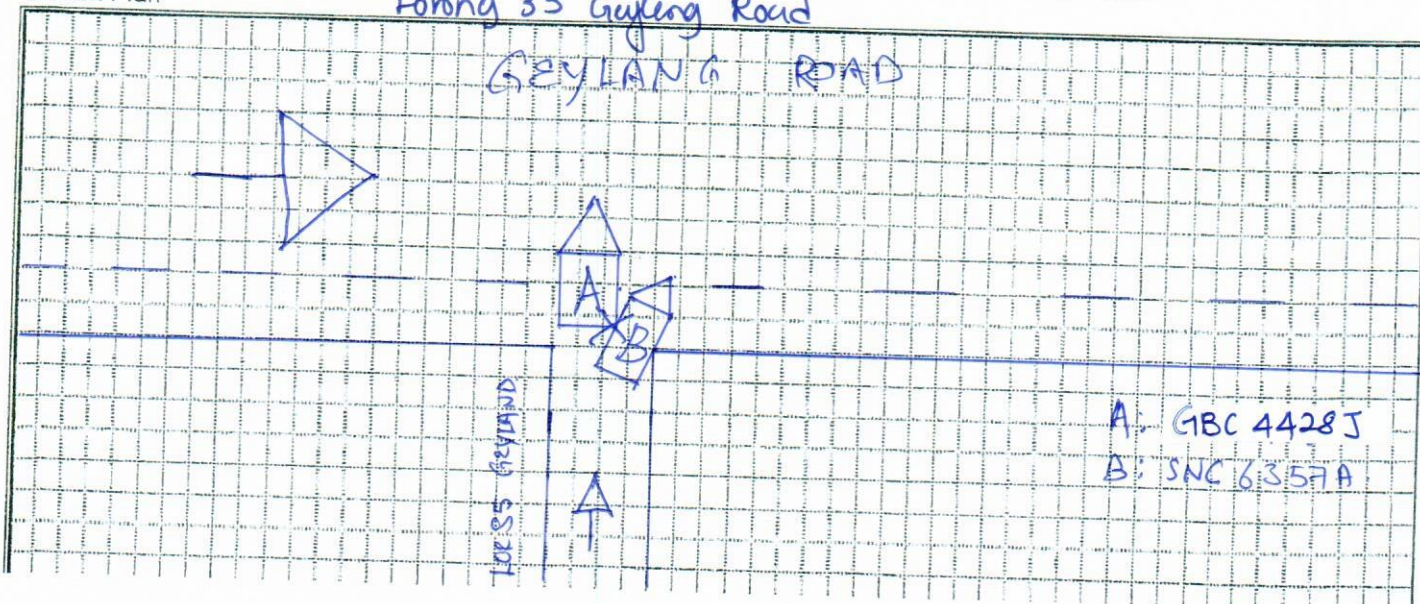
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Long 35 Geylang Road

GEYLANG ROAD



A: GBC 4428J

B: SNC 6357A



Describe Circumstance of the Accident

① DATE : 01/07/2023 ABOUT 0430HRS. LOCATION : GEYLAND ROAD.

② VEHICLE "A" WAS MOVING OUT TO MAIN ROAD FROM LOR 35 GEYLAND.

③ VEHICLE "B" SQUEEZING THROUGH FROM THE RIGHT AND COLLIDED ONTO VEHICLE "A" REAR RIGHT PORTION.

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. A20100029

Date: 19 Oct 2020

VEHICLE DESCRIPTION		RENTAL DETAIL	
Vehicle No.	: GBC4428J	Rental Start Date & Time	: 19 Oct 2020   1156
Make	: NISSAN	Rental End Date & Time	: 10 Jul 2023   1156
Model	: NV200 1.5L MT ABS AIRBAG 2WD 6DR	Rental Period	: 142 weeks
Fuel type	: Diesel	Rental Per Week (excl. GST)	: S\$ 300.00
		Rental Per Week (incl. GST)	: S\$ 321.00
		Payment on	:
		Insurance Premium (for ABSL arranged Insurance)	: CHINA TAIPING
HIRER PARTICULARS		PAYMENT	
Name	: WONG CHUI LENG	Deposit	: S\$ 100.00
Co Reg No./ NRIC	: S6844643J	Upfront Rental	: S\$ 321.00
Address	: BLK 465 ANG MO KIO AVENUE 10 #04-1072 Singapore 560465	Total Rental Fee (to be paid on signing of Agreement)	: S\$ 421.00
Fax	:		
Contact Person	: WONG CHUI LENG		
NRIC	: S6844643J		
Tel	: +6597996909		
Email	:		
MAIN DRIVER PARTICULARS		IMPORTANT NOTE	
Name	: KRIS TAN CHOON HWEE	Rental Fee is to be fully paid within 3 days from the date of our invoice	
NRIC/FIN/Passport No	: S1397877H	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 :

Signed by and on behalf of  
Position :  
Name : WONG CHUI LENG  
NRIC : S6844643J  
Date :





VEHICLE NO: GBC 4428J

MAKE &amp; MODEL:

AUTO/MANUAL

DATE OF ACCIDENT	01 / 07 / 2023	AUTO/MANUAL	C.C.
TIME OF ACCIDENT	0430 HRS	AM/PM	
LOCATION OF ACCIDENT	JOR 35 GELYANG ROAD		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	ABS LEASING SERVICES PTE LTD		
EMAIL	OPTIONS GARAGE@hotmail.com	OFFICE:	MOBILE: 9296 6056
NRIC	201819528D		
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO		
INCURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSNW00040242304		
NAME OF DRIVER	AS ABOVE / IF NO: KRIS TAN CHOON HWEE		
NRIC	S1397877H		
DATE OF BIRTH	12 / 11 / 1959		
ANY PASSENGER	YES / NO: 01		
NAME OF PASSENGER	MDM		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	17 / 08 / 2012		
GENDER	MALE / FEMALE		
CONTACT NO.	Mobile: 4799 6909 Office: Home:		
EMAIL			
ADDRESS	475B UPPER SERANGOON CRESCENT #08-525 8532475		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: HIRE		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes, Who?		
CONTACT NO.			
ROLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO.	SNC 6357A		
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 / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	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 / NO		





Motor Commercial

**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)

MZ407/C

R SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00040242304

Engine No.: K9KF276D126612

Cha. No.: VSKYBAM20U0031634

1. Index Mark and Registration  
Number of Vehicle

GBC4428J

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, (00:00:00)  
Ordinance or Enactment

11/06/2023

Excess Sect I . \$S1,500.00

Excess Sect. II \$S1,500.00

4. Date of Expiry of Insurance

10/06/2024

EX ON WINDSCREEN . \$S100.00

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 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

\* 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