

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 26/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123007548/d4	SAS e-filing		
Veh No: GBL3311X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/07/2023 11:30	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: PEDESTRIAN	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%. P: 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

NA2302224	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idao 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 First Submission	26/07/2023 09:56 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG GROVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL3311X
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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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00036882302

DRIVER

Name of Driver	WEE HIANG CHEW (HUANG YANQIU)
NRIC No	SXXXX758Z

Date Of Driving Pass	01/08/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91877027
Alt. Phone Number	-
Email Address	OPTIONSGARAGE@HOTMAIL.COM
Address	APT BLK 484 ADMIRALTY LINK
Address complement	# 02-65
Postcode	750484
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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

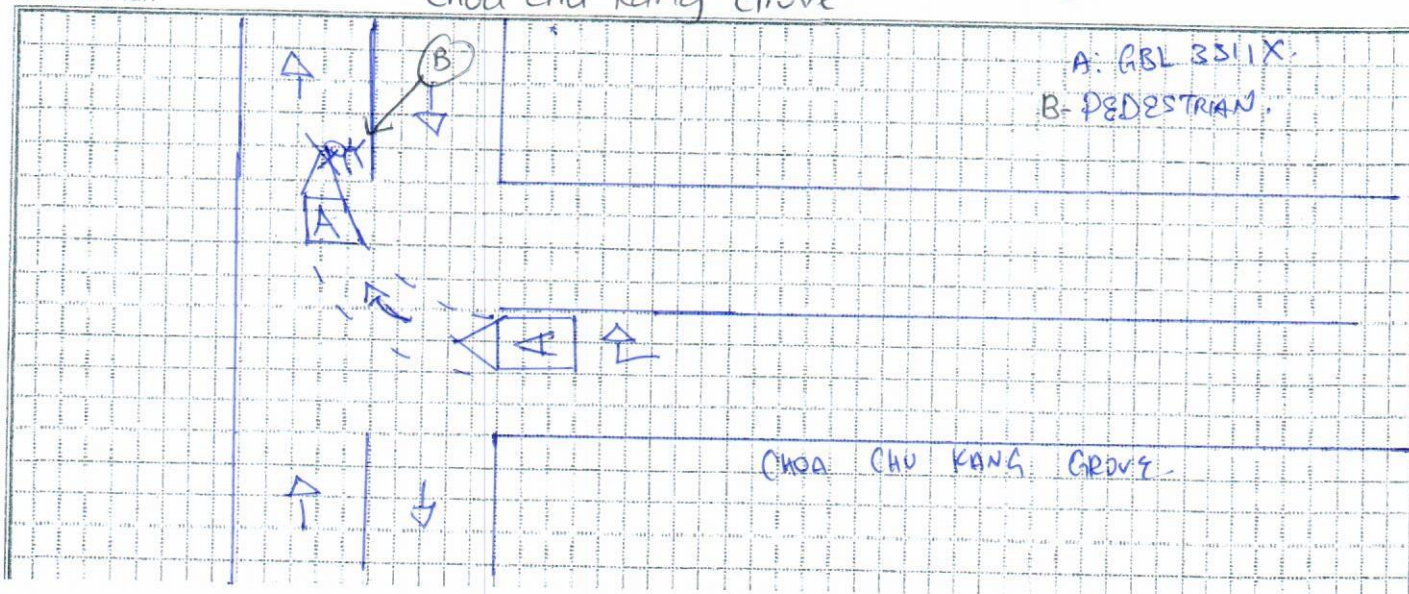
Sketch Plan

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

choa chu kang Grove

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

A: GBL 3511X
B: PEDESTRIAN



Describe Circumstance of the Accident

REFER TO POLICE REPORT.

— 7120230725/7047 —

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be "J. J. J.", written over a horizontal line.

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

A handwritten signature in blue ink, followed by the date "26/7/2023", written over a horizontal line.

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230725/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230725/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2023 14:44		Vide Report No.: J/20230725/0052		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEE HIANG CHEW			Address: 484 ADMIRALTY LINK #02-65 SINGAPORE 750484		
ID Type / ID No.: NRIC NO / S7229758Z			Contact No.: Home/Office: Mobile: 91877027		
Nationality: SINGAPORE CITIZEN			Email: violawee@yahoo.com		
Sex: Male	Age: 50	Date of Birth: 08/08/1972	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: electrician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2023 11:30	Type of Location: T-Junction
Location: CHOA CHU KANG GROVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBL3311X	Van				No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20230725/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230725/7047

CONTINUATION OF REPORT

Driver				
Name	WEE HIANG CHEW		ID No.	S7229758Z
Related Vehicle	GBL3311X (Van)		Contact No.	91877027
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Pedestrian				
Name	MR		ID No.	NIL
Related Vehicle	NIL		Contact No.	90955125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

Brief Details.

On the Date : 25/07/2023 Time EST: 1130HRS Location: Choa Chu Kang Grove. I was the driver vehicle bearing GBL 3311 X. I was making a right turn at a T - Junction at after traffic turn green. All of a sudden a pedestrian dashed out of no way and i tried to avoid but still slightly brush onto the pedestrian. After awhile Ambulance and Traffic Police Came to the scene and i was provided a Case Card J/20230725/0052 and a Acknowledgment Slip to sign as my SD CARD was taken away from my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230725/7047

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230725/7047

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD REEZA BIN AHMAD YUSOFF
Contact No.: 97377891

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/07/2023 14:44

Classification Of Case:



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

INV 23050172

RENTAL AGREEMENT

No. A23050031

Date: 30 May 2023

VEHICLE DESCRIPTION

Vehicle No. : GBL3311X
Make : NISSAN
Model : NV200 DX 1.6 AUTO
Fuel type : Petrol

HIRER PARTICULARS

Name : WEE HIANG CHEW
Co Reg No./ NRIC : S7229758Z
Address : BLK 484 ADMIRALTY LINK
#02-65 Singapore 750484
Fax :
Contact Person : WEE HIANG CHEW
NRIC : S7229758Z
Tel : +6591728060
Email :

MAIN DRIVER PARTICULARS

Name : WEE HIANG CHEW
NRIC/FIN/Passport No : S7229758Z

and Driver: Tan Siao Long / S7228192D

RENTAL DETAIL

Rental Start Date & Time : 30 May 2023 | 0900
Rental End Date & Time : 29 May 2024 | 0900
Rental Period : 12 months
Rental Per Month (excl. GST) : S\$ 1,200.00
Rental Per Month (incl. GST) : S\$ 1,296.00
Payment on :
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

PAYMENT

Deposit : S\$ 1,200.00
Upfront Rental : S\$ 1,296.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,496.00

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 : 30/5/23

Signed by and on behalf of
Position :
Name : WEE HIANG CHEW
NRIC : S7229758Z
Date : 30/5/23



VEHICLE NO: GBL 2311X

MAKE & MODEL: NISSAN NV200

AUTO / MANUAL

DATE OF ACCIDENT	05 / 07 / 2023	C.C.
TIME OF ACCIDENT	1130 HRS	AM / PM
LOCATION OF ACCIDENT	CHOA CHU KANG GROVE.	
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	201819328 D .	
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.	DMCVSNW800 3688 23012 .	
NAME OF DRIVER	AS ABOVE / IF NO: WEE HIANG CHEN .	
NRIC	S72297582 .	
DATE OF BIRTH	08 / 08 / 1972 .	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	—	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	01 / 08 / 2008 .	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9187 7027 Office: Home:	
EMAIL	—	
ADDRESS	484 ADMIRALTY LINK #02-65 5750484	
DOES DRIVER OWN OTHER VEHICLES?	NO / 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? PEDESTRIAN .	
CONTACT NO.	—	
POLICE REPORT	No / If yes, Where? ONLINE .	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	Any Passenger:	
NAME	—	
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

MZ407/C

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)

R SN

AN0597A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00036882302

Engine No.: HR16183566D

Cha. No.: VM20165121

1. Index Mark and Registration
Number of Vehicle

GBL3311X

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

28/05/2023

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

27/05/2024

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.: DBS BANK 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