

NATIONAL Assessment Centre Services (Int'l 1-800-555-5555) **SV0853600002**

Date In: 12/06/2023 18:08	Job description	Date & Time Completed	Done by
Ref No: NA2301729	SAS e-Jilling		
Veh No: STE 91454	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/06/2023 17:00	1-Motor Claim Form		
OC: 7 Repeating Only	1-Motor W/O (Within: OD 2hrs, TC 1hr)		
TP Insured	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wrap / INC Assgn Wrap / OW: () Tel: Fax:

TP Pending () Veh No: **SHD 5777** INC () / Non-INC () Tel:

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: Motor

Confirmed by: ()

Insured/Driver Liability: () % (Note: Bst Status (W/O): 11: 0-30%, 12: 21-70%, 13: 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 info of repetition.

() Total Loss Case: (to e-mail Insurer URGENTLY)

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks (INC Ref No: NA2301729):

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Company: ()

Adjuster Name: ()

Adjuster Phone: ()

Adjuster Email: ()

NA2301729

Invoice Preparation Charge: ()

1) AR: Accident Report (\$50)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee (\$150)	\$150
4) PT: Follow-Through Survey (\$150)	\$150
5) RT: Repair Coordination Survey (Estimate)	\$50
6) TR: Towing Coordination (\$150)	\$150
7) NI: New DA + Survey (\$150)	\$150
8) NTUC Additional Services	
9) QC: QC Check (\$50)	\$50
10) CC: Courtesy Car / Tot Allowance (\$150)	\$150
11) NR: Repair Coordination (\$150)	\$150
12) RP: Post Repair Inspection (\$150)	\$150
13) NV: NV / Collect Excess Coordination (\$150)	\$150
14) TP: TP (Non-INC) Towing INC (\$150)	\$150
15) NI: NI (Non-INC) Towing INC (\$150)	\$150
16) NI: NI (Non-INC) Towing INC (\$150)	\$150

Checked by (Engr-In-Charge): ()

Printed Name: ()

Printed Address: ()

Printed Phone: ()

Printed Email: ()

Printed Date: ()

Printed Time: ()

Printed Location: ()

Printed Insurance Company: ()

Printed Adjuster Name: ()

Printed Adjuster Phone: ()

Printed Adjuster Email: ()

Printed Date of Injury: ()

Printed Location of Injury: ()

Printed Witness Name: ()

Printed Witness Phone: ()

Printed Witness Email: ()

Printed Police Report Number: ()

Printed Insurance Company: ()

Printed Adjuster Name: ()

Printed Adjuster Phone: ()

Printed Adjuster Email: ()

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	13/06/2023 18:08 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 17:00 (SGT)
Exact Location of Accident	133 New Bridge Rd, Singapore 059413
Additional Location Information	CHINATOWN POINT DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9745U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	M LABEL AUTO LEASING PTE. LTD.
Company Reg No	2XXXXX044Z
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-96245154
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	C/N: MHC202300127CN

DRIVER

Name of Driver	SERENE LEE
NRIC No	SXXXX742B
Date Of Birth	21/06/1976
Occupation	Outdoor

Date Of Driving Pass	08/12/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93633768
Alt. Phone Number	-
Email Address	serene7600@gmail.com
Address	BLOCK 228 PASIR RIS STREET 21 #08-16
Address complement	-
Postcode	510228
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 - Opening Door of Vehicle
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)	7
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230610/2118

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	SHD5777T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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

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

13/06/2023

Sketch Plan

A: 8LL 97456	
B: PHO 57777	

Describe Circumstance of the Accident

Refer to TP Report

4/20230610/2119

Declaration

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

Policyholder's Signature



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

Witnessed by Reporting Centre Personnel

13/06/2023



**SINGAPORE
POLICE FORCE**



G/20230610/2119

1 of 2

POLICE REPORT (NP299)

Report No. G/20230610/2119

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 10/06/2023 22:56	Vide Report No. A/20230610/0132	Station Diary No. 92
Name Of Informant SERENE LEE	Address APT BLK 228 PASIR RIS STREET 21 #08-16 SINGAPORE 510228	
ID Type / ID No. NRIC NO / S7617742B	Contact No. Home/Office Mobile 93633768	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Female	Age 46
Institution/School Name	Date of Birth 21/06/1976	Race Chinese
Date/Time Of Incident 10/06/2023 17:00	Location Of Incident 133 NEW BRIDGE ROAD CHINATOWN POINT SINGAPORE 059413	

Brief details.

I am a Grab driver and my vehicle number SLL9745U. On the 10/06/2023 at around 4.28pm, I picked up 6 foreign passengers from ION Orchard vide Grab reference booking number A-5XOWG3LWVERI and proceeded to send them to their destination at Chinatown Point. I subsequently arrived at the destination at around 5pm and when I arrived, I alighted from the vehicle to assist my passengers to bring down the rear seats for them to disembark. However, while I was walking to the rear passenger door, one of my passengers who was seating on the left side, opened the door without looking out for the traffic.

Signature Of Officer Recording The Report: G / SGT 3 MUHAMMAD FIRDAUS BIN ABDULLAH SHAFI-IE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2023 22:56
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) NG SU YAN, SHANNON Contact No.: 62447200	Classification Of Case:



SINGAPORE
POLICE FORCE



G/20230610/2119

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230610/2119

As such, when the passenger opened the door, it hit onto a taxi bearing plate registration number SHD5777T who drove passed my vehicle on the left. The incident caused both vehicles to be damaged. When I tried to ask the passengers to compensate for the damages that were caused, they refused and hence, police assistance was called vide incident A/20230610/0132.

Therefore, as advised, I am lodging a report for record purposes.

Signature Of Officer Recording The Report:

G / SGT 3 MUHAMMAD FIRDAUS
BIN ABDULLAH SHAFI-IE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/06/2023 22:56

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
INSP (2) NG SU YAN, SHANNON
Contact No.: 62447200

Classification Of Case:



M LABEL AUTO LEASING PTE LTD

UEN: 202218044Z

PAYA UBI INDUSTRIAL @ 53 UBI AVE 1 #02-44

Singapore 408934

CAR RENTAL AGREEMENT

RENTAL NO: 0075 (RENEWAL)

HIRER'S NAME:	SERENE LEE
HIRER'S NRIC:	S7617742B
HIRER'S ADDRESS:	228 PASIR RIS STREET 21 #08-16 (S)S10228
DATE OF BIRTH	21/6/1976
DRIVING LICENCE PASS DATE:	8/12/2003
CONTACT NUMBER:	93633768 / 84886876
EMAIL:	serene7600@gmail.com
PURPOSE OF RENTAL:	PHV
EMERGENCY CONTACT:	97300802 - Verson (Sister)

RENTAL VEHICLE DETAILS

CAR PLATE NO.:	SLL9745U	MAKE & MODEL :	TOYOTA WISH 1.8 CVT
CHASIS NO.:	JTDGG20WX0J000219	ENGINE NO.:	2ZR1307448
WEEKLY RENTAL:	\$441/- (DAILY @ \$63/-)	CDW RATE:	
TOTAL WEEKLY PAYMENT: \$441/-			
DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2 YEARS			
EXCESS : \$2500/\$2500, EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE			
CONTRACT TERM :			
START DATE & TIME:	17/3/2023	END DATE & TIME:	1/10/2023
START MILEAGE:		END MILEAGE:	

Hirer/Authorized Ride('Hirer')/Relief)

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License & valid Foreign.

Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

Terms of Payment / Security Deposit Amount : \$500

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.



Scanned with CamScanner

Scanned with CamScanner

Date of Accident : 10/06/23 Accident Time: 1700 (24-HR-FORMAT)
 Accident Place : Ching-tsun Point dropoff point.
 Vehicle Reg. No (Car plate No.) : SLL97454 CC: 1.8 Vehicle Make/Model: Toyota WTH
 Insurance Company : China TP Policy No. _____
 Name of Registered Owner : Company / Individual M Label Auto Leasing Pte Ltd
 ID of Registered Owner : Co Reg No: 2022180442 Owner's NRIC No: _____
 OWNER EMAIL ADDRESS: reporting.gt@gmail.com Co Contact No: 96245154 Owner's Contact No: _____
 DRIVER'S Name : Serene Lee DRIVER'S NRIC No: S7617742B
 DRIVER'S Date of Birth : 21/06/76 DRIVER'S License Pass Date 08/12/03
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hirer
 DRIVER'S Address : Block 228 Pasir Ris St 21 #08-16 S(510228)
 DRIVER'S Contact No./ Alt No. : 1) 9363 3768 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : Serene7600@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 7 Name & Gender: X1 male
 Was the accident reported to the police? YES \ NO X5 female
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) _____
 Other Party Driver's Particulars (if any)
 Vehicle Reg No: SH057777 Vehicle Reg No: _____
 Vehicle Make/Model: _____ Vehicle Make/Model: _____
 Name DRIVER: _____ Name DRIVER: _____
 IC No. DRIVER: _____ IC No. DRIVER: _____
 DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____
 REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
 WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

MOTOR COVER NOTE

ORIGINAL

COVER NOTE NO.: MHC202300127CN

AGENT CODE: DR0555P

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

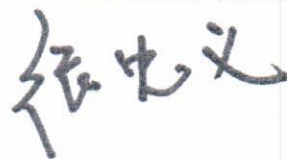
INSURED	M LABEL AUTO LEASING PTE. LTD.
MAKE/MODEL OF VEHICLE	Toyota Wish CVT
YEAR OF MANUFACTURE	2013
YEAR OF REGISTRATION	2017
ENGINE NO.	2ZR1307448
CHASSIS NO.	JTDGG20WX0J000219
ENGINE CAPACITY/TONNAGE	1798
TYPE OF COVER	Comprehensive
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM:10/06/2023 TO:09/06/2024
EXCESS	Excess Sect I.: S\$2,000.00 Excess Sect. II: S\$1,500.00 Excess Sect. I (Outside Singapore): S\$4,000.00 Excess Sect.II (Outside Singapore): S\$3,000.00
AUTHORISED WORKSHOPS	YES
HIRE PURCHASE CO.	DICKSON CAPITAL PTE LTD

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)

Not valid unless counter signed by Authorised Agent CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Loo Chuan Wei Darius

Agent Name & Date



Authorised Signature