



AR REGISTERED

SMRT AUTOMOTIVE SERVICES PTE LTD
60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6866 2652
Fax : 65 6368 7421
www.smrt.com.sg

LKK Auto Consultants Pte Ltd
Blk 51, Paya Ubi Industrial Park,
Ubi Avenue 1, #02-25 SG (408933)

Attn: Cecilia Chang

Date : 19 April 2016
Our Ref. TAX/03/16/2034
Yr Ref. CCH/II/6004322/klmq3

Dear Sirs,

**ACCIDENT INVOLVING SHF182G AND SHD4135C ON 5 MARCH 2016
ALONG SERANGOON ROAD TOWARDS PUNGGOL.**

LETTER OF CLAIM

We claim on behalf of **SMRT TAXIS PTE LTD**, owner/hirer of the vehicle Reg. No.: SHF182G
Your driver's negligent driving has caused the above accident. As a result, my client has suffered
the following losses:-

1. Cost of Repair	:	\$ 1,200.00
2. Loss of Use for _____ days @ S\$ _____/day	:	_____
3. Loss of Rental for 5 days @ S\$ 112.62 /day	:	\$ 563.10
4. Loss of Income for 5 days @ S\$ 80 /day	:	\$ 400.00
5. Police Report/ SAS Report/ LTA Search Fee	:	_____
6. Survey Fee	:	_____
7. Others	:	_____
Total Claims		: \$ 2,163.10

We enclose the following documents :

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair Invoice | <input checked="" type="checkbox"/> Letter of Authorisation |
| <input checked="" type="checkbox"/> Survey Report | <input checked="" type="checkbox"/> LTA Search result |
| <input checked="" type="checkbox"/> Photographs _____ pcs | <input checked="" type="checkbox"/> Others : |
| <input checked="" type="checkbox"/> Investigation results | 1. LAID UP REPORT |
| <input checked="" type="checkbox"/> Proof of Loss of Use/Rental/Income | 2. Discharge Voucher |
| <input checked="" type="checkbox"/> Police / SAS report of <u>SHF 182G</u> | 3. _____ |

We look forward to your confirmation to settle our claims within 15 days from the date of this
letter. Payment by cheque shall be crossed and made payable to **SMRT TAXIS PTE LTD**

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

Audrey Woo
For Manager, Claims
Claims Department

c.c



Accident Vehicle Laid-Up Report

Registration No. : SHF182G

Accident Case No. : TAX/03/16/2034

Make / Model : CHEVROLET EPICA 2.0 VCDi

Ref. No. : 24079809

Date and Time Vehicle off-road for Accident Repair : 05.03.2016 09:25:00

Date and Time Repair Completed : 10.03.2016 13:17:05

Remarks :

Generated by : FOHSUAN

Printed on : 24.03.2016



Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV160300901
Date : 23.03.2016
Vehicle No. : SHF182G
Your Ref No. : TAX/03/16/2034
Our Ref No. : 24079809
Terms : 30 Days

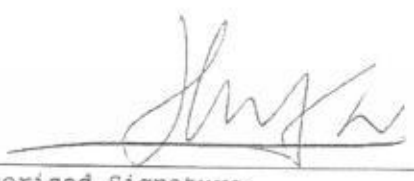
Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,200.00

GRAND TOTAL \$ 1,200.00

Remark :

Make/Model : CHEVROLET EPICA 2.0
Accident Date : 05.03.2016

N.B. Payment by cheque should be crossed and
made payable to 'SMRT Automotive Services Pte Ltd'.
No receipt will be issued unless requested.


Authorized Signature
for SMRT Automotive Services Pte Ltd

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	05/03/2016 10:21
Date Of Accident	05/03/2016 02:55
Exact Location Of Accident	SERANGOON RD TOWARDS PUNGGOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF182G
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-80000000
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi
Insurance Company	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-11027591MFSH
Cover Note Number	
Driver	
Name of Driver	TAY KIAU YING
NRIC No	S1290413D
Date Of Birth	10/08/1958
Occupation	Outdoor
Date Of Driving Pass	10/05/1978
Driving Experience	37 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Other - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Side Swipe- Same Direction
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

I HAD ONE PAX ON BOARD TRAVELLING STRAIGHT ALONG THE 2ND LANE. TRAFFIC LIGHT AHEAD HAD CHANGED TO RED AND I WAS SLOWING DOWN PREPARING TO STOP. SUDDENLY SHD4135C TRAVELLING ON MY LEFT, WITHOUT SIGNALLING, MADE AN ABRUPT LANE CHANGE INTO MY LANE. I IMMEDIATELY BRAKED BUT COULD NOT AVOID THE COLLISION.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4135C
 Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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.

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' law yers/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' law yers/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 law yers/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

Sketch Plan

TAXI Stand

Mustafa

A SHF1824

B SHD435C



2

To Punggol

3

Serangoon Rd

4

Kitchener Rd



Date: 5/3/16

Our Ref. No.: TAX13/16/2034

Letter of Authorisation

I, TAY KIAU YING (NRIC No.: S1290413-D) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SHF182 G hereby authorise **SMRT Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and SHD 4135C happened on 5-March-2016 along Serangoon Rd towards Punggol (the "Accident") on my behalf, including but not limited to instituting and any claims or proceedings against such party or parties (as AutoSvs deems fit in its absolute discretion) in respect of any claim, demand, loss, cost, expense, liability, damages or action made against us or incurred or suffered by us.

Without prejudice to the foregoing, I further authorise AutoSvs to negotiate, resolve and settle any proceeding or claim arising out of the accidents, including but not limited to doing any act or executing any document or signing the Discharge Voucher on my behalf as may be required.

Name: TAY KIAU YING Signature: 郑
NRIC No.: S1290413-D
Tel No.: 85937291
Address: Blk 630, Pasir Ris drive 3 #12-364
5510630