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)

AHn: Cecilies Chong

Dear Sirs,

Date: 19 April 2016 Our Ref. TAX/03/16/2034

Yr Ref. c(4 11 6004322 kma3

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

LETTER OF CLAIM

We claim on behalf of <u>SMRT TAXIS PTE LTD</u>, 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		1
		Total Claims	s : \$2,163.10
We	e enclose the following documents :		
1	Repair Invoice	Letter of	f Authorisation
\geq	Survey Report	arch result	
\geq	Photographspcs	Others :	
\triangleright	Investigation results	1. LAID UF	PREPORT
	Proof of Loss of Use/Rental/Income	2. Dise	harge Voncher
	Police / SAS report of SHF 1996	3.	J
		CALANT CONTROL STONE CONTROL C	n na anna choma na mana an man an anna an an an an anna an an an an

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

C.C

Aud ey Woo For Manager

For Manager, Claims Claims Department



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

SMRT AUTOMOTIVE SERVICES PTE LTD ("the workshop") hereby confirm that we/l have reached an agreement

India Ref: MCT16030164 Claimant Ref: SHF 182G

We/L

with the appointed Surveyor	of India International Insurance Pte Ltd	LKK AUTO CONS	SULTANTS PTE LTD	(name
	the amount claimed for S\$ 980.00		en of	(1000-01
usakental), CC (see	veh (se), vehicle no. SHF 182G that wa	s damaged pursua	nt to the accident which	ch occurred
on05/03/2016 (date) at	SERANGOON RD BEF JUNCTION OF KITCHENER R	(location) involv	ing vehicle no. SHD 413	insured (insured
vehicle). This is pursuant to the	e inspection conducted on07/03/2016(c	late) at "the workshop	r.	
	m authorized by the ownersr		("the	
claimant") of vehicle no. SHF	to make the claim as set out in the	above paragraph a	and we/I have full autho	irity to settle
the matter on his/her behalf party claimant".	f in a manner that we/I deem fit. We/I er	nclose herein the le	tter of authority given	by the third
We/I further confirm that we	/I will indemnify India International Insura	nce Pte Ltd for all o	damages, loss and/or e	expense that
they will or have already in	ncurred in the event that "the third party	claimant" after the	above said agreemer	nt lodges a
	rmer for any loss and expenses suffered		of repairs and/or rental	and/or loss
of use pursuant to the dama	ige to <u>SHF 182G</u> (vehicle no.) as a resu	It of the accident.		
	ement reached above is in full and final			
pursuant to the accident and	d that further this settlement is reached of	n a without prejudio	e and without admission	on of liability
basis.				
This agreement is subject to	the application of Singapore law and the	Singapore Courts h	ave exclusive jurisdicti	on over any
dispute arising out of the sam		IDT TAVIS DTE I TD	or his property damage	er applies only to the claimant's claim e and will not affect his personal ninaured losses claim in a later date.
We/lauthorize you to pay t	he total amount of S\$ 980.00 to SN	IRT TAXIS PTE LTD		t terms herein should not be used as
Dated this day of	June 2019		an evidence to prejudic	oe to the claimant's personal injuries insured losses claim arising of the
OL AMARIT.		WITNESS:		
CLAIMANT:	1 2 (2)	Williams.		
Signature:		Signature:	AWK Signed by appoin	ited Surveyor
Signed	by "the workshop" (with chop)		Signed by appoint	ica ourveyor
Name:	Lee Liele	Name:	LKK AUTO CONSULTA	INTS PTE LTD
NRIC: \\	4 90108 E	NRIC:	199607198R	
Address: 60 Wo	odlands Industrial Park E4	Address:	51 UBI AVE 1, PAYA UI	BI INDUSTRIAL PARK
Singap	ore 757705 5482 3888 Fax: 65 6368 7421		#02-25 SINGAPORE 40	18933
	mrt.com.5g	Nationality:		
Nationality.	110,000,000	776 7050		
Occupation:		Occupation:		



Accident Vehicle Laid-Up Report

Registeration 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 : POHSUAN

Printed on : 24.03.2016



Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WODDLANDS 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 : 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
			8	Amount		
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$	1,200.00
			GRAND	TOTAL	\$	1,200.0

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.

Authorised Signature

for SMRT Automotive Services Pte Ltd

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E. & O.E

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 wilful misrepresentation or witholding 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 ladgement 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

	ACCI	DEN	T STA	HE I	ENT
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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-I1027591MFSH

Cover Note Number

Driver

TAY KIAU YING Name of Driver

S1290413D NRIC No 10/08/1958 Date Of Birth Occupation

Date Of Driving Pass

Outdoor

10/05/1978

Driving Experience

37 Years And 9 Months Male

Mobile Number

Fax Number

Gender

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

Vehicle Registration Number of Driver's Own

Vehicle

Other - HIRER

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

Vehicle Registration Number

SHD4135C

Vehicle Make/Model/Colour

COMFORT TAXI

Details Of Properties

Name of Driver

NR C/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

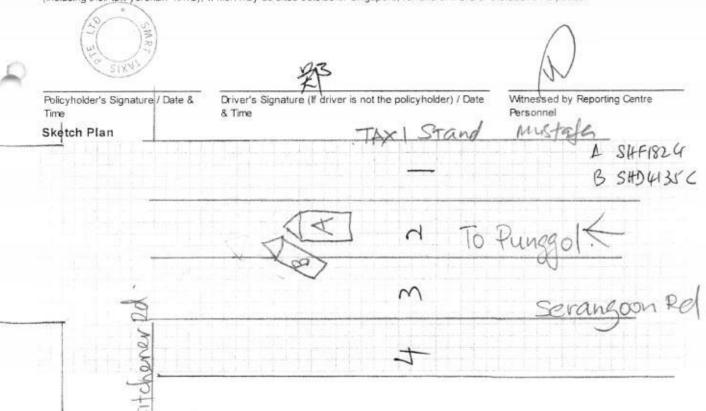
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.





Date: 5/3/66

Our Ref. No.: TOX (3/16/2034.

Letter of Authorisation

1. Tay k	IAU YINGI.	(NRIC No.: <u>S1</u>	290413-D) the
	er / relief driver / contra		
SHF 182 GV	hereby authorise	SMRT Automotive	Services Pte Ltd
("AutoSvs")	to deal with all matters	arising out of the acci	dent between my taxi
and SHD	41350	happene	d on 5-March-2016
along Se	rangoon Rd -	towards Dungg	61 -
(the "Accider	nt") on my behalf, inclu	uding but not limited	to instituting and any
claims or prod	ceedings against such p	party or parties (as Au	itoSvs deems fit in its
absolute discr	retion) in respect of any	claim, demand, loss, d	cost, expense, liability,
damages or a	ction made against us o	r 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: 23
NRIC No.	S1290413-D
Tel No.	. 85937291 BLK 630, Pasir Ris drive 3 #12-364
	S510630