



Our Ref : TAX/05/16/2140/LG

Date : 01/07/2016

To : Claims Department

From : SMRT Taxis

**ACCIDENT INVOLVING SHB5441Y AND SFW708A ON 17/05/2016 ALONG DUNEARN ROAD TOWARDS RIFLE RANGE ROAD**

**CONFIRMATION OF TAXI RENTAL**

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This is to confirm the daily taxi rental rate for taxi registration no. SHB5441Y is \$112.89/day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.



For Manager  
SMRT Taxis Pte Ltd



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. : IV160600311  
 Date : 13.06.2016  
 Vehicle No. : SHB5441Y  
 Your Ref No. : TAX/05/16/2140  
 Our Ref No. : 24081955  
 Terms : 30 Days

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4  
 SINGAPORE 757705



Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 3,850.00
<b>GRAND TOTAL</b>					<b>\$ 3,850.00</b>

Remark :

Make/Model : CHEVROLET EPICA 2.0  
 Accident Date : 17.05.2016

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



Accident Vehicle Laid-Up Report

Registration No. : SHB5441Y                      Accident Case No. : TAX/05/16/2140  
Make / Model : CHEVROLET EPICA 2.0                      Ref. No. : 24081955  
Date and Time Vehicle off-road for Accident Repair : 17.05.2016 22:43:00  
Date and Time Repair Completed : 25.05.2016 10:25:55

Remarks :

Generated by : POHSUAN

Printed on : 27.05.2016

**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 Authorised 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. 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' 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.

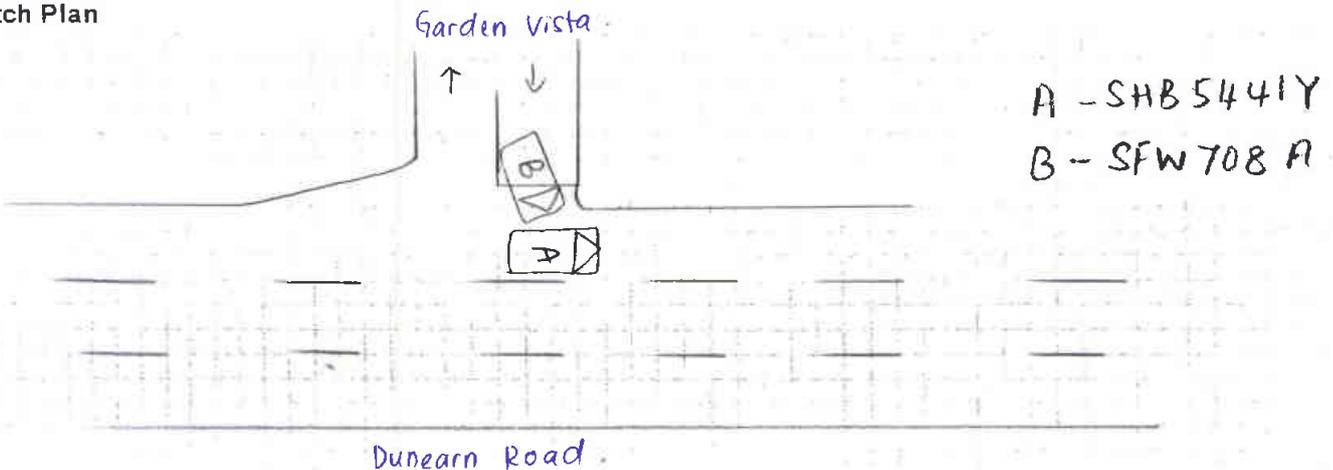


Policyholder's Signature / Date & Time

*Xuyi* 18/5/16  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 18/5/2016  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





## 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 wilful 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	18/05/2016 12:04
Date Of Accident	17/05/2016 19:30
Exact Location Of Accident	DUNEARN ROAD TOWARDS RIFLE RANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB5441Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-80000000

<b>Vehicle Particulars</b>	
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

<b>Insurance Company</b>	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-IIO27591MFSH
Cover Note Number	

<b>Driver</b>	
Name of Driver	TAN KAH HUAT
NRIC No	S0035103B
Date Of Birth	07/11/1954
Occupation	Outdoor
Date Of Driving Pass	26/11/1981
Driving Experience	34 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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

**General Information of the Accident**

Type Of Accident Collision- Head to Side  
 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) 5

**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 WAS TRAVELLING ALONG DUNEARN ROAD TOWARDS RIFLE RANGE ROAD WITH FOUR PASSENGER ON BOARD. WHILST I WAS TRAVELLING STRAIGHT IN MY LANE. I FELT AN IMPACT AT THE LEFT REAR PORTION OF MY TAXI. A VEHICLE SFW708A CAME OUT FROM MINOR ROAD ON MY LEFT AND DID NOT STOP AT THE STOP LINE, AS SUCH COLLIDED ONTO THE REAR PORTION OF MY TAXI .

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFW708A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver UNKNOWN  
 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

Text size + -

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	18 May 2016 / 14:45:33		
Asset Type:	Vehicle	Transaction Amount:	\$5.35
Asset ID:	SFW708A		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20160518144533919740

Search Date / Time: 17 May 2016 19:30:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

Information displayed is correct as at the log date and time.

Enquire Related Logs
Back to List



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