



SMRT Taxis Pte Ltd

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/01/18/2145

From: SMRT Taxis Pte Ltd

Date: 07/02/2018

**ACCIDENT ON 24/01/2018 INVOLVING SHC 4679E & SFY 9082B  
AT THE LOADING BAY BESIDE BLK 930 YISHUN CENTRAL 1**

This is to confirm that the daily rental rate for SHC 4679E is \$133.75 per day.

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

Thank you.

Yours sincerely  
SMRT TAXIS PTE LTD



for Manager



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. : IV180200207  
Date : 10.02.2018  
Vehicle No. : SHC4679E  
Your Ref No. : TAX/01/18/2145  
Our Ref No. : 24094268  
Terms : 30 Days

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705



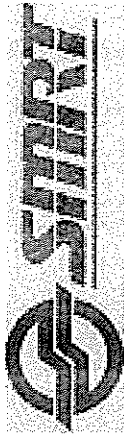
Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,700.00
GRAND TOTAL					\$ 1,700.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 24.01.2018

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. : SHC4679E      Accident Case No. : TAX/01/18/2145

Make / Model : TOYOTA PRIUS      Ref. No. : 24094268

Date and Time Vehicle off-road for Accident Repair : 24.01.2018 16:43:00

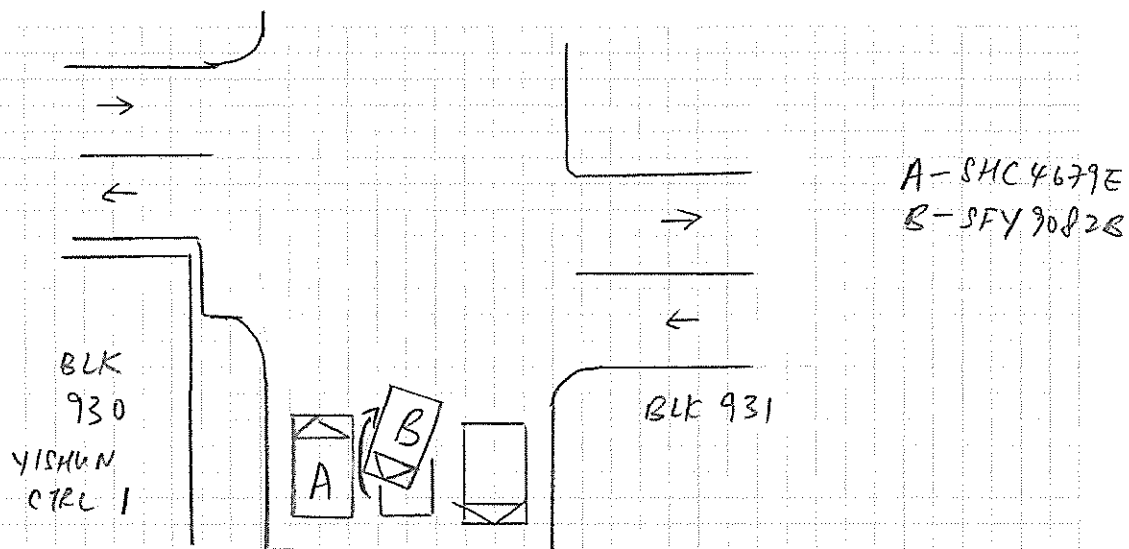
Date and Time Repair Completed : 02.02.2018 15:28:12

Remarks :

Generated by : POHSUAN

Printed on : 04.02.2018

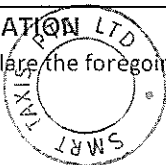
### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

24/1/2018

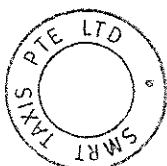
## SKETCH PLAN

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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 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	24/01/2018 16:53
Date Of Accident	24/01/2018 15:50
Exact Location Of Accident	LOADING BAY BESIDE BLK 930 YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4679E
<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

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

### Driver

Name of Driver	TAN PENG KNG
NRIC No	S1209572D
Date Of Birth	16/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	221 YISHUN STREET 21 12-427
Postcode	760221
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
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### 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

MY TAXI WAS STATIONARY BESIDE BLK 930 WANTED TO ALIGHT MY PASSENGER WHEN THE VEHICLE SFY9082B REVERSED OUT OF THE LOT BESIDE ME AND IT'S RIGHT FRONT PORTION COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY9082B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KEE GAY
NRIC/Passport Number	S8608011G
Contact Number	
Address	
Postcode	
Insurance Company Name	



Date: 24/1/2018

Our Ref. No.:

### Letter of Authorisation

I, Tan Peng King (NRIC No.: S1209572D) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SHC4679E hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SFY9082B happened on 24/1/18 at time 3.50 PM along Place Blk 930 Yishun Central 1 (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

Tan Peng King

Signature:

[Signature]

NRIC No.

S1209572D

Tel No.

9877 3618

Address

Blk 930 #12-477  
Yishun SA 71 (S) 760271



[Enquire Transaction History](#)

## Transaction History Details

Log Date/Time:	25 Jan 2018 / 08:36:24		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SFY9082B		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180125083624408048

Search Date / Time: 24 Jan 2018 15:50:00  
Insurance Company: AXA INSURANCE PTE LTD

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

Enquire Related Logs OK



## **Shanti B Thaiyal Nayagi (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)**

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**From:** Shanti B Thaiyal Nayagi (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)  
**Sent:** 25/01/2018 09:06  
**To:** 'motor.survey@axa.com.sg'; 'cst@axa.com.sg'  
**Cc:** Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC); Kok Tuck Foo (Auto Svcs/Ext Biz Svcs/AR & SC/ARC); Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); Phua Zhi Yang (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR); Grace Ng Siu Ching (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR); Lim Wei Siong (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims); Chin Kim Ming (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR); Tan Lee Gek (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)  
**Subject:** RE: SHC4679E - Survey (AXA)  
**Attachments:** SHC4679E.pdf; 2145 - 4679.pdf

Dear Sir /Mdm

Kindly arrange to survey the vehicle **SHC4679E** within 48 hours according to GIA guide line, involving your insured **SFY9082B** vehicle in Woodlands SMRT Depot

**P.S. Preferred surveyor LKK**

Regards  
Shanti  
SMRT Automotive Services PTE LTD  
Accident Reporting Center (Claims Dept)  
6866 2671/2 | [bthaiyaln@smrt.com.sg](mailto:bthaiyaln@smrt.com.sg)

