

SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/02/18/2082

From:

SMRT Taxis Pte Ltd

Date:

20/02/2018

ACCIDENT ON 10/02/2018 INVOLVING SHD 6008Z & SFL 9896M ALONG PUNGGOL ROAD

This is to confirm that the daily rental rate for SHD 6008Z 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



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 : 1990042802
Invoice No. : IV180300775
Date : 28.03.2018
Vehicle No. : SHD60082

Your Ref No. : TAX/02/18/2082

Our Ref No. : 24094585 Terms : 30 Days

Description	Qty	Unit Cost	Add / (Discount)		Amount
			8	Amount	
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,500.00
			GRAND	TOTAL	\$ 1,500.00

Remark:

Make/Model : TOYOTA PRIUS Accident Date : 10.02.2018

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

Registeration No. : SHD6008Z

Make / Model : TOYOTA PRIUS

: 24094585 Ref. No.

Accident Case No. : TAX/02/18/2082

Date and Time Vehicle off-road for Accident Repair : 10.02.2018 12:20:00

: 15.02.2018 08:21:42 Date and Time Repair Completed

Remarks:

Generated by : WEISIONG

Printed on : 13.04.2018

SKETCH PLAN

IMPÒRTANT 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 <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 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:
 - 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:

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

Reporting Centre Personnel's Signature Name:

Mb 1 M No 18

NRIC/FIN No.:

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B-SFL 9296M				
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CLARATION /e declare the foregoing particular	rs are true in every respec	t.		h 11/2018
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icyholder's Signature	Driver's Signature		Reporting Centre P	

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: カクタ/1名 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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.
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- 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

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		ACCIDENT STATEMENT
	Date Of Report	12/02/2018 13:20
	Date Of Accident	10/02/2018 11:20
	Exact Location Of Accident	PUNGGOL ROAD
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
S .	Vehicle Registration Number	SHD6008Z
9	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	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
200	Insurance Company	
J.	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	SHIRLEY LOW PUAY LI
	NRIC No	S7004327J
	Date Of Birth	15/02/1970
	Occupation	OUTDOOR
	Date Of Driving Pass	01/01/2000
	Driving Experience	18 YEARS AND 1 MONTH
	Gender	FEMALE
	Mobile Number	
	Fax Number	

NOEMAIL

Àddress

439 HOUGANG AVE 8

08-1561

Postcode

530439

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

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: : ZARINA

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

I WAS TRAVELLING ALONG PUNGGOL ROAD WITH A PASSENGER ON BOARD AND MAKING A U-TURN AT THE CROSS JUNCTION WITH RIVERVALE LANE. AFTER I HAD COMPLETELY MY U-TURN, SUDDENLY THE VEHICLE SFL9896M DASHED OUT FROM THE SLIP ROAD OF RIVERVALE LANE WITHOUT GIVING WAY TO ME AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

FILE TOO LARGE

Was there any audio recorded?

NO

Details of Witness 1

Name

ZARINA

Phone Number **Email Address**

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SFL9896M

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

MR OR

TAX /02/18/2082-

Enquire Transaction History

Transaction History Details

Log Date/Time:

12 Feb 2018 / 15:28:06

Asset Type:

Asset ID:

User ID:

Vehicle

Transaction Type:

SFL9896M

18.32 Insurance Enquiry (GIRO

Payment)

ESASBAHO - BALQISH BINTE ABDUL

HALIL

Channel:

Transaction Amount:

External Agency

\$7.49

Business Transaction Reference No.:

20180212152806096037

Search Date / Time:

10 Feb 2018 11:20:00

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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