



**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

AXA INSURANCE C/O LKK  
8 Shenton Way  
#27-01/02 AXA Tower  
Singapore 068811

Attention : Motor Claims Dept

Date : 9 April 2018  
SMRT Ref. BUS/09/17/5018/AW

Dear Sirs,

**ACCIDENT INVOLVING DOUBLE DECKER BUS SMB5017E AND SJG1643H ON 17 SEP 2017 ALONG PIE TOWARDS TOH GUAN ROAD EXIT.**

LETTER OF CLAIM

We claim on behalf of SMRT BUSES LTD, owner/hirer of the vehicle Reg. No.: SMB5017E. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

1. Cost of Repair	:	\$ 2,122.00
2. Loss of Use for 3 days @ S\$ 350 /day	:	\$ 1,050.00
3. Loss of Rental for days @ S\$ /day	:	
4. Loss of Income for days @ S\$ /day	:	
5. Police Report/ SAS Report/ LTA Search Fee	:	\$ 5.00
6. Survey Fee	:	
7. Others	:	
Total Claims	:	\$ 3,177.00

=====

We enclose the following documents :

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Repair Invoice               | <input type="checkbox"/> Letter of Authorisation      |
| <input type="checkbox"/> Survey Report                           | <input checked="" type="checkbox"/> LTA Search result |
| <input checked="" type="checkbox"/> Photographs _____ pcs        | <input type="checkbox"/> Others :                     |
| <input type="checkbox"/> Investigation results                   | 1. _____  |
| <input type="checkbox"/> Proof of Loss of Use/Rental/Income      | 2. _____  |
| <input checked="" type="checkbox"/> Police / SAS report of _____ | 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 BUSES LTD

Yours sincerely,  
SMRT AUTOMOTIVE SERVICES PTE LTD

Audrey Woo  
For Manager, Claims  
Claims Department



Customer Code: 3000066

SMRT BUSES LTD

Block Unit  
STREET 62  
6 ANG MO KIO  
SINGAPORE 569140



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. : IV180300538  
Date : 21.03.2018  
Vehicle No. : SMB5017E  
Your Ref No. : BUS/09/17/5018  
Our Ref No. : 24094778  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
<b>Labour</b>					
TO REPAIR RHS CTR PORTION	1.00	\$1060.00	0.00	\$ 0.00	\$ 1060.00
<b>Others</b>					
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1.00	\$1062.00	0.00	\$ 0.00	\$ 1062.00

GRAND TOTAL \$ 2,122.00

Remark :

Make/Model : ENVIRO 500  
Accident Date : 17.09.2017

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

## 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	18/09/2017 14:04
Date Of Accident	17/09/2017 17:55
Exact Location Of Accident	PIE TOWARDS TOH GUAN RD EXIT 30
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB5017E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64823888

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS

Exact Purpose for which vehicle was being used at time of accident

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 BUS

### Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP

Cover Note Number

### Driver

Name of Driver	ZHENG JUN
Passport No/FIN	G2096758M
Date Of Birth	11/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2012
Driving Experience	5 YEARS AND 1 MONTH
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 -  
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  
Was any body injured in the Accident? 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) 1

#### 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

Bus travelling along PIE towards Toh Guan Rd before exit 30, when suddenly hear a sound from the rear right side of the bus. From right view mirror found that a private car SGH1643H had hit onto the rear right of the bus. Private car owner told me that he had hit onto the lorry first thus vehicle lost control and hit onto my bus. For the above accident nobody was injured.

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGH1643H  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver YEW SOI KHOON  
NRIC/Passport Number  
Contact Number 91082739  
Address  
Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG519K

Vehicle Make/Model/Colour

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

BWS/09/17/5018

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.

SMRT BUSSES Ltd  
5 Ang Mo Kio Street 6A  
Singapore 569140  
Tel: 6482 3888 Fax: 6482 3842  
www.smrt.com.sg

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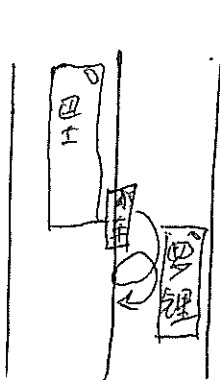
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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## Enquire Transaction History

### Transaction History Details

Log Date/Time:	20 Sep 2017 / 17:14:52		
Asset Type:	Vehicle	Transaction Amount:	\$5.35
Asset ID:	SJG1643H		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20170920171452877397

Search Date / Time: 17 Sep 2017 17:55:00

Insurance Company: AXA INSURANCE PTE LTD

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

[Enquire Related Logs](#)[Back to List](#)

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Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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