



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/02/18/2161

From: SMRT Taxis Pte Ltd

Date: 09/03/2018

**ACCIDENT ON 27/02/2018 INVOLVING SHF 488A & SKA 139Z
ALONG BALESTIER RD TOWARDS THOMSON RD**

This is to confirm that the daily rental rate for SHF 488A is \$111.82 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

A handwritten signature in black ink, consisting of a large loop and a trailing line.

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. : IV180500263
Date : 15.05.2018
Vehicle No. : SHF488A
Your Ref No. : TAX/02/18/2161
Our Ref No. : 24094800
Terms : 30 Days

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705



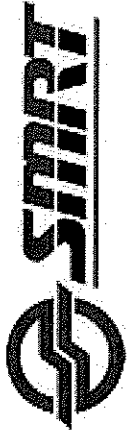
Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,550.00
GRAND TOTAL					\$ 1,550.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 27.02.2018

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

Registration No. : SHF488A

Accident Case No. : TAX/02/18/2161

Make / Model : TOYOTA PRIUS

Ref. No. : 24094800

Date and Time Vehicle off-road for Accident Repair : 28.02.2018 10:15:00

Date and Time Repair Completed : 06.03.2018 13:12:43

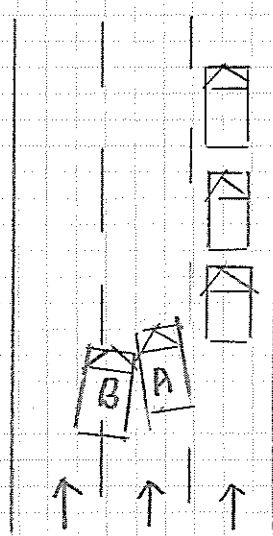
Remarks :

Generated by : POHSUAN

Printed on : 07.03.2018

SKETCH PLAN

Balestier Rd towards Thomson Rd



A-SHF 488A

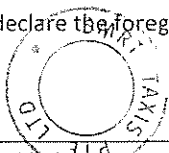
B- SKA 139Z

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.:

28/2/2018

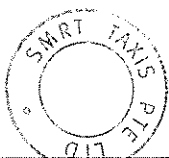
SKETCH PLAN

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:

28/2/18

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 28/02/2018 10:31
 Date Of Accident 27/02/2018 18:20
 Exact Location Of Accident BALESTIER ROAD TOWARDS THOMSON ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF488A
 Insured/Policyholder
 Name Of Registered Owner SMRT TAXIS PTE LTD
 Co Reg No 198905369K
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-800000000

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 CHUA KOON CHAI(CAI KUNCAI)
 NRIC No S7309934Z
 Date Of Birth 23/03/1973
 Occupation OUTDOOR
 Date Of Driving Pass 09/11/2017
 Driving Experience 0 YEAR AND 3 MONTH
 Gender MALE
 Mobile Number
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address 05-222
Postcode
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) 4

Passenger 1
NAME: : UNKNOWN
GENDER: : FEMALE

Passenger 2
NAME: : UNKNOWN
GENDER: : FEMALE

Passenger 3
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

I WAS TRAVELLING ALONG BALESTIER ROAD TOWARDS THOMSON ROAD WITH THREE PASSENGER(FEMALE CHINESE) ON BOARD. I SIGNALLLED MY INTENTION TO FILTER TO THE LEFT. I CHECKED FOR THE ONCOMING TRAFFIC AND I PROCEEDED WHEN THE TRAFFIC WAS CLEAR. SUDDENLY A VEHICLE SKA139Z WHICH WAS TRAVELLING ON THE EXTREME LEFT LANE ALSO FILTERED TO THE CENTRE LANE, AS SUCH COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA139Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR




Date: 28/2/2018

Our Ref. No.:

Letter of Authorisation

I, Name CHUA KOON CHAI (NRIC No.: S 7309934 Z) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SHP 488A hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and Third party vehicle no. SKA 139 Z happened on 27/02/18 620pm along Place Balestier RD Towards Thomson RD (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: CHUA KOON CHAI ~~CHAI~~ Signature: 
NRIC No.: S 7309934 Z
Tel No.: 98200854
Address: BLK 673C #06-676 YISHUN AVE 4
SPORE (763673)

Enquire Transaction History**Transaction History Details**

Log Date/Time: 28 Feb 2018 / 14:29:06

Asset Type: Vehicle

Transaction Amount: \$7.49

Asset ID: SKA139Z

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

Channel: External Agency

User ID: ESASBAH0 - BALQISH BINTE ABDUL HALIL

Business Transaction Reference No.: 20180228142906010516

Search Date / Time: 27 Feb 2018 18:20:00

Insurance Company: AXA INSURANCE PTE LTD

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

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

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

From: Shanti B Thaiyal Nayagi (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)
Sent: 01/03/2018 08:19
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: SHF488A - Survey (AXA)
Attachments: SHF488A.pdf; 2161 - 488.pdf

Dear Sir /Mdm

Kindly arrange to survey the vehicle **SHF488A** within 48 hours according to GIA guide line, involving your insured **SKA139Z**

Vehicle in **Woodlands SMRT Depot**

Regards

Shanti

SMRT Automotive Services PTE LTD

Accident Reporting Center (Claims Dept)

6866 2671/2 | bthaiyaln@smrt.com.sg



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

From: No Reply <no.reply@axa.com.sg>
Sent: 01/03/2018 08:20
To: Shanti B Thaiyal Nayagi (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)
Subject: RE: SHF488A - Survey (AXA) - CAS201803012539725

Thank you for your email.

We will look into your enquiry and get back to you within 3-5 working days. We seek your understanding and patience should we take slightly longer to respond because of unusually high email volume.

Our operating hours are between 9.00am to 5.30pm Mondays-Fridays, excluding Public Holidays.

Some points to note:

- Enquiries on Health policies, please contact our colleagues at customer.care.health@axa.com.sg
- To report a motor accident, please do so at any of our AXA Premium Workshops within 24 hours from the time of accident. You may refer to this link for our list of Premium Workshops.
- To all workshops/ third party lawyers, please email your survey request with supporting documents to motor.survey@axa.com.sg for direct assistance.

Best Regards,
Claims Service Team
AXA Insurance Pte Ltd

ref:_00Db0Ky1f_5006F1cqbCH:ref

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