

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 : 199004280Z
Invoice No. : IV181100125
Date : 09.11.2018
Vehicle No. : SHB1156Y

Your Ref No. : TAX/07/18/2108

Our Ref No. : 24097180 Terms : 30 Days

Description	Qty	Unit	Add /	(Discount)	 Amount
		Cost	용	Amount	
Parts					
PANEL SUB-ASSY, REAR DOOR , LH	1.00	\$1243.90	(100.00)	\$1243.90	\$ 0.00
MOULDING ASSY, BODY ROCKER PANEL , LH	0.00	\$ 576.00	(25.00)	\$ 0.00	\$ 0.00
PANEL SUB-ASSY, FENDER REAR LH	1.00	\$ 824.80	(100.00)	\$ 824.80	\$ 0.00
WHEEL, DISC	1.00	\$1555.10	(25.00)	\$ 388.77	\$ 1166.32
COVER, RR BUMPER ASSY	1.00	\$ 423.90	(100.00)	\$ 423.90	\$ 0.00
FILLER, RR BUMPER , LH	0.00	\$ 119.90	(25.00)	\$ 0.00	\$ 0.00
RETAINER, RR BUMPER, LH	0.00	\$ 111.50	(25.00)	\$ 0.00	\$ 0.00
SEAL, RR BUMPER , LH	0.00	\$ 85.20	(25.00)	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH , 1	0.00	\$ 3.80	(25.00)	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH , 2	0.00	\$ 3.80	(25.00)	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH , 3	0.00	\$ 3.80	(25.00)	\$ 0.00	\$ 0.00
SEAL, RR BUMPER ARM, RH & LH	0.00	\$ 11.00	(25.00)	\$ 0.00	\$ 0.00
PIXEL STICKER	2.00	\$ 60.00	0.00	\$ 0.00	\$ 120.00
			Sub-Total		\$ 1286.32
Labour					
TO REPAIR LH PORTION	1.00	\$ 400.00	0.00	\$ 0.00	\$ 400.00
Others					
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 40.00	0.00	\$ 0.00	\$ 40.00
FO APPLY RUST-PROOFING ON AFFECTED AREA	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
FO DO WHEEL ALIGNMENT / TYRE BALANCING	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00

Authorised Signature

for SMRT Automotive Services Pte Ltd



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SINGAPORE 757705

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Our Ref No. : 24097180 Terms : 30 Days

Description	Qty		Unit	Add / (Discoun			count)	t) Amount		
		Cost		% Amoun		ount				
TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	1.00	\$	445.32	0	.00	\$	0.00	\$	445.32	
FO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$	50.00	0	.00	\$	0.00	\$	50.00	
TO WASH AND VACUUM	0.00	\$	60.00	0	.00	\$	0.00	\$	0.00	
TO RESPRAY REAR DOOR LH	1.00	\$	200.00	0	.00	\$	0.00	\$	200.00	
O RESPRAY ROCKER PANEL MOULDING	0.00	\$	180.00	0	.00	\$	0.00	\$	0.00	
CO RESPRAY REAR FENDER LH	1.00	\$	200.00	0	.00	\$	0.00	\$	200.00	
TO REPSRAY REAR BUMPER	1.00	\$	200.00	0	.00	\$	0.00	\$	200.00	
TO RESPRAY FILLER RR BUMPER LH	0.00	\$	180.00	0	.00	\$	0.00	\$	0.00	
TO RESPRAY RIM	0.00	\$	180.00	0	.00	\$	0.00	\$	0.00	
					GRANI	TOTA	L	\$	2,991.6	

Remark:

Make/Model : PRIUS4
Accident Date : 21.07.2018

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

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SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/07/18/2108

From:

SMRT Taxis Pte Ltd

Date:

27/07/2018

ACCIDENT ON 21/07/2018 INVOLVING SHB 1156Y & SHC 2542D ALONG BAYFRONT AVE

This is to confirm that the daily rental rate for SHB 1156Y is \$120.91 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

Tax Reference No: SXXXX968C Year of Assessment:2017 Income Tax Date: 02 May 2017

NOTICE OF ASSESSMENT ORIGINAL

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MR SOW CHEE MONG 2 TECK WHYE AVE #08-212 SINGAPORE 680002

INLAND REVENUE AUTHORITY OF SINGAPORE

55 Newton Road Revenue House Singapore 307987 Tel: 1800-356 8300 Website: http://www.iras.gov.sg e-Services: https://mytax.iras.gov.sg

1-1

		OTHER	
	S'PORE (\$)	COUNTRIES (\$)	TOTAL (\$)
TRADE	30,000.00		30,000.00
TOTAL INCOME	30,000.00		30,000.00
ASSESSABLE INCOME			30,000.00
LESS: PERSONAL RELIEF	s		
Earned Income		1,000.00	
NSman-self/wife/pare	nt	1,500.00	
Spouse/Handicapped	Spouse	2,000.00	
Child (QCR)		4,000.00	
Provident Fund/Life In	surance	180.00	
TOTAL PERSONAL RELIEF	-s		8,680.00
CHARGEABLE INCOME			21,320.00
FIRST 1,320.00 @ 2.00%			26.40
LESS: TAX SETOFFS			
20 % Tax Rebate (ca	pped at \$500)	5.28	
Parenthood Tax Reba	ate/Further Tax Rebate	21.12	26.40
TAX PAYABLE			0.00

- 1. Your tax assessment is based on information given by you through e-Filing on 18 Apr 2017.
- 2. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

Q \$82.19

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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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/07/2018 17:02
Date Of Accident	21/07/2018 19:15
Exact Location Of Accident	BAYFRONT AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB1156Y
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
Insurance Company	
Name of insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT

YES

Fleet Policy

D-18090213MFSH Policy Number

Cover Note Number

Driver

SOW CHEE MONG Name of Driver

NRIC No S1669968C Date Of Birth 15/03/1964 Occupation **OUTDOOR** Date Of Driving Pass 21/04/1988

30 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-80000000

Fax Number

Contact Number EMail Address NOEMAIL Address

2

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?

YE\$

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:

: MALE

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 STRAIGHT ALONG BAYFRONT AVE AT THE CENTRE LANE WHEN THE COMFORT TAXI SHC2542D FROM THE LEFT LANE ABRUPTLY CUT INTO MY LANE 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?

YES

Remarks/ Reasons:

FILE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC2542D

Vehicle Make/Model/Colour

COMFORT

Details Of Properties

TAXI Vehicle Category

Name of Driver CHEW ANN ENG S0213290G NRIC/Passport Number

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Policyholder's Signature Date & Time: Drive's Signature
(If driver is not the policyholder)
Date & Time: 23 07 18 17 90

de 23/7/211

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

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 <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)

Lunderstand, 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 & Brandfure
Date & Time:

Oriver's Signature

(If driver is not the policyholder)
Date & Time: 33/718 1400

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Name:



Accident Vehicle Laid-Up Report

Registeration No. : SHB1156Y

Make / Model : TOYOTA PRIUS GEN4

Ref. No.

: 24097180

Accident Case No. : TAX/07/18/2108

Date and Time Vehicle off-road for Accident Repair : 23.07.2018 17:01:00

: 26.07.2018 16:08:19 Date and Time Repair Completed

Remarks:

Generated by : POHSUAN

Printed on : 27.07.2018



Date: 23/7/2010

Our Ref. No.:

<u>Letter of Authorisation</u>
1, SOWHER MONL (NRIC No.: 3/669968/C) the
registered hirer / relief driver / contract hirer of SMRT taxi registration number SHBMS hereby authorise SMRT Automotive Services Pte Ltd
("AutoSvs") to deal with all matters arising out of the accident between my taxi and Shifted along happened on 21 of the accident between my taxi happened on 21 of the accident between my taxi along Bayfaent AVE
(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 Sow GIEE Monh Signature: White NRIC No. 5/669968/C
NRIC No. : 5/669968/C
Tel No. : 9/194746
Address BLK J TECK WHYE AVE #08-212
PLATHAPORE 680002