



SMRT AUTOMOTIVE SERVICES PTE LTD
60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6866 2647
Fax : 65 6368 7421
www.smrt.com.sg

India International Insurance Pte Ltd
c/o LKK Auto Consultants Pte Ltd
No. 51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Date: 5 October 2018

Our Ref.: TAX/08/18/2002/LG

Dear Sirs,

**ACCIDENT ON 1/8/2018 INVOLVING SHD 6389Z & SHB 4335C (INDIA'S INSURED)
ALONG AIRPORT BOULEVARD TOWARDS T2**

LETTER OF CLAIM

We claim on behalf of SMRT Taxis Pte Ltd, the owner and the hirer of taxi no.: SHD 6390Z. Your insured's negligent driving has caused the above accident. As a result, our clients have suffered the following losses:-

1. Cost of Repair	:	<u>\$ 640.00</u>
2. Loss of Rental for <u>8</u> days @ S\$ <u>130.54</u> /day	:	<u>\$ 1044.32</u>
3. Loss of Income for <u>8</u> days @ S\$ <u>60.00</u> /day	:	<u>\$ 480.00</u>
4. Police Report/ SAS Report/ LTA Search Fee	:	<u>-</u>
5. Survey Fee	:	<u>-</u>
Total Claims :		<u>\$ 2164.32</u>

We enclose the following documents:

<input checked="" type="checkbox"/> Repair Invoice	<input checked="" type="checkbox"/> Letter of Authorisation
<input type="checkbox"/> Survey Report	<input type="checkbox"/> LTA Search result
<input type="checkbox"/> Photographs _____ pcs	<input checked="" type="checkbox"/> Others :
<input type="checkbox"/> Investigation results	1. <u>vehicle laid-up report</u>
<input checked="" type="checkbox"/> Proof of Loss of Use/Rental/Income	2. _____
<input checked="" type="checkbox"/> Police / SAS report of <u>SHD 6389Z</u>	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 TAXIS PTE LTD**.

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

Tan Lee Gek
For Manager, Claims
Claims Department
DID: 6866 2647
Email: leegek@smrt.com.sg



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705



GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV180900426
Date : 26.09.2018
Vehicle No. : SHD6389Z
Your Ref No. : TAX/08/18/2002
Our Ref No. : 24097351
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
Parts					
Rear Bumper Assy	1.00	\$ 925.27	(100.00)	\$ 925.27	\$ 0.00
REAR BUMPER CLIP	0.00	\$ 4.25	(10.00)	\$ 0.00	\$ 0.00
LAMP ASSY, REFLEX REFLECTOR LH	0.00	\$ 10.52	(10.00)	\$ 0.00	\$ 0.00
LAMP ASSY, REFLEX REFLECTOR RH	0.00	\$ 10.52	(10.00)	\$ 0.00	\$ 0.00
REVERSE SENSOR	0.00	\$ 165.10	(10.00)	\$ 0.00	\$ 0.00
ABSORBER ENERGY RR BUMPER	0.00	\$ 111.73	(10.00)	\$ 0.00	\$ 0.00
BEAM ASSY-IMPACT RR BUMPER	0.00	\$ 513.97	(10.00)	\$ 0.00	\$ 0.00
Sub-Total					\$ 0.00
Labour					
TO REPAIR REAR PORTION	1.00	\$ 300.00	0.00	\$ 0.00	\$ 300.00
Others					
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
TO REPSRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY BUMPER BEAM	1.00	\$ 100.00	0.00	\$ 0.00	\$ 100.00
GRAND TOTAL					\$ 640.00

Remark :

Make/Model : SSANGYONG PREMIER RO
Accident Date : 01.08.2018

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. : SHD6389Z Accident Case No. : TAX/08/18/2002

Make / Model : SSANGYONG PREMIER RODIUS SV270 Ref. No. : 24097351

Date and Time Vehicle off-road for Accident Repair : 02.08.2018 09:51:00

Date and Time Repair Completed : 10.08.2018 09:47:00

Remarks :

Generated by : NGSIUCHING

Printed on : 10.08.2018

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	02/08/2018 10:09
Date Of Accident	01/08/2018 22:25
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6389Z
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	SSANGYONG
Model	RODIUS-2.7 (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-18090213MFSH
Cover Note Number	

Driver

Name of Driver	TAN KOK WAH
NRIC No	S1760430I
Date Of Birth	13/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11
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	COLLISION - HEAD TO REAR
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)	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

I WAS STATIONARY ALONG AIRPORT BOULEVARD TOWARDS T2 IN THE TAXI QUEUE. FRONT VEHICLE MOVED, BEFORE I COULD MOVE I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SHB4335C(COMFORT) HAD COLLIDED ONTO THE REAR 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	SHB4335C
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Airport Boulevard towards T2

A B

A- 5HD6389Z

B-SHB 4335C

[illegible]

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



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2/10/82

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

SKETCH PLAN

IMPORTANT NOTICE

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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.:



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/18/2002

From: SMRT Taxis Pte Ltd

Date: 10/08/2018

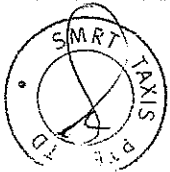
**ACCIDENT ON 01/08/2018 INVOLVING SHD 6389Z & SHB 4335C
ALONG AIRPORT BOULEVARD TOWARDS T2**

This is to confirm that the daily rental rate for SHD 6389Z is \$130.54 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



Date: 2/8/2018

Our Ref. No.:

Letter of Authorisation

I, Tan Kok Wah (NRIC No.: S17604301) the registered hirer / ~~relief driver~~ / ~~contract hirer~~ of SMRT taxi registration number

SHD63892 hereby authorise **SMRT Automotive Services Pte Ltd**

("AutoSvs") to deal with all matters arising out of the accident between my taxi and SHB4335C happened on 01-08-2018 10.25pm

along Airport Boulevard near to Terminal 2. (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 Kok Wah Signature: [Signature] 02-08-2018
NRIC No.: S17604301
Tel No.: 90096206
Address: Blk 1 Marsiling Drive
#07-83 Singapore 730001