



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/18/2041

From: SMRT Taxis Pte Ltd

Date: 17/08/2018

**ACCIDENT ON 08/08/2018 INVOLVING SHB 5039B & SLU 341M
ALONG WOODLANDS AVE 3**

This is to confirm that the daily rental rate for SHB 5039B is \$121.98 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 Invoice

 GST Reg No. : MR-8500001-7
 CRN : 199004280Z
 Invoice No. : IV180900289
 Date : 19.09.2018
 Vehicle No. : SHB5039B
 Your Ref No. : TAX/08/18/2041
 Our Ref No. : 24097469
 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
Parts					
COVER, FR BUMPER	1.00	\$ 495.50	(100.00)	\$ 495.50	\$ 0.00
SUPPORT, FR BUMPER RH	0.00	\$ 76.90	(25.00)	\$ 0.00	\$ 0.00
FENDER SUB-ASSY, FR , RH	1.00	\$ 933.10	(100.00)	\$ 933.10	\$ 0.00
LINER, FR FENDER, RH	1.00	\$ 198.40	(25.00)	\$ 49.60	\$ 148.80
EMBLEM, SIDE PANEL (HYBRID)	1.00	\$ 52.90	(25.00)	\$ 13.22	\$ 39.67
TYRE	0.00	\$ 126.74	(0.00)	\$ 0.00	\$ 0.00
WHEEL, DISC FRONT	1.00	\$1555.10	(100.00)	\$1555.10	\$ 0.00
UNIT, HEADLAMP , RH	1.00	\$2558.90	(10.00)	\$ 255.89	\$ 2303.01
LAMP ASSY, FOG, RH	0.00	\$ 910.20	(10.00)	\$ 0.00	\$ 0.00
				Sub-Total	\$ 2491.48
Labour					
TO REPAIR RH PORTION	1.00	\$ 500.00	0.00	\$ 0.00	\$ 500.00
Others					
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO REMOVE AND REFIT TYRE	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
TO REPSRAY FRONT BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY FRONT FENDER RH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00



 Authorised Signature
 for SMRT Automotive Services Pte Ltd



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. : IV180900289
Date : 19.09.2018
Vehicle No. : SHB5039B
Your Ref No. : TAX/08/18/2041
Our Ref No. : 24097469
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
TO RESPRAY RIM	1.00	\$ 100.00	0.00	\$ 0.00	\$ 100.00
GRAND TOTAL					\$ 3,691.48

Remark :

Make/Model : PRIUS4
Accident Date : 08.08.2018

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. : SHB5039B Accident Case No. : TAX/08/18/2041
Make / Model : TOYOTA PRIUS GEN4 Ref. No. : 24097469

Date and Time Vehicle off-road for Accident Repair : 08.08.2018 23:18:00
Date and Time Repair Completed : 16.08.2018 08:34:07

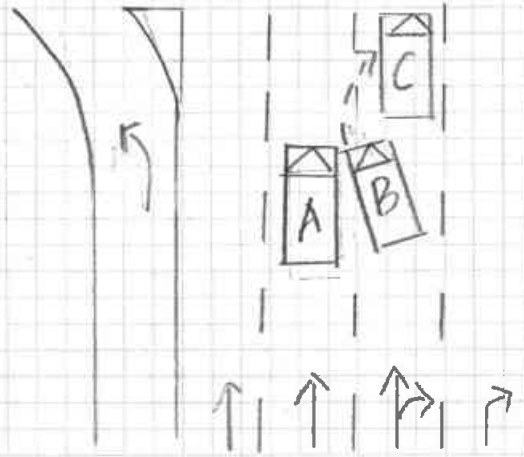
Remarks :

Generated by : NGSIUCHING

Printed on : 16.08.2018

SKETCH PLAN

Woodlands Ave 3



A-SHB 5039B

B-SL4341M

C - unknown.

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.:

10/8/2018

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:

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	10/08/2018 12:41
Date Of Accident	08/08/2018 22:00
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB5039B
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-18090213MFSH
Cover Note Number	
Driver	
Name of Driver	CHUA AH BENG
NRIC No	S1290725G
Date Of Birth	07/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-800000000
Fax Number	
Contact Number	
EEmail 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 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? YES
 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 : EUGENE
 GENDER : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS NPC
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/201808/2039 On 08/08/2018 at about 2200hrs, I was driving on the third lane along Woodlands Ave 3. As I was approaching the traffic light, a car from lane 2 abruptly turned into my lane resulting in a collision. The said car had hit onto my driver side front wheel. We then exchanged contact details and agreed to settle via insurance claims. However, when I woke up on 09/08/2018, I felt my body aching. I wanted to go to a clinic however, it was a public holiday. On 10/08/2018, I went to A Life Clinic Pte Ltd and was given 06 days MC from 09/08/2018 to 14/08/2018. My taxi sustained a dent on the right wheel area and the front right side bumper.

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 Witness 1

Name EUGENE
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1



**SINGAPORE
POLICE FORCE**



T/20180810/2039

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180810/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 11:53		Vide Report No.:		Station Diary No.: 73	
Informant's Particulars					
Name of Informant: CHUA AH BENG			Address: APT BLK 664A JURONG WEST STREET 64 #07-260 SINGAPORE 641664		
ID Type / ID No.: NRIC NO / S1290725G			Contact No.: Home/Office: Mobile: 86836128		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/02/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5039B	TAXI	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SLU341M	Car	MAZDA	MAZDA 3	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180810/2039

CONTINUATION OF REPORT

Driver			
Name	CHUA AH BENG	ID No.	S1290725G
Related Vehicle	SHB5039B (TAXI)	Contact No.	86836128
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	TAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	96522711
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/08/2018 at about 2200hrs, I was driving on the third lane along Woodlands Ave 3. As I was approaching the traffic light, a car from lane 2 abruptly turned into my lane resulting in a collision. The said car had hit onto my driver side front wheel.

We then exchanged contact details and agreed to settle via insurance claims.

However, when I woke up on 09/08/2018, I felt my body aching. I wanted to go to a clinic however, it was a public holiday.

On 10/08/2018, I went to A Life Clinic Pte Ltd and was given 06 days MC from 09/08/2018 to 14/08/2018.

My taxi sustained a dent on the right wheel area and the front right side bumper.



**SINGAPORE
POLICE FORCE**



T/20180810/2039

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180810/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL
MANAF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2018 11:53

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force

SN 130



Date: 10/8/2018

Our Ref. No.:

Letter of Authorisation

I, ^{Name} Chua Ah Beng (NRIC No.: S1290725/G) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SAB 5039B hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and ^{Through party vehicle no.} SLU 341M happened on 8/8/18 ^{Date & time} 22-10pm along Woodlands Ave 3

(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 Ah Beng Signature:  10/8/18

NRIC No.: S1290725/G

Tel No.: 86836128

Address:

https

Enquire Transaction History

Transaction History Details

Log Date/Time:	10 Aug 2018 / 14:40:28	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SLU341M		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180810144028886614

8/10

Search Date / Time: 08 Aug 2018 22:00:00
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

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