



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/18/2045

From: SMRT Taxis Pte Ltd

Date: 17/08/2018

**ACCIDENT ON 10/08/2018 INVOLVING SHB 440H & SLE 3072D
ALONG T-JUNCTION OF BALESTIER ROAD AND SHAN ROAD**

This is to confirm that the daily rental rate for SHB 440H is \$111.28 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



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. : IV180900310
Date : 20.09.2018
Vehicle No. : SHB440H
Your Ref No. : TAX/08/18/2045
Our Ref No. : 24097481
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				\$ 5,600.00
GRAND TOTAL					\$ 5,600.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 10.08.2018

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. : SHB440H Accident Case No. : TAX/08/18/2045
Make / Model : TOYOTA PRIUS Ref. No. : 24097481

Date and Time Vehicle off-road for Accident Repair : 10.08.2018 18:30:00
Date and Time Repair Completed : 17.08.2018 10:27:27

Remarks :

Generated by : NGSIUCHING

Printed on : 17.08.2018

SHAN RD

BALESTIER RD

A - SHB 440H
B - SLE 3072D
C - SJY 9718D

A - SHB 440H
B - SLE 3072D
C - SJY 9718D

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Date & Time:

(If driver is not the policyholder)

Date & Time:

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 **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.



[Signature]
11-08-2018 / 0830

[Signature] 11/8/2018

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	11/08/2018 08:30
Date Of Accident	10/08/2018 18:30
Exact Location Of Accident	T-JUNCTION OF BALESTIER ROAD AND SHAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB440H
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
Fleet Policy	YES
Policy Number	D-18090213MFSH
Cover Note Number	
Driver	
Name of Driver	KAMARUDIN BIN YUSOPE
NRIC No	S1653041G
Date Of Birth	29/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 69
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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 TRAVELLING STRAIGHT ALONG BALESTIER ROAD AT THE LEFT MOST LANE. WHEN ENTERING THE T-JUNCTION WITH SHAN ROAD, THE VEHICLE SLE3072D FROM THE OPPOSITE DIRECTION LANE MAKE A RIGHT TURN INTO SHAN ROAD FAILED TO GIVE WAY TO ME AND COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI. DUE TO THE GREAT IMPACT MY TAXI WAS BEING PUSHED TO THE LEFT. SUBSEQUENTLY THE VEHICLE SLE3072D LOST CONTROL AND COLLIDED ONTO THE VEHICLE SJY9718D WHICH STOPPING ALONG SHAN ROAD.

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 SLE3072D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HAN JIE HUI
 NRIC/Passport Number S8009316J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)



SINGAPORE POLICE FORCE

TAK 108/18/2045



T/20180811/2032

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180811/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2018 10:47	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: KAMARUDIN BIN YUSOPE			Address: APT BLK 69 BEDOK SOUTH AVENUE 3 #05-482 SINGAPORE 460069		
ID Type / ID No.: NRIC NO / S1653041G			Contact No.: Home/Office: Mobile: 82650782		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 29/07/1964	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2018 18:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BALESTIER ROAD SHAN ROAD Along Balestier Rd junction of Shan Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHB440H	Taxi	TOYOTA	Prius	Brown	Seriously Damaged	0
SJY9718D	Car	MERCEDES BENZ		Grey	Seriously Damaged	1
SLE3072D	Car	NISSAN	Note	White	Seriously Damaged	0



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMARUDIN BIN YUSOPE	ID No.	S1653041G
Related Vehicle	SHB440H (Taxi)	Contact No.	82650782
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	11/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KEW YIT MIAN	ID No.	S2560821F
Related Vehicle	SJY9718D (Car)	Contact No.	97307103
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
Driver			
Name	HAN JIE HUI	ID No.	S8009316J
Related Vehicle	SLE3072D (Car)	Contact No.	98712250
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 10/08/2018 at about 1830hrs, I was driving my taxi bearing registration no,SHB440H along Balestier Rd. I was driving on the most left lane. Traffic was heavy at the point of time. Subsequently at the junction of Shan Rd, one vehicle bearing registration no.SLE3072D which was on the opposite side, turned right into Shan Rd. The vehicle then collided onto my front right portion of my vehicle causing it to push to the left. The other vehicle,SLE3072D then collided onto another vehicle bearing registration no,SJY9718D which was at stop line at Shan Rd. Traffic Police came to scene shortly after. All three vehicles were towed away. I have an in-vehicle camera installed however it was not in recording mode. I felt pain on my back and shoulder area as such I went to the clinic and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180811/2032

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180811/2032

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:

E /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL
BAHRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Signature Of Informant:

[Signature]
11 08 2018

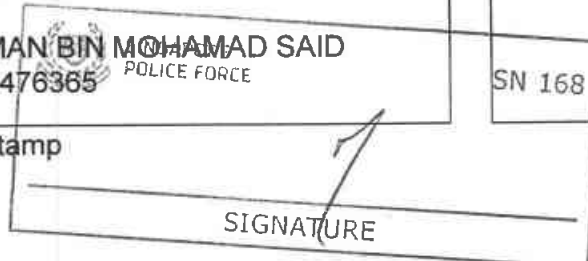
Date/Time:

11/08/2018 10:47

Classification Of Case:

Authentication Stamp

NP168





**SINGAPORE
POLICE FORCE**



T/20180811/2032

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 4

Report No. T/20180811/2032




Date: 11/8/2018

Our Ref. No.:

Letter of Authorisation

I, KAMARUDIN BIN YUSOF (NRIC No.: S 1653041-G) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SHB 440 H hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SLE 3072 D happened on 10.08.2018 at 1830 Hrs along JUNCTION OF BALESTIER ROAD / SHAN ROAD → THOMPSON ROAD (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: KAMARUDIN B. YUSOF Signature: 
NRIC No.: S 1653041-G
Tel No.: 82650782
Address: APT. BLK. 69. # 05482. BEDOK SOUTH
AVENUE 3. SINGAPORE 460069

Enquire Transaction History**Transaction History Details**

Log Date/Time:	11 Aug 2018 / 11:08:31	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SLE3072D		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180811110831041087

Search Date / Time: 10 Aug 2018 18:30:00
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK