



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

China Taiping Insurance (S) 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/08/18/2081/LG

Dear Sirs,

**ACCIDENT ON 21/8/2018 INVOLVING SHB 1906A & SKW 282B  
ALONG YISHUN AVE 7**

LETTER OF CLAIM

We claim on behalf of SMRT Taxis Pte Ltd, the owner and the hirer of taxi no.: SHB 1906A. 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>\$1050.00</u>
2. Loss of Rental for <u>5.5</u> days @ S\$ <u>133.75</u> /day	:	<u>\$ 735.62</u>
3. Loss of Income for _____ days @ S\$ _____ /day	:	<u>-</u>
4. Police Report/ SAS Report/ LTA Search Fee	:	<u>\$ 7.00</u>
5. Survey Fee	:	<u>-</u>
Total Claims :		<u>\$1792.62</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 checked="" 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>SHB 1906A</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: leegeek@smrt.com.sg



Accident Vehicle Laid-Up Report

Registration No. : SHB1906A                      Accident Case No. : TAX/08/18/2081

Make / Model : TOYOTA PRIUS                      Ref. No. : 24097639

Date and Time Vehicle off-road for Accident Repair : 22.08.2018 04:35:00

Date and Time Repair Completed : 27.08.2018 11:15:33

Remarks :

Generated by : POHSUAN

Printed on : 28.08.2018



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. : IV180900297  
Date : 20.09.2018  
Vehicle No. : SHB1906A  
Your Ref No. : TAX/08/18/2081  
Our Ref No. : 24097639  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,050.00
GRAND TOTAL					\$ 1,050.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 21.08.2018

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

## 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	23/08/2018 10:21
Date Of Accident	21/08/2018 21:45
Exact Location Of Accident	YISHUN AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1906A
<b>Insured/Policyholder</b>	
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	GOH CHWIN BOON
NRIC No	S7915875E
Date Of Birth	28/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 556  
 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 CHAIN COLLISION  
 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) 5  
 Passenger 1  
 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 2  
 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 3  
 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 4  
 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 STATIONARY ALONG YISHUN AVE 7 WITH FOUR PASSENGERS ON BOARD DUE TO RED TRAFFIC LIGHT. MOMENT LATER, SUDDENLY I FELT AN IMPACT FROM BEHIND, THE VEHICLE SKW282B FROM BEHIND HAD COLLIDED ONTO THE REAR PORTION OF MY TAXI. WHEN I ALIGHTED AND CHECKED, I DISCOVERED THAT IT WAS A CHAIN COLLISION INVOLVED OF 4 VEHICLES INCLUDING MINE.

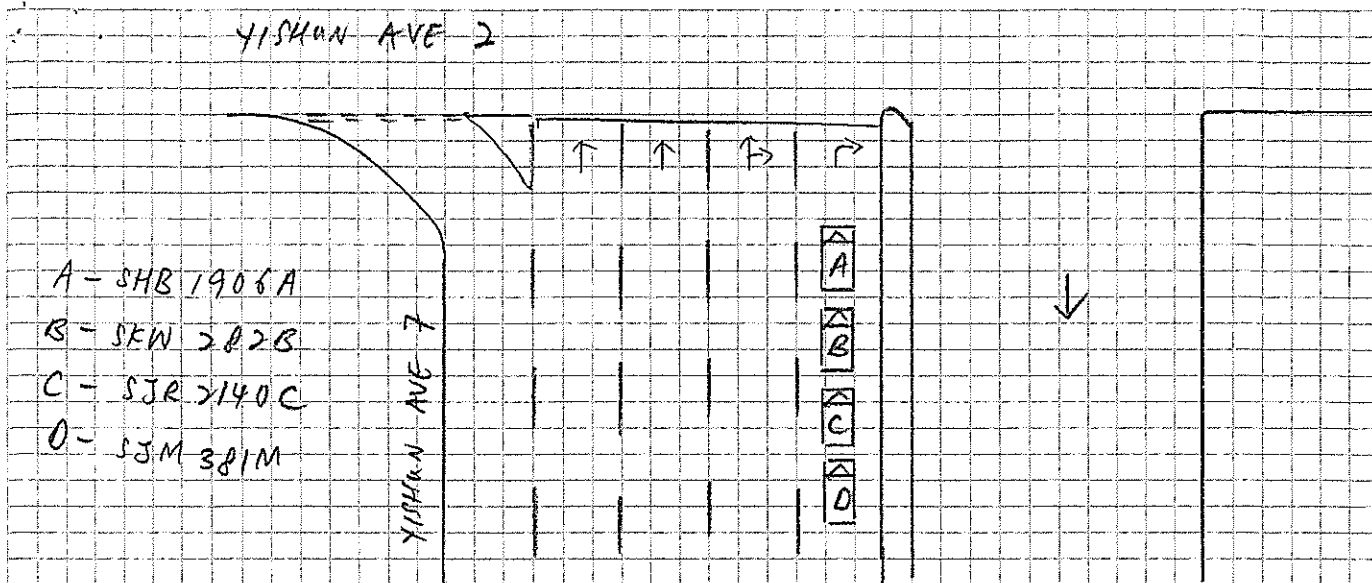
#### Attachment(s)

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 SKW282B  
 Vehicle Make/Model/Colour  
 Details Of Properties

### SKETCH PLAN

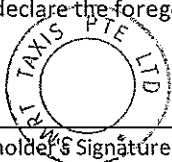


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. At the bottom center of the page, there is a small, faint circular mark or hole punch. The paper appears to be part of a binder or notebook.

## 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.:

23/8/2011

## 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: 23/08/2018

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

23/08/2018

Vehicle Category	PRIVATE CAR
Name of Driver	ONG WEI CONG
NRIC/Passport Number	S8266202B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR2140C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJM381M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	





Date: 23/8/2018


Our Ref. No.:

### Letter of Authorisation

I, Goh Chwin Boon (NRIC No.: S7915875E) the registered hirer / relief driver / contract hirer of SMRT taxi registration number SAB1906A hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SKW 2828B happened on 21/08/2018 time 2145 along YISHUN AVE 7

(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 : Goh Chwin Boon Signature:   
NRIC No. : S7915875E  
Tel No. : 82446436  
Address : Blk 556 Bedok North Street 3 #11-954  
460556.

TAX|08|18|2081 -LG

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	23 Aug 2018 / 11:08:50		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SKW282B		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20180823110850830045
Search Date / Time:	21 Aug 2018 21:45:00		
Insurance Company:	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD		

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

[Enquire Related Logs](#)

[Back to List](#)



SMRT Taxis Pte Ltd

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/08/18/2081

From: SMRT Taxis Pte Ltd

Date: 27/08/2018

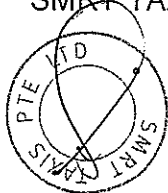
**ACCIDENT ON 21/08/2018 INVOLVING SHB 1906A & SKW 282B  
ALONG YISHUN AVE 7**

This is to confirm that the daily rental rate for SHB 1906A is \$133.75 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