



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/09/18/2050

From: SMRT Taxis Pte Ltd

Date: 17/9/2018

**ACCIDENT ON 12/09/2018 INVOLVING SHB 1018M & SJU 8742K  
AT THE CAR PARK OF TESSERINA CONDO**

This is to confirm that the daily rental rate for SHB 1018M 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

A circular stamp with the text "SMRT TAXIS PTE LTD" around the perimeter. A signature is written across the center of the stamp.



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. : IV181200029  
Date : 03.12.2018  
Vehicle No. : SHB1018M  
Your Ref No. : TAX/09/18/2050  
Our Ref No. : 24097919  
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				\$ 2,050.00
GRAND TOTAL					\$ 2,050.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 12.09.2018

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



## Laid Up Report

Accident Start Date : 12/09/2018

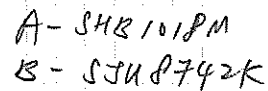
Date Generated : 02/10/2018

Accident End Date : 04/10/2018

User Name : LeeGek

Case Reference Number	Vehicle Registration Number	Company Type	Vehicle Make	Vehicle Model	Job Card Number	Date and Time (Accident Repair)	Date and Time (Repair Completed)
TAX/09/18/2050	SHB1018M	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24097919	13/09/2018 12:48 PM	21/09/2018 8:59 AM

### SKETCH PLAN

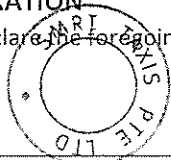


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## DECLARATION

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



Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

sh 13/9/2014

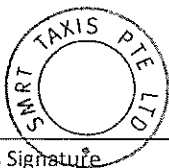
## SKETCH PLAN

### 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:

*lee*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*ph* 13/9/2018

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	13/09/2018 11:13
Date Of Accident	12/09/2018 17:30
Exact Location Of Accident	THE TESSARINA CONDO CAR PARK WILBY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1018M
<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-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	NO
Policy Number	D-18090213MFSH

Cover Note Number	
-------------------	--

### Driver

Name of Driver	LEE YONG TENG
NRIC No	S1766428Z
Date Of Birth	20/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-800000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 1  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - RELIEF  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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) 2  
 Passenger 1  
 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 DRIVING STRAIGHT ALONG THE CAR PARK DRIVE WAY WITH A PASSENGER ON BOARD WHEN THE VEHICLE SJU8742K DID NOT STOP AT THE STOP LINE AND DASHED OUT FROM THE MINOR ROAD. AS SUCH, ITS FRONT PORTION 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 SJU8742K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

## Enquire Transaction History

Log Date/Time: 13 Sep 2018 / 14:15:43

Asset Type: Vehicle

Transaction Amount: \$7.49

Asset ID: SJU8742K

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

Channel: External Agency

User ID: ESASBAHO - BALQISH BINTE ABDUL HALIL

Business Transaction Reference No.: 20180913141543203446

Search Date / Time: 12 Sep 2018 17:46:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

[Enquire Related Logs](#)

[Back to List](#)