



Our Ref : TAX/10/18/2033/LG

Date : 17/10/2018

To : Claims Department

From : SMRT Taxis

ACCIDENT INVOLVING SHB1802R & EM9399M ON 08/10/2018 ALONG BLK 68/59  
LENGKOK BAHRU OSCP

**CONFIRMATION OF TAXI RENTAL**

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This is to confirm the daily taxi rental rate for taxi registration no. SHB1802R is \$133.75/day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.



For Manager  
SMRT Taxis Pte Ltd



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. : IV181200031  
Date : 03.12.2018  
Vehicle No. : SHB1802R  
Your Ref No. : TAX/10/18/2033  
Our Ref No. : 24098222  
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				\$ 1,100.00
GRAND TOTAL					\$ 1,100.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 08.10.2018

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 : 01/10/2018

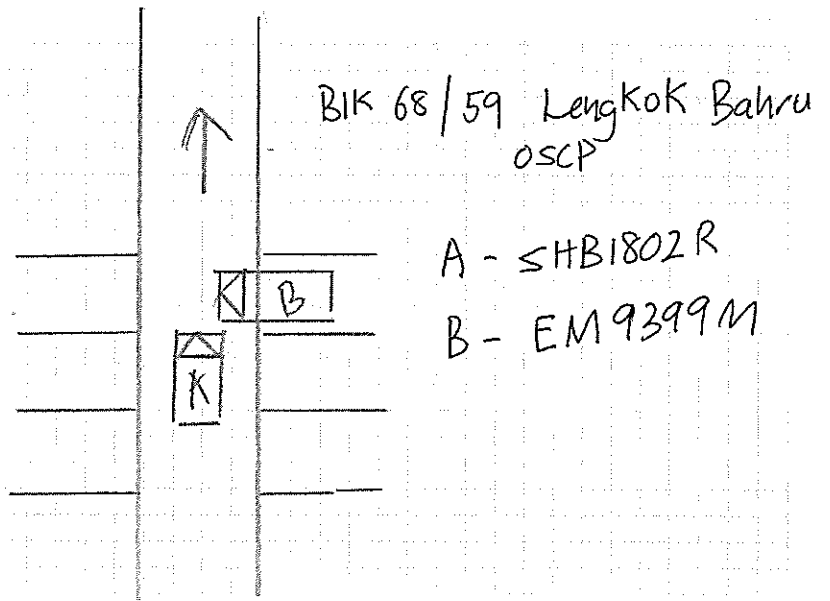
Date Generated : 08/11/2018

Accident End Date : 08/11/2018

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/10/18/2033	SHB1802R	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24098222	08/10/2018 11:38 AM	13/10/2018 8:29 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 & Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/10/2018

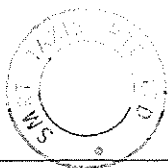
## SKETCH PLAN

### 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.:

*[Signature]* 8/10/2018

*[Signature]* 8/10/2018

## 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 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. 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	08/10/2018 11:58
Date Of Accident	08/10/2018 09:25
Exact Location Of Accident	BLK 68/59 LENGKOK BAHRU OSCF
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1802R
<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	COMMERCIAL VEHICLE

### 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	NG SAY LEONG
NRIC No	S1374001A
Date Of Birth	13/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1979
Driving Experience	39 YEARS AND 7 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 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? 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) 3  
 Passenger 1 NAME: : ZALEHA ABDUL  
 GENDER: : FEMALE  
 Passenger 2 NAME: : UNLKNOWN  
 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 TRAVELLING ALONG LENGKOK BAHRU OSCP (BLK68/59) WITH 2 PASSENGERS (FEMALE MALAY) ON BOARD. SUDDENLY A VEHICLE EM9399M CAME OUT FROM THE CAR PARK LOT AND COLLIDED ONTO THE FRONT RIGHT 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 BIG  
 Was there any audio recorded? NO

#### Details of Witness 1

Name ZALEHA ABDUL  
 Phone Number  
 Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number EM9399M  
 Vehicle Make/Model/Colour  
 Details Of Properties



# SINGAPORE POLICE FORCE



T/20181009/2078

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20181009/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2018 13:33	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: NG SAY LEONG			Address: APT BLK 677B PUNGGOL DRIVE #06-784 SINGAPORE 822677		
ID Type / ID No.: NRIC NO / S1374001A			Contact No.: Home/Office: Mobile: 88184099		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: , 59	Date of Birth: 13/09/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2018 09:25	Type of Location: Car Park
Location: Along Road 1 LENGKOK BAHRU				
Open space carpark, inbetween Blk 58 and Blk 59 Lengkok Bahru				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Front corner side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EM9399M	Car	VOLKSWAGO N		Grey	Slightly Damaged	0
SHB1802R	Taxi	TOYOTA	Prius	Maroon	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20181009/2078

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20181009/2078

**CONTINUATION OF REPORT**

Driver			
Name	NG SAY LEONG	ID No.	S1374001A
Related Vehicle	SHB1802R (Taxi)	Contact No.	88184099
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	08/10/2018	Date Discharge	08/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 08/10/2018 at about 0925hrs, I was driving my taxi one maroon colour Toyota Prius bearing plate number SHB1802R to Blk 59 Lengkok Bahru to pick up my on-call passenger. I was travelling straight at the open carpark between Blk 58 and Blk 59 of Lengkok Bahru when suddenly a grey colour Volkswagon bearing plate number EM9399M came out from parking lot number 22 and hit on the front right corner of my taxi bumper. After the collision, the said Volkswagon car then reversed back to his lot and I parked my taxi at a empty lot before going alighting from my taxi to make a check. Both myself and the Volkswagon driver (male Chinese) then took photos of the damages but we did not exchanged our particulars. However we both acknowledged that we will be reporting the matter for insurance claims. There was no reported injuries at scene as such no ambulance was called.

Thereafter, we left the scene respectively and I went to pick up my passengers who are just a short distance away. The passengers namely Zaleha Abdul Hamid, H/P: 88134503 and her sister then informed that they had saw the incident and are willing to be the witnesses. Later on in the day, I felt unwell from the impact of the accident as such went to see doctor and I was given 5 days MC. I have an in-car camera installed in the taxi which belongs to my taxi company SMRT and they have the footage of the accident. The Volkswagon car also informed that he have an in-car camera installed. The front right bumper and headlight of my taxi was damaged due to the accident.



**SINGAPORE  
POLICE FORCE**



T/20181009/2078

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20181009/2078

**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:

F /

Staff Sgt ANG PEI YING, AGNES

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

09/10/2018 13:33

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476190

Classification Of Case:

SN 085

Authentication Stamp  
NP168



signature

Singapore Police Force



Date: 8/10/2018

Our Ref. No.:

### Letter of Authorisation

I, NG SAY LEONG (NRIC No.: S1374001-A) the registered hirer / relief driver / contract hirer of SMRT taxi registration number 54B1802R hereby authorise **SMRT Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and EM 9399 M happened on 8/10/2018 along CADPAK BLK 58 AND BLK 59 Lengkok Bahru 9.25 AM. (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 NG SAY LEONG Signature: [Signature] 8/10/2018  
NRIC No. S1374001-A  
Tel No. 88184099  
Address BLK 677-B PUNGGOL DR  
#06-784 SINGAPORE (822677)

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	09 Oct 2018 / 09:03:53		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	EM9399M		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20181009090353687852

Search Date / Time: 08 Oct 2018 09:25:00  
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](#)