



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/10/18/2056

From: SMRT Taxis Pte Ltd

Date: 18/10/2018

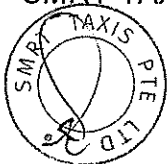
ACCIDENT INVOLVING SHC 4420J & SLQ 7393M ON 12/10/2018 ALONG HOUGANG AVENUE 3

This is to confirm that the daily rental rate for SHC 4420J 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. : IV181200030
Date : 03.12.2018
Vehicle No. : SHC4420J
Your Ref No. : TAX/10/18/2056
Our Ref No. : 24098301
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			\$	550.00
GRAND TOTAL					\$ 550.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 12.10.2018

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

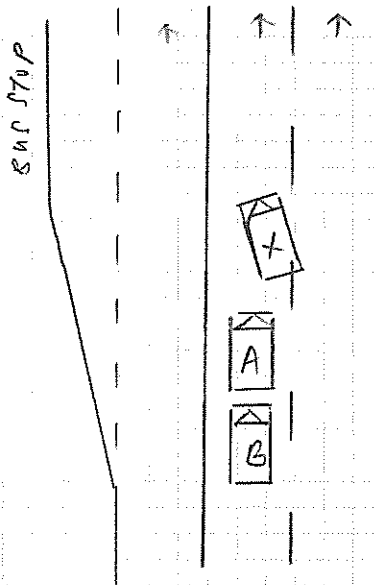


Laid Up Report

Accident Start Date : 01/10/2018
Accident End Date : 20/12/2018

Date Generated : 20/12/2018
User Name : WONGKW2

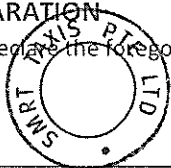
Case Reference Number	Vehicle Registration Number	Company Type	Vehicle Make	Vehicle Model	Job Card Number	Date and Time (Accident Repair)	Date and Time (Repair Completed)
TAX/10/18/2056	SHC4420J	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24098301	13/10/2018 9:24 AM	18/10/2018 8:36 AM



A- SHC 4420J
B- SLQ 7393M

[illegible]

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



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Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/10/18

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

13/10/2010

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: 13/10/18

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 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	13/10/2018 09:23
Date Of Accident	12/10/2018 16:50
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4420J
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	WEE KOK HONG
NRIC No	S8326664C
Date Of Birth	07/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 555
 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 COLLISION - HEAD TO REAR
 Weather Conditions RAINING
 Road Surface WET

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 ALONG HOUGANG AVE 3 AT THE CENTRE LANE AND HAD SLOWED DOWN TO A STOP WHEN THE UNKNOWN VEHICLE FROM THE RIGHT MOST LANE CUT IN FRONT OF ME. AFTER WHICH, I FELT AN IMPACT FROM THE REAR OF MY TAXI, THE VEHICLE SLQ7393M FROM BEHIND HAD COLLIDED ONTO THE REAR 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 SLQ7393M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JEREMY WONG WEI TUCK
 NRIC/Passport Number S9021815H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)



SINGAPORE POLICE FORCE



T/20181013/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20181013/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 12:07		Vide Report No.:		Station Diary No.: 56	
Informant's Particulars					
Name of Informant: WEE KOK HONG			Address: APT BLK 555 WOODLANDS DRIVE 53 #12-31 SINGAPORE 730555		
ID Type / ID No.: NRIC NO / S8326664C			Contact No.: Home/Office: Mobile: 91986054		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/09/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2018 16:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 3 HOUGANG AVENUE 2 Along Hougang Avenue 3 towards Hougang Avenue 2				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4420J	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	0
SLQ7393M	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Red		0



**SINGAPORE
POLICE FORCE**



T/20181013/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181013/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE KOK HONG	ID No.	S8326664C
Related Vehicle	SHC4420J (Car)	Contact No.	91986054
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Jeremy Wong Wei Tuck	ID No.	S9021815H
Related Vehicle	SLQ7393M (Car)	Contact No.	91383690
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 12/10/2018 at around 04:50pm I was driving vehicle:SHC4420J along Hougang Avenue 3 towards Hougang Avenue 2 on the extreme right lane. It was raining heavily and the floor was wet. At that point of time, there is a jam in front. Subsequently, I changed lane into the second lane as the traffic was moving fast at that lane. Soon after, a vehicle from the extreme right lane also wanted to enter my lane as such I stopped to give way. Soon after that, I felt an impact from my rear. I came down and saw that a vehicle:SLQ7393M had hit into my rear. Both of us then moved our vehicles to lane 3.

We then exchanged particulars with each other and I also took photos of my vehicle. I saw that my rear right bumper was dented and a few scratches. After the incident, I felt some pain at the neck and back area as such I went to see a doctor the following day and was given 5 days MC. I wish to state that I have a front facing in car camera in my vehicle. I am lodging this report for my insurance claims.



**SINGAPORE
POLICE FORCE**



T/20181013/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181013/2059

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 /

Sgt 2 KHAIRUL SYAZWAN BIN SAHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2018 12:07

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 061

Authentication Stamp

NP168

SIGNATURE

Enquire Transaction History

WPS

Log Date/Time: 15 Oct 2018 / 09:04:31

Asset Type: Vehicle

Asset ID: SI Q7393M

Transaction Amount: \$7.49

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

Channel:

User ID: ESASBAHO - BALQISH BINTE ABDUL
HALIL.Business Transaction
Reference No.:

External Agency

20181015090431907924

Search Date / Time: 12 Oct 2018 16:50:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

WPS

Enquire Related Logs

OK

WPS

WPS