



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/11/18/2007

From: SMRT Taxis Pte Ltd

Date: 14/11/2018

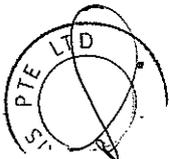
ACCIDENT INVOLVING SHC 4390L & SME 1789X ON 01/11/2018 AT THE JUNCTION OF WEST COAST RISE & WEST COAST ROAD

This is to confirm that the daily rental rate for SHC 4390L 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



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. : IV181100523
 Date : 27.11.2018
 Vehicle No. : SHC4390L
 Your Ref No. : TAX/11/18/2007
 Our Ref No. : 24098584
 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				\$ 3,000.00
GRAND TOTAL					\$ 3,000.00

Remark :

Make/Model : TOYOTA PRIUS
 Accident Date : 01.11.2018

N.B. Payment by cheque should be crossed and made payable to 'SMRT Automotive Services Pte Ltd'.
 No receipt will be issued unless requested.

Authorized Signature
 for SMRT Automotive Services Pte Ltd



Laid Up Report

Accident Start Date : 01/11/2018

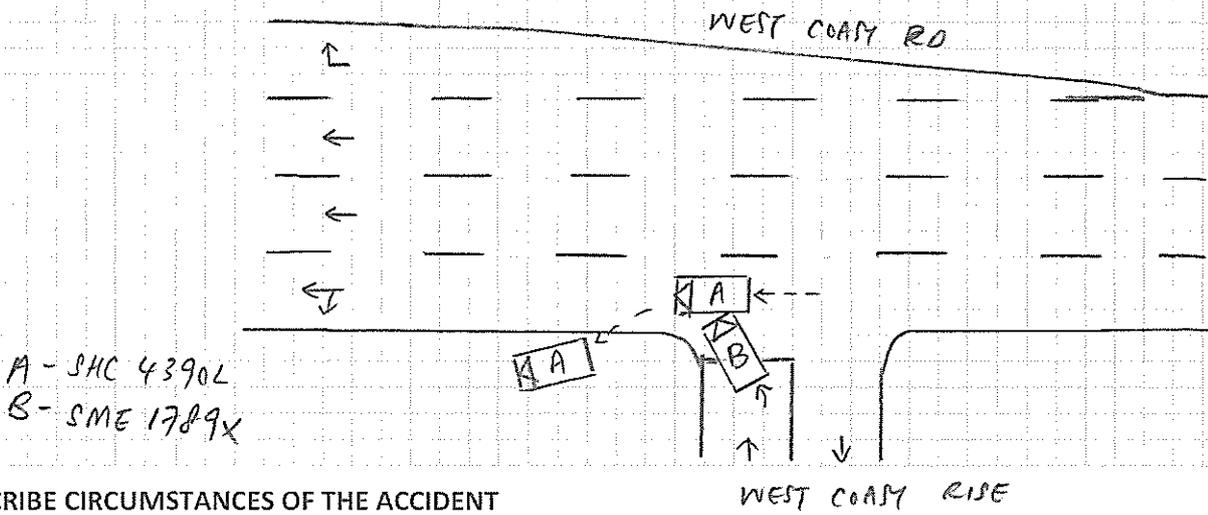
Date Generated : 08/12/2018

Accident End Date : 08/12/2018

User Name : OngHuaYen

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/11/18/2007	SHC4390L	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24098584	01/11/2018 4:01 PM	13/11/2018 1:20 PM

SKETCH PLAN

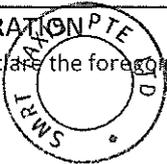


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/20181102/2069

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.:

Chen 16/200

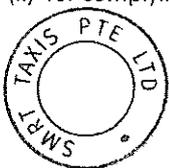
SKETCH PLAN

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: 02 NOV 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.
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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	02/11/2018 14:40
Date Of Accident	01/11/2018 15:30
Exact Location Of Accident	WEST COAST ROAD / WEST COAST RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4390L
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	LIM SLOTT
NRIC No	S1791296H
Date Of Birth	21/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1985
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 281
 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 - MAJOR/MINOR RD
 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? YES
 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: : GOH GUAN CHEE
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS EAST N.P.C
 Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181102/2069 On 1/11/2018 at about 1530hrs, I was driving my taxi SHC4390L along West Coast Road on the third lane with a passenger on board. As I was driving pass the T-junction of West Coast Rise and West Coast Road, suddenly a car had collided onto the left rear passenger door. The impact causes my vehicle to turn one round landed on the pavement along the road side. Subsequently my passenger told me he felt dizzy, we exchange our particulars and told him to contact me if he requires anything before my passenger took another taxi back home. I alighted from my vehicle and spoke to the driver of SME1789X who had knock onto my vehicle. The driver mention he was apologetic for the cause of the accident and it was his mistake. I told him to be more careful and he acknowledged. I observed there was a dent on the rear left passenger door, flat tire front left wheel and rear left passenger window unable to wind up while the vehicle SME1789X sustain scratches on the front right bumper and damaged on the front right head light. I also observed that the driver of SME1789X did not stop at the stop line along the T-junction of West Coast Rise to West Coast Road. Subsequently, the driver of SME1789X left while I waited for my towing crew to tow my vehicle away. Shortly after the driver of SME1789X return and mention to go for insurance claims which I agreed and left after the towing crew arrived. I went to see a doctor as I was not feeling well after the incident and proceed to lodge a traffic report for insurance claim.

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 SME1789X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAU HI TIANG

NRIC/Passport Number

S2557439G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM SLOTT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC4390L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	LIM SLOTT	ID No.	S1791296H
Related Vehicle	SHC4390L (Car)	Contact No.	96174342
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/11/2018	Date Discharge	02/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Lau Hi Tiang	ID No.	S2557439G
Related Vehicle	NIL	Contact No.	96668742
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 1/11/2018 at about 1530hrs, I was driving my taxi SHC4390L along West Coast Road on the third lane with a passenger onboard. As I was driving pass the T- junction of West Coast Rise and West Coast Road, suddenly a car had collided onto the left rear passenger door. The impact causes my vehicle to turn one round and landed on the pavement along the road side. Subsequently my passenger told me he felt dizzy, we exchange our particulars and told him to contact me if he requires anything before my passenger took another taxi back home.

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I went to see a doctor as I was not feeling well after the incident and proceed to lodge a traffic report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20181102/2069

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181102/2069

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181102/2069

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181102/2069

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: J/ Sgt 1 HO KAH WAI, DAVID <i>JS</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSL2 SITIMARSITA BINTE BOHARI Contact No : 65476219 SN 130

Signature Of Informant: <i>[Handwritten Signature]</i>
Date/Time: 02/11/2018 14:21
Classification Of Case:

Authentication Stamp
NP 68 *[Handwritten Signature]*
Singapore Police Force

Enquire Transaction History

Transaction History

Log Date/Time:	03 Nov 2018 / 08:19:35	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SME1789X		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20181103081935675704
Search Date / Time:	01 Nov 2018 15:30:00		
Insurance Company:	AIG ASIA PACIFIC INSURANCE PTE. LTD.		

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

Enquire Related Logs OK