



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/12/18/2105

From: SMRT Taxis Pte Ltd

Date: 04/01/2019

ACCIDENT INVOLVING SHB 5448D & SDE 3131L ON 26/12/2018 ALONG UPPER SERANGOON ROAD

This is to confirm that the daily rental rate for SHB 5448D is \$113.42 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



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. : IV190100189
Date : 10.01.2019
Vehicle No. : SHB5448D
Your Ref No. : TAX/12/18/2105
Our Ref No. : 24099400
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1249.60	(25.00)	\$ 312.40	\$ 937.20
STICKER DECAL SMRT (DOOR)	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00
MOULDING ASSY, BODY ROCKER PANEL , LH	1.00	\$ 576.00	(100.00)	\$ 576.00	\$ 0.00
PANEL SUB-ASSY, REAR DOOR , LH	1.00	\$1243.90	(100.00)	\$1243.90	\$ 0.00
PIXEL STICKER	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00
COVER, RR BUMPER ASSY	0.00	\$ 423.90	0.00	\$ 0.00	\$ 0.00
PIXEL STICKER	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00
Sub-Total					\$ 1117.20
Labour					
TO REPAIR LH PORTION	1.00	\$ 400.00	0.00	\$ 0.00	\$ 400.00
Others					
TO RESPRAY FRONT DOOR LH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO REPSRAY REAR DOOR LH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY ROCKER PANEL MOULDING	1.00	\$ 100.00	0.00	\$ 0.00	\$ 100.00
TO RESPRAY REAR FENDER LH	0.00	\$ 378.00	0.00	\$ 0.00	\$ 0.00
TO REPSRAY REAR BUMPER	0.00	\$ 378.00	0.00	\$ 0.00	\$ 0.00
TO TRANSFER DOOR MECHANISM	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
GRAND TOTAL					\$ 2,067.20

Remark :

Make/Model : PRIUS4
Accident Date : 26.12.2018

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



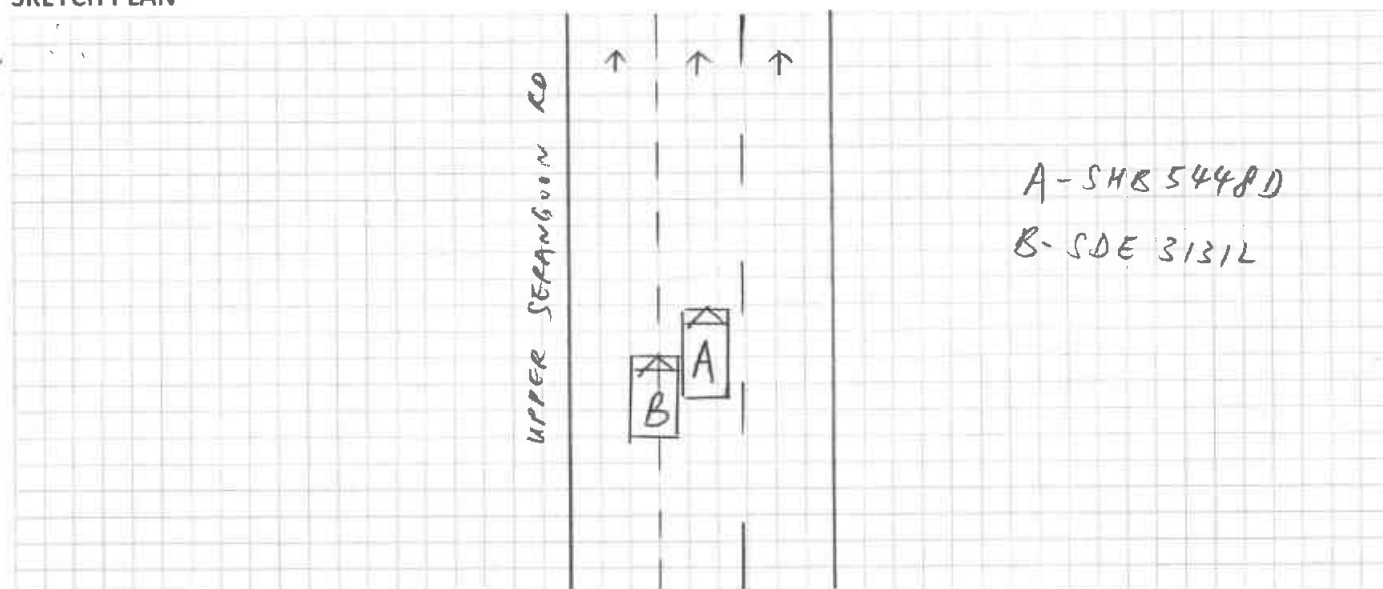
Laid Up Report

Accident Start Date : 01/12/2018
Accident End Date : 08/01/2019

Date Generated : 08/01/2019
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/12/18/2105	SHB5448D	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24099400	26/12/2018 3:09 PM	31/12/2018 10:35 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 & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

also 20/12/2018

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:

TP

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

26/12/2018

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 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	26/12/2018 15:07
Date Of Accident	26/12/2018 10:00
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5448D
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	PEH CHENG HOCK
NRIC No	S0212696F
Date Of Birth	29/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 545
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 (including own vehicle) involved in the accident 2
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: : MALE

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 STRAIGHT ALONG UPPER SERANGOON ROAD AT THE CENTRE LANE WHEN THE VEHICLE SDE3131L FROM MY LEFT SUDDENLY CUT INTO MY LANE AND 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 SDE3131L
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](#)

Transaction History Details

Log Date/Time:	26 Dec 2018 / 15:47:32		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SDE3131L		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20181226154732380047

Search Date / Time: 26 Dec 2018 10:00:00
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](#)