

## **Tan Lee Gek (Auto Svcs/Claims & IA/Claims & IA/Taxis)**

**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** 07/03/2019 11:57  
**To:** Tan Lee Gek (Auto Svcs/Claims & IA/Claims & IA/Taxis); Poh Kin (LKKAuto)  
**Cc:** CS A Team; Admin A  
**Subject:** RE: LOD Re: Accident on 17/1/2019 involving SHB 1132R & SLK 3985M (AIG's insured) Our Ref: TAX/01/19/2085/lg \*\*\* LKK REF: CC3/AIG19001351/Jfa3  
**Attachments:** TAX 01 19 2085.pdf

‘WITHOUT PREJUDICE’  
SAVE AS TO COSTS

Dear Lee Gek.

Thank you for your email.

Please note that: -

LKK ref	Officer in charge
CC3/AIG19001351/Jfa3	Poh Kin – 6841 2132

Our respective case handler will look into the matter and revert to you in due course.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

**Mei Kwan** | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Tan Lee Gek (Auto Svcs/Claims & IA/Claims & IA/Taxis) <[LeeGek@smrt.com.sg](mailto:LeeGek@smrt.com.sg)>  
**Sent:** Thursday, 7 March, 2019 11:38 AM  
**To:** CS A Team <[cs-a@lkkauto.com](mailto:cs-a@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** LOD Re: Accident on 17/1/2019 involving SHB 1132R & SLK 3985M (AIG's insured) Our Ref: TAX/01/19/2085/lg

Dear All,

We quantify our own losses as follows:-

Cost of Repair	\$3000.00
Loss of Rental	\$735.63 ( 5.5 days x \$133.75 )
LTA Search Fee	\$7.00
<b>Total</b>	<b>\$3742.63</b>



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. : IV190200107  
Date : 14.02.2019  
Vehicle No. : SHB1132R  
Your Ref No. : TAX/01/19/2085  
Our Ref No. : 24099728  
Terms : 30 Days

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 : 17.01.2019

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



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/01/19/2085

From: SMRT Taxis Pte Ltd

Date: 30/01/2019

**ACCIDENT INVOLVING SHB 1132R & SLK 3985M ON 17/1/2019 ALONG LOWER DELTA RD (NEAR BUKIT PURMEI AVE)**

This is to confirm that the daily rental rate for SHB 1132R 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



## Laid Up Report

Accident Start Date : 01/01/2019

Accident End Date : 28/02/2019

Date Generated : 28/02/2019

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/01/19/2085	SHB132R	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24099728	17/01/2019 3:34 PM	23/01/2019 8:39 AM

## 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	17/01/2019 15:18
Date Of Accident	17/01/2019 14:15
Exact Location Of Accident	LOWER DELTA ROAD(NEAR BUKIT PURMEI AVE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1132R
<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	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	CHEW YEW CHOON
NRIC No	S1534407E
Date Of Birth	02/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1981
Driving Experience	37 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 -  
 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) 3  
 Passenger 1 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 2 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 TRAVELLING ALONG LOWER DELTA ROAD TOWARDS VIVO CITY WITH 2 PASSENGERS ON BOARD. I WAS TRAVELLING STRAIGHT IN THE THIRD LANE, WHEN A VEHICLE SLK3985M WHICH WAS TRAVELLING ON MY LEFT CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

#### 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 SLK3985M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE HIRE  
 Name of Driver NEO KAN WATT  
 NRIC/Passport Number S1373488G  
 Contact Number  
 Address

BT. PURMEL AVE

[illegible]

17/1/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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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:

*[Signature]*  
17/1/19

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

*[Signature]*  
17/1/2019

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






Date: 17/1/2019.

Our Ref. No.:

### Letter of Authorisation

I, CHEW YEW CHUAN (NRIC No.: S1534407E) the registered hirer / relief driver / taxi share driver of SMRT taxi registration number SAB1132R hereby authorise **SMRT Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and SLK 3985 M happened on 17/1/19 2.15pm. along LOWER DELTA ROAD (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: CHEW YEW CHUAN Signature:   
NRIC No.: S1534407E  
Tel No.: 97573920  
Address: 510, WOODLANDS DR. 14  
#12-47 (730510)

**Enquire Transaction History**

## Transaction History Details

Log Date/Time:	18 Jan 2019 / 09:01:16	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SLK3985M		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20190118090116002702

Search Date / Time: 17 Jan 2019 14:15:00  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK