



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. : IV190800307
Date : 20.08.2019
Vehicle No. : SHC4754X
Your Ref No. : TAX/02/19/2035
Our Ref No. : 24100020
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 |
|---|------|-----------|----------|---------------------|-------------|
| Parts | | | | | |
| BUMPER REAR | 1.00 | \$ 458.60 | (100.00) | \$ 458.60 | \$ 0.00 |
| PIXEL STICKER | 2.00 | \$ 60.00 | 0.00 | \$ 0.00 | \$ 120.00 |
| BUMPER SIDE RETAINER RR/RH | 0.00 | \$ 94.80 | 0.00 | \$ 0.00 | \$ 0.00 |
| FENDER RR/RH | 1.00 | \$ 766.80 | (100.00) | \$ 766.80 | \$ 0.00 |
| STICKER DECAL 6555 8888 | 1.00 | \$ 21.60 | 0.00 | \$ 0.00 | \$ 21.60 |
| STICKER DECAL SMRT | 1.00 | \$ 7.80 | 0.00 | \$ 0.00 | \$ 7.80 |
| WHEEL DISC | 1.00 | \$1484.20 | (100.00) | \$1484.20 | \$ 0.00 |
| Sub-Total | | | | | \$ 149.40 |
| Labour | | | | | |
| TO REPAIR RH PORTION | 1.00 | \$ 400.00 | 0.00 | \$ 0.00 | \$ 400.00 |
| Others | | | | | |
| TO RESPRAY REAR BUMPER | 1.00 | \$ 200.00 | 0.00 | \$ 0.00 | \$ 200.00 |
| TO RESPRAY REAR FENDER RH | 1.00 | \$ 200.00 | 0.00 | \$ 0.00 | \$ 200.00 |
| TO RESPRAY RIM | 1.00 | \$ 50.00 | 0.00 | \$ 0.00 | \$ 50.00 |
| TO CHECK WIRING AND SYSTEM FUNCTION | 0.00 | \$ 80.00 | 0.00 | \$ 0.00 | \$ 0.00 |
| TO APPLY RUST-PROOFING ON AFFECTED AREA | 1.00 | \$ 20.00 | 0.00 | \$ 0.00 | \$ 20.00 |
| TO DO WHEEL ALIGNMENT / TYRE BALANCING | 0.00 | \$ 120.00 | 0.00 | \$ 0.00 | \$ 0.00 |
| TO REPLACE SUNDRY PARTS | 0.00 | \$ 100.00 | 0.00 | \$ 0.00 | \$ 0.00 |
| TO WASH AND VACUUM | 0.00 | \$ 60.00 | 0.00 | \$ 0.00 | \$ 0.00 |
| GRAND TOTAL | | | | | \$ 1,019.40 |

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 08.02.2019

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/02/19/2035/ST

From: SMRT Taxis Pte Ltd

Date: 08.03.2019

**ACCIDENT INVOLVING SHC4754X & SGP8845J ON 8.2.2019
ALONG BLOCK 409 SAUJANA ROAD CARPARK**

This is to certify that Mr. Leong Poh Keong of IC No. S7907017C is the registered hirer of the above taxi no. SHC4754X.

This is also to confirm that the daily rental rate for SHC4754X is \$112.35.

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 : 08/02/2019 Date Generated : 14/03/2019
Accident End Date : 08/03/2019 User Name : TanSelena

| 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) |
|-----------------------|-----------------------------|--------------------|--------------|---------------|-----------------|---------------------------------|----------------------------------|
| TAXI02/19/2035 | SHC4754X | SMRT Taxis Pte Ltd | TOYOTA | PRIUS | 24100020 | 08/02/2019 10:43 AM | 16/02/2019 8:46 AM |

8.2 - 1/2

9.2 - 1. Set

10. 2 - 1. Sun.

11. 2 - 1.

12. 2 - 1

13. 2 - 1

14. 2 - 1

15. 2 - 1

7 1/2




Date:

Our Ref. No.:

Letter of Authorisation

I, TAN GEOK SWEE (Name) (NRIC No.: S1641703/C) the registered hirer / relief driver / taxi share driver of SMRT taxi registration number SHC4754X (Taxi No.) hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SGP8845J (Third party vehicle no.) happened on 08/02/2018 / 0928 (Date & time) along B/K 409 J. SAUZANA RD CAR PARK. (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: TAN GEOK SWEE Signature: 
NRIC No.: S1641703/C
Tel No.: 94875853
Address: B/K 318 SEMBAWANG VISTA #14-223
S'PORE 750318

2/11/2019

Vehicle Hub

Enquire Transaction History

Transaction History Details

| | | | |
|-------------------|--|-------------------------------------|----------------------|
| Log Date/Time: | 11 Feb 2019 / 12:38:39 | Transaction Amount: | \$7.49 |
| Asset Type: | Vehicle | | |
| Asset ID: | SGP8845J | | |
| Transaction Type: | 18.32 Insurance Enquiry (GIRO Payment) | Channel: | External Agency |
| User ID: | ESASBAHO - BALQISH BINTE ABDUL HALIL | Business Transaction Reference No.: | 20190211123839853369 |

Search Date / Time: 08 Feb 2019 09:30:00
Insurance Company: FWD SINGAPORE PTE. LTD.

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

[Enquire Related Logs](#)

[Back to List](#)

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 | 08/02/2019 11:55 |
| Date Of Accident | 08/02/2019 09:25 |
| Exact Location Of Accident | BLK 409 SAUJANA RD CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4754X |
| 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

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 | TAN GEOK SWEE |
| NRIC No | S1641703C |
| Date Of Birth | 27/11/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/03/1987 |
| Driving Experience | 31 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address NIL
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - RELIEF
 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

ON 08/02/19 AT ABOUT 0922HRS. I PICK UP MY PASSENGER AT BLK 410 SAUJANA RD. WHEN I SAW OPPOSITE DIRECTION VEHICLE CAME IN THEN I KEEP TO THE LEFT SIDE AND STOP TO GIVE WAY TO THE VEHICLE. SUDDENLY THE VEHICLE (SGP8845J) CUT INTO MY LANE AND HIT ONTO REAR R/H SIDE OF MY VEHICLE.

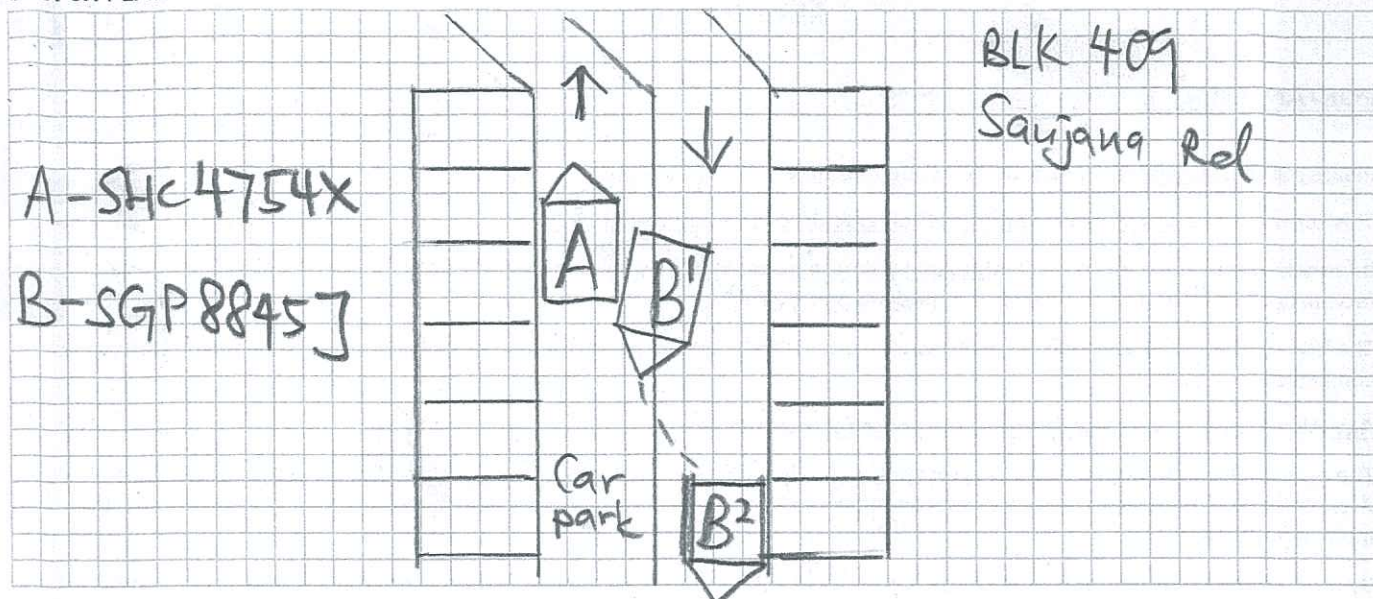
Attachment(s)

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 SGP8845J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

SKETCH PLAN

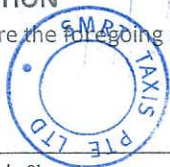


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

[Signature] 08/02/2019

A. 8/2/19

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:

 08/02/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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