



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/02/19/2043

From: SMRT Taxis Pte Ltd

Date: 15/02/2019

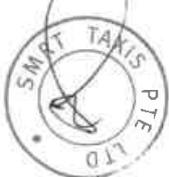
ACCIDENT INVOLVING SHB 5112Y & SCX 858E ON 8/2/2019 AT THE JUNCTION OF CENTRAL BOULEVARD & BAYFRONT AVENUE

This is to confirm that the daily rental rate for SHB 5112Y is \$112.35 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

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
 SINGAPORE 757705



Tax Invoice

GST Reg No. : MR-8500001-7
 CRN : 199004280Z
 Invoice No. : IV190400013
 Date : 03.04.2019
 Vehicle No. : SHB5112Y
 Your Ref No. : TAX/02/19/2043
 Our Ref No. : 24100045
 Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
PANEL SUB-ASSY, FRONT DOOR RH	1.00	\$1249.60	(100.00)	\$1249.60	\$ 0.00
STICKER DECAL SMRT (DOOR)	1.00	\$ 60.00	0.00	\$ 0.00	\$ 60.00
COVER, OUTER MIRROR, RH	1.00	\$ 89.50	(100.00)	\$ 89.50	\$ 0.00
PANEL SUB-ASSY, REAR DOOR, RH	1.00	\$1243.90	(25.00)	\$ 310.97	\$ 932.93
MOULDING ASSY, BODY ROCKER PANEL , RH	1.00	\$ 576.00	(100.00)	\$ 576.00	\$ 0.00
PANEL SUB-ASSY, FENDER REAR RH	1.00	\$ 824.80	(100.00)	\$ 824.80	\$ 0.00
COVER, RR BUMPER ASSY	0.00	\$ 423.90	0.00	\$ 0.00	\$ 0.00
FILLER, RR BUMPER , RH	0.00	\$ 119.90	0.00	\$ 0.00	\$ 0.00
CAP SUB-ASSY, WHEEL	0.00	\$ 175.80	0.00	\$ 0.00	\$ 0.00
WHEEL, DISC	1.00	\$1555.10	(100.00)	\$1555.10	\$ 0.00
PIXEL STICKER	2.00	\$ 60.00	0.00	\$ 0.00	\$ 120.00
				<u>Sub-Total</u>	<u>\$ 1112.93</u>
Labour					
TO REPAIR RH PORTION	1.00	\$ 750.00	0.00	\$ 0.00	\$ 750.00
Others					
TO RESPRAY FRONT DOOR RH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
RESPRAY MIRROR COVER RH	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO RESPRAY REAR DOOR RH	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 RH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY REAR BUMPER	0.00	\$ 378.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY FILLER RR BUMPER RH	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO REMOVE AND REFIX VIEW MIRROR	0.00	\$ 120.00	0.00	\$ 0.00	\$ 0.00

Authorised Signature
 for SMRT Automotive Services Pte Ltd



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV190400013
Date : 03.04.2019
Vehicle No. : SHB5112Y
Your Ref No. : TAX/02/19/2043
Our Ref No. : 24100045
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
TO DO WHEEL ALIGNMENT / TYRE BALANCING	0.00	\$ 120.00	0.00	\$ 0.00	\$ 0.00
TO CHECK WIRING AND SYSTEM FUNCTION	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
TO TRANSFER DOOR MECHANISM	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
GRAND TOTAL					\$ 2,662.93

Remark :

Make/Model : PRIUS4
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



Laid Up Report

Accident Start Date : 01/02/2019

Date Generated : 06/03/2019

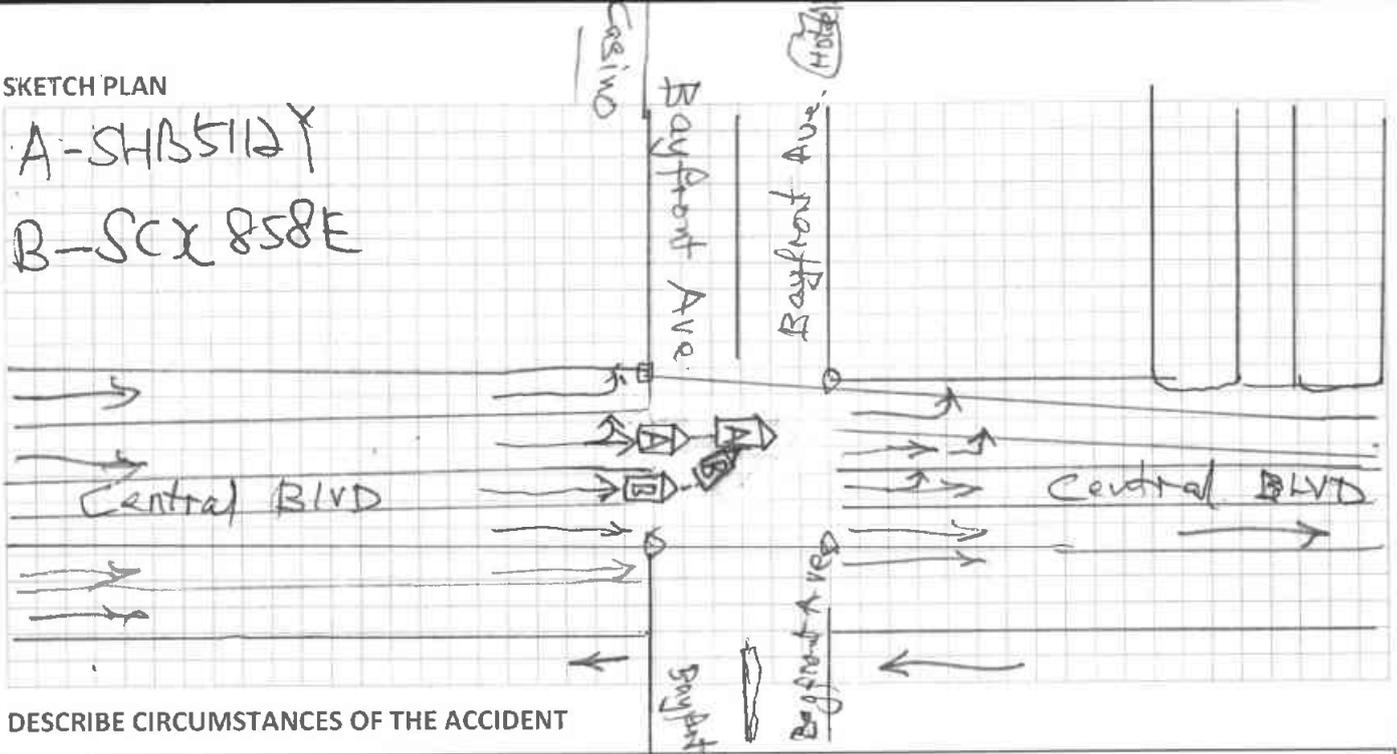
Accident End Date : 06/03/2019

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/02/19/2043	SHB5112Y	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24100045	08/02/2019 11:15 PM	15/02/2019 3:58 PM

SKETCH PLAN

A-SHB5112Y
B-SCX 858E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large empty lined area for describing the accident circumstances.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 9.2.19

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

[Signature] 9/2/19

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

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:

[Signature] 9.2.19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
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	09/02/2019 12:16
Date Of Accident	08/02/2019 21:50
Exact Location Of Accident	JUNCTION OF CENTRAL BLVD & BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5112Y
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	TEO CHENG GUAN
NRIC No	S0556348H
Date Of Birth	10/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1966
Driving Experience	52 YEARS AND 5 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 - 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 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? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : HENDRA
 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 ALONG CENTRAL BOULEVARD WITH ONE PASSENGER ON BOARD. THE LANE THAT I WAS TRAVELLING ON WAS STRAIGHT GOING/TURN LEFT ONLY. WHILST I WAS PROCEEDING STRAIGHT, A VEHICLE SCX858E WHICH WAS TRAVELLING ON MY RIGHT ON THE STRAIGHT ONLY LANE, MADE AN ABRUPT LEFT TURN AND COLLIDED ONTO THE RIGHT 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 BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCX858E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode



Date:

Our Ref. No.:

Letter of Authorisation

I, ^{Name} Teo Cheng Guan (NRIC No.: S. 055 63 48-H) the registered hirer / relief driver / taxi share driver of SMRT taxi registration number SHB 512 Y hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and ^{Third party vehicle no} SCX 858 E happened on 8/2/19 along Junction of Central Bunk, and Bayfront Ave. (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 Teo Cheng Guan Signature: 

NRIC No. : S. 055 63 48/H

Tel No. : 96683253 Res: 63629932

Address : Blk. 413, #12-63, Woodlands Ave. ST. 41
S'pore, 730413

Enquire Transaction History

Transaction History Details

Log Date/Time:	11 Feb 2019 / 11:56:39	Transaction Amount:	\$749
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SCX858E	Business Transaction Reference No.:	20190211115639579034
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 08 Feb 2019 21:50:00
 Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

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