



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/02/19/2087

From: SMRT Taxis Pte Ltd

Date: 01/03/2019

ACCIDENT INVOLVING SHC 4317A & SDR 5161T ON 16/2/2019 AT MANDARIN GARDENS CAR PARK DRIVEWAY

This is to confirm that the daily rental rate for SHC 4317A is \$109.14 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. : IV190400088
Date : 08.04.2019
Vehicle No. : SHC4317A
Your Ref No. : TAX/02/19/2087
Our Ref No. : 24100175
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 2,100.00
GRAND TOTAL					\$ 2,100.00

Remark :

Make/Model : TOYOTA PRIUS

Accident Date : 16.02.2019

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 : 11/02/2019

Accident End Date : 13/03/2019

Date Generated : 13/03/2019

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/02/19/2087	SHC4317A	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24100175	16/02/2019 3:00 PM	26/02/2019 8:32 AM

SHE 4317A -

Tax Reference No : SXXXX876Z
 Year of Assessment : 2018
 Income Tax
 Date : 20 Jun 2018

NOTICE OF ASSESSMENT ORIGINAL



INLAND REVENUE
AUTHORITY
OF SINGAPORE

55 Newton Road
 Revenue House
 Singapore 307987
 Tel: 1800-356 8300
 Website: <http://www.iras.gov.sg>
 e-Services: <https://mytax.iras.gov.sg>

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us.

MR SENG BOON HONG
 360 WOODLANDS AVE 5
 #11-350
 SINGAPORE 730360



4597-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	38,675.00		38,675.00
TOTAL INCOME	38,675.00		38,675.00
ASSESSABLE INCOME			38,675.00
LESS: PERSONAL RELIEFS			
Earned Income		6,000.00	
NSman-self/wife/parent		1,500.00	
Parent/Handicapped Parent		9,000.00	
Provident Fund/Life Insurance		489.00	
TOTAL PERSONAL RELIEFS			16,989.00
CHARGEABLE INCOME			21,686.00
FIRST 1,686.00 @ 2.00%			33.72
TAX PAYABLE BY 20 JUL 2018			33.72 DR

Thank you for your contribution towards nation building

1. Your tax assessment is based on information given by you through e-Filing on 29 Mar 2018.

2. As you are on GIRO, deductions will be made from your bank account based on the GIRO plan which is attached / will be sent to you shortly.

Your total outstanding income tax balance is shown in the Statement of Account which is attached / will be sent to you shortly.

3. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

NG WAI CHOONG
COMPTROLLER OF INCOME TAX

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver.

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to

mediate policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

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.

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 resaid.

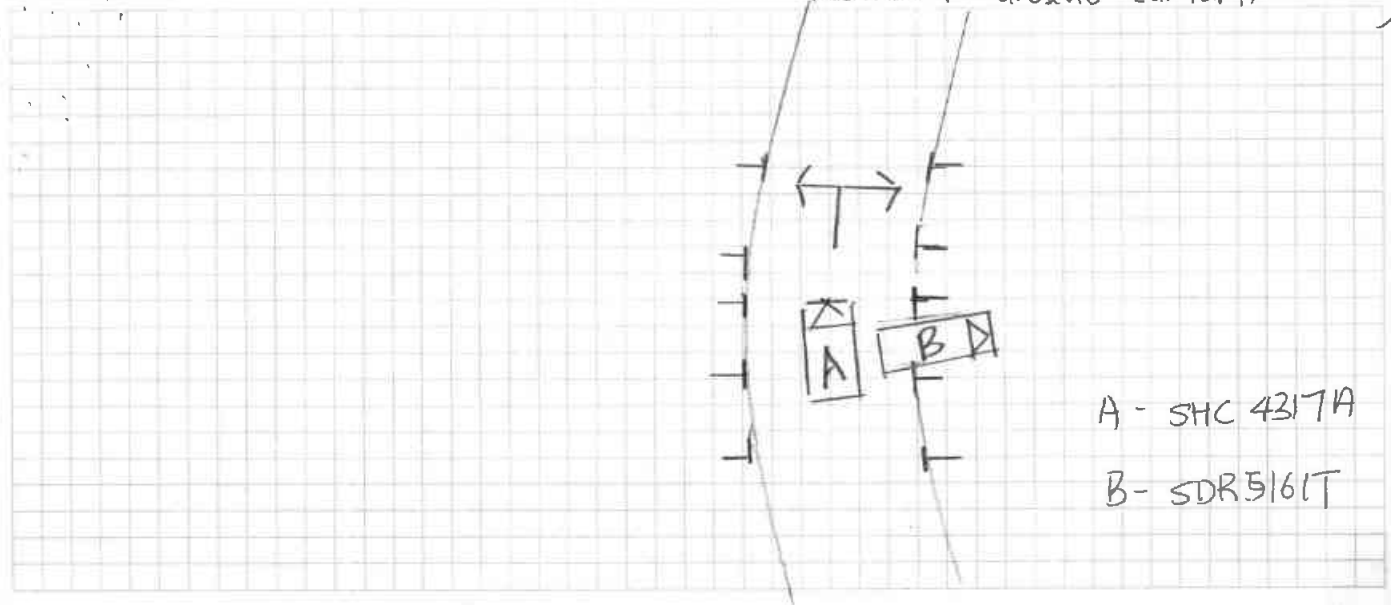
ACCIDENT STATEMENT

Date Of Report	18/02/2019 10:31
Date Of Accident	16/02/2019 11:15
Exact Location Of Accident	MANDARIN GARDENS CAR PARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4317A
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
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
Meet Policy	YES
Policy Number	D-18090213MFSH
Over Note Number	
Driver	
Name of Driver	SENG BOON HONG
RIC No	S1294876Z
Date Of Birth	28/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Tax Number	
Contact Number	
Mail Address	NOEMAIL

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Report : Accident on 16/2/2019 at 11.15am.

On 16/2/19 at 11.15am along siglap road, I had received a current call booking from Blk 5 Mandarin Gardens to City Square mall.

As I was driving along a one way lane service road in the condominium toward Blk 5. Suddenly I heard a loud bang on my driver's side door. I turned and looked to my right and noticed that a Honda civic SDR 5161T driven by Ms Anar (licence no S9447545G) had reversed and crashed into the right side of my Taxi. The force caused my taxi SHC4317A to veer 2 meters to my left.

The driver's father arrived on site and said that I am to take his driving licence, I said No. I said I had the right of way and that her daughter had reversed out of the parking lot without looking out for oncoming traffic and collided into my taxi. And that he was not the driver, her daughter was the driver.

The driver's father HP no : 96817440

I had to send my taxi SHC4317A to SMRT workshop on 16/2/19 at 1500hrs and so I would like to claim a loss of income of S\$100/- per day. (see attached IRAS tax return for 2018)

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature] 18/2/19

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

[Signature] 18/2/2019

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]
18/2/19

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

[Signature]
18/2/2019

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

Address	11
Postcode	
Was driver an employee of the Insured's Company	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
if Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SDR5161T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANAR SANJAYKUMAR KOTHARY
NRIC/Passport Number	S9447545G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Enquire Transaction History

Transaction History Details

Log Date/Time:	19 Feb 2019 / 11:41:54	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SDR5161T	Business Transaction Reference No.:	20190219114154336467
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 16 Feb 2019 11:15:00
Insurance Company: AXA INSURANCE PTE LTD
Information displayed is correct as at the log date and time.

Enquire Related Logs

Back to List

Shanti B Thaiyal Nayagi (Auto Svcs/Claims & IA/Claims & IA/Taxis)

From: Shanti B Thaiyal Nayagi (Auto Svcs/Claims & IA/Claims & IA/Taxis)
Sent: 20/02/2019 08:36
To: 'motor.survey@axa.com.sg'
Cc: Yeo Poh Suan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex)); Kok Tuck Foo (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex)); Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); Phua Zhi Yang (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex)); Grace Ng Siu Ching (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex)); Chew Tuck Loong Kelvin (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)); Lim Wei Siong (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims); Chin Kim Ming (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Tx&Ex)/ARC (Tx&Ex))
Subject: RE: SHC4317A - Survey (AXA)
Attachments: 2087 - 4317.pdf

Dear Sir /Mdm

Kindly arrange to survey the vehicle **SHC4317A** within 48 hours according to GIA guide line, involving your insured **SDR5161T**

Vehicle in Woodlands SMRT Depot

Regards
Shanti
SMRT Automotive Services PTE LTD
Accident Reporting Center (Claims Dept)
6866 2671/2 | bthaiyaln@smrt.com.sg

