



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/05/19/2074

From: SMRT Taxis Pte Ltd

Date: 31/5/2019

**ACCIDENT INVOLVING SHB382S AND SGD4099K ON 17/5/2019
9:55 AM ALONG GHIM MOH ROAD TOWARDS COMMONWEALTH
AVENUE WEST.**

This is to confirm that the daily rental rate for SHB 382S is \$105.93 per day.

Please proceed to recover any rental loss from the third party as a result of the above accident.



Yours sincerely
SMRT TAXIS PTE LTD

for Manager

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV190600337
Date : 19.06.2019
Vehicle No. : SHB382S
Your Ref No. : TAX/05/19/2074
Our Ref No. : 24101548
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
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00		\$	2,950.00
GRAND TOTAL				\$ 2,950.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 17.05.2019

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 : 01/05/2019

Accident End Date : 04/06/2019

Date Generated : 04/06/2019

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/05/19/2074	SHB382S	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24101548	17/05/2019 1:12 PM	25/05/2019 8:32 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 to interested parties.

ACCIDENT STATEMENT

Date Of Report	17/05/2019 15:26
Date Of Accident	17/05/2019 09:55
Exact Location Of Accident	GHIM MOH ROAD TOWARDS COMMONWEALTH AVENUE WEST
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB382S
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-19093197MFSH
Cover Note Number	
Driver	
Name of Driver	ABDUL JALEEL BIN KADER MYDIN
NRIC No	S6909383C
Date Of Birth	03/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Other
Address 484
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? YES
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? YES
If Yes, Please state which Police Station
Police Station Name WOODLANDS WEST N.P.C
Police Station Address ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190517/2052

Attachment(s)

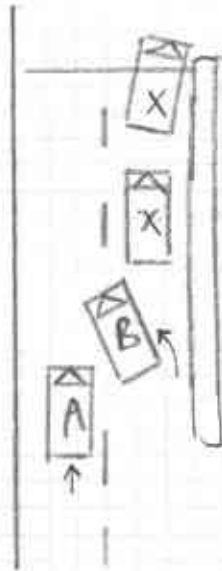
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: FILE TOO BIG
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGD4099K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver FABIAN YEO FANG YI
NRIC/Passport Number S9428803G
Contact Number
Address
Postcode
Insurance Company Name

SKETCH PLAN

A-SHB 382S
B-SGD 4099K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - T/20190517/2052

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Ch 13/5/19
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.
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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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190517/2052

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190517/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 12:26		Vide Report No.:		Station Diary No.: 295	
Informant's Particulars					
Name of Informant: ABDUL JALEEL BIN KADER MYDIN			Address: APT BLK 484 CHOA CHU KANG AVENUE 5 #04-14 SINGAPORE 680484		
ID Type / ID No.: NRIC NO / S6909383C			Contact No.: Home/Office: Mobile: 93626229		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 03/03/1969	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2019 09:55	Type of Location: Straight Road
Location: Along Road 1 GHIM MOH ROAD COMMONWEALTH AVENUE WEST Opposite Block 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD4099K	Car				Slightly Damaged	0
SHB382S	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190517/2052

CONTINUATION OF REPORT

Driver			
Name	FABIAN YEO FANG YI	ID No.	S9428803G
Related Vehicle	SGD4099K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ABDUL JALEEL BIN KADER MYDIN	ID No.	S6909383C
Related Vehicle	SHB382S (Car)	Contact No.	93626229
Hospital/Clinic	CARE4LIFE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/05/2019	Date Discharge	17/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 17 May 2019 at about 9.55am, I was driving along Ghim Moh Road heading towards Commonwealth Avenue West. The road was a 2 lane street and I was driving on the left lane. As there were some cars on the right lane are making a right turn to enter a carpark, a black car from that lane suddenly changed into my lane as he wanted to go straight. This causes the left side of the black car to hit the front right side of my taxi.

The accident caused the right side of my bumper and above the front right tyre portion to be dented.

The driver and I exchanged particulars. As I am feeling some pain on my neck, shoulder and back, I went to the doctor and was given a three days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190517/2052

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190517/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sr Staff Sgt NADIAH BINTE KAMSIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP166 Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

17/05/2019 12:26

Classification Of Case:

[Enquire Transaction History](#)[Transaction History Details](#)

Log Date/Time: 17 May 2019 / 16:46:57

Asset Type: Vehicle

Transaction Amount: \$7.49

Asset ID: SGD4099K

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

Channel: External Agency

User ID: ESASBAHO - BALQISH BINTE ABDUL HALIL

Business Transaction Reference No.: 20190517164657780071

Search Date / Time: 17 May 2019 09:55:00

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](#)