

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. : IV190900484
 Date : 25.09.2019
 Vehicle No. : SHD6101L
 Your Ref No. : TAX/08/19/2066
 Our Ref No. : 24102929
 Terms : 30 Days

Des CRIPTION	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
Parts					
PIXEL STICKER	2.00	\$ 60.00	0.00	\$ 0.00	\$ 120.00
COVER, RR BUMPER ASSY	1.00	\$ 423.90	(25.00)	\$ 105.97	\$ 317.93
REAR BUMPER REINFORCEMENT	0.00	\$ 318.80	0.00	\$ 0.00	\$ 0.00
RETAINER, RR BUMPER, RH	1.00	\$ 112.70	(25.00)	\$ 28.17	\$ 84.53
RETAINER, RR BUMPER, LH	1.00	\$ 111.50	(25.00)	\$ 27.87	\$ 83.63
SEAL, RR BUMPER , RH	0.00	\$ 85.20	0.00	\$ 0.00	\$ 0.00
SEAL, RR BUMPER , LH	0.00	\$ 85.20	0.00	\$ 0.00	\$ 0.00
CLIPS PIECE, FRT & RR BUMPER	10.00	\$ 1.50	(25.00)	\$ 3.75	\$ 11.25
GUARD, RR BUMPER, LOWER	1.00	\$ 558.30	(25.00)	\$ 139.57	\$ 418.73
FILLER, RR BUMPER , RH	0.00	\$ 119.90	0.00	\$ 0.00	\$ 0.00
FILLER, RR BUMPER , LH	0.00	\$ 119.90	0.00	\$ 0.00	\$ 0.00
LENS & BODY ASSY , RR BUMPER , LH	0.00	\$ 486.80	0.00	\$ 0.00	\$ 0.00
LENS & BODY, REAR COMBINATION LAMP , LH	0.00	\$ 438.10	0.00	\$ 0.00	\$ 0.00
TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$ 891.20	(100.00)	\$ 891.20	\$ 0.00
ANTENNA, ELECTRICAL KEY	0.00	\$ 60.30	0.00	\$ 0.00	\$ 0.00
SENSOR REVERSE	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
REAR BUMPER REINFORCEMENT	1.00	\$ 318.80	(25.00)	\$ 79.70	\$ 239.10
SENSOR REVERSE	1.00	\$ 180.00	0.00	\$ 0.00	\$ 180.00
Sub-Total					\$ 1455.17
Labour					
TO REPAIR REAR PORTION	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
Others					
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00



 Authorised Signature
 for SMRT Automotive Services Pte Ltd

Tax Invoice

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

 60 WOODLANDS INDUSTRIAL PARK E4
 SINGAPORE 757705

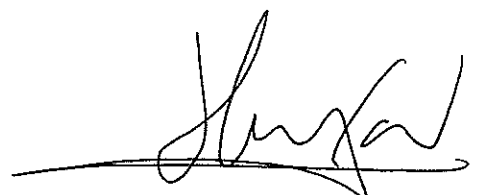
 GST Reg No. : MR-8500001-7
 CRN : 1990042802
 Invoice No. : IV190900484
 Date : 25.09.2019
 Vehicle No. : SHD6101L
 Your Ref No. : TAX/08/19/2066
 Our Ref No. : 24102929
 Terms : 30 Days

Description	Qty	Unit Cost	Add / (Discount)		Amount
			%	Amount	
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO REPLACE SUNDRY PARTS	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	0.00	\$ 120.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY FILLER RR BUMPER LH	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY FILLER RR BUMPER RH	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY BUMPER BEAM	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY TAILGATE OUTSIDE GARNISH	1.00	\$ 100.00	0.00	\$ 0.00	\$ 100.00
GRAND TOTAL					\$ 1,995.17

Remark :

 Make/Model : PRIUS4
 Accident Date : 20.08.2019

 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 : 01/08/2019 Date Generated : 03/10/2019
Accident End Date : 03/10/2019 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/08/19/2066	SHD6101L	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24102929	20/08/2019 2:42 PM	27/08/2019 8:35 AM



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/19/2066

From: SMRT Taxis Pte Ltd

Date: 22/08/2019

**ACCIDENT INVOLVING SHD6101L AND SLR9599T ON 20/8/2019
12:00 PM ALONG JURONG GATEWAY ROAD (J CUBE).**

This is to confirm that the daily rental rate for SHD6101L is \$120.91 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

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	20/08/2019 16:14
Date Of Accident	20/08/2019 12:00
Exact Location Of Accident	JURONG GATEWAY ROAD (J CUBE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6101L
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	CHUA KAN MENG (CAI JIANMING)
NRIC No	S7640959E
Date Of Birth	16/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 669B
 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? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 5

Passenger 1 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 4 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 JURONG GATEWAY ROAD WITH 4 FEMALE CHINESE PASSENGER ON BOARD, AS I WAS APPROACHING THE TRAFFIC LIGHT I SLOW DOWN DUE TO THE TRAFFIC WAS ON RED SUDDENLY I FELT AN IMPACT FROM MY REAR. I ALIGHTED AND CHECKED THE VEHICLE SLR9599T HAD HIT MY REAR PORTION OF MY TAXI. NO INJURY

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 SLR9599T
 Vehicle Make/Model/Colour

JURONG GATEWAY ROAD

J CUBE

200

A-SHD610
B-SLR9599

This image shows a single sheet of white, lined notebook paper. It features horizontal blue ruling lines spaced evenly down its length. On the left edge, there are two circular binder holes punched through the paper. The paper appears slightly aged or off-white. In the bottom right corner, there is a faint, circular embossed stamp that reads "JAN 1968".

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

DECLARATION
I/We declare the foregoing particulars

are true in every respect.

Wppl 20/8/19

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:


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


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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

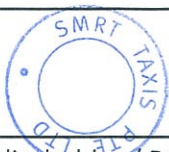
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSR1191094490 Vehicle Registration No: SHD 6101L
Name (as shown in NRIC) : Chua Kang Meng NRIC/FIN/Passport No : S7640959E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 20/8/2019 Time of Accident : 12.00pm
Place of Accident : Jurong Gateway Road (Jcube)
Insurance Company : MS First Capital Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend vehicle number - SHD 6101L



Policyholder / Driver's Signature
Date:

[Signature] 21/8/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: