

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 : 199004280Z Invoice No. : IV190900526 Date : 25.09.2019 Vehicle No. : SHC4329R Your Ref No. : TAX/09/19/2050

Our Ref No. : 24103366 Terms : 30 Days

Description	Qty	Unit Cost	Add	/ (Discount)		Amount
			ક	Amount		
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$	1,300.00
			GRAN	ID TOTAL	\$	1,300.00

#### Remark:

Make/Model : TOYOTA PRIUS Accident Date : 16.09.2019

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/09/19/2050

From:

SMRT Taxis Pte Ltd

Date:

24/09/2019

## ACCIDENT INVOLVING SHC4329R AND SLM4822H ON 16/9/2019 8:50 AM ALONG HOUGANG AVE 10 TOWARDS HOUGANG MALL.

This is to confirm that the daily rental rate for SHC4329R is \$100.58 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



# Laid Up Report

Accident Start Date: 01/09/2019

Accident End Date : 26/09/2019

Date Generated: 26/09/2019

: LeeGek User Name

10:30 AM	e and Time ir Completed)
21/09/2019	Date and (Repair Com
16/09/2019 10:30 AM	Date and Time (Accident Repair)
24103366	Job Card Number
PRIUS	Vehicle Model
TOYOTA	Vehicle Make
SMRT Taxis Pte Ltd	Company Type
SHC4329R	hicle Regi Numbi
TAX/09/19/2050	Case Reference Number Ve

MSR119122259 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME: 16/09/2019 10:24 SUBMITTED BY: B. Thaiyal Nayagi

#### 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 witholding of material facts may allow insurance companies to 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

ACCID	ENT ST	ATEM	ENT

Date Of Report 16/09/2019 10:24 Date Of Accident 16/09/2019 08:50

**Exact Location Of Accident** HOUGANG AVE 10 TOWARDS HOUGANG MALL

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHC4329R

Insured/Policyholder

Name Of Registered Owner SMRT TAXIS PTE LTD

Co Reg No 198905369K Email Address NOEMAII

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 NG TECK SOON

NRIC No S1179981G Date Of Birth 26/11/1956 Occupation OUTDOOR Date Of Driving Pass 02/05/1991

**Driving Experience** 28 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-80000000

Fax Number

Contact Number

EMail Address NOEMAIL Address

11

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

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)

**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?

I WAS TRAVELLING ALONG HOUGANG AVE 10 TOWARDS HOUGANG MALL. A VEHICLE IN FRONT OF MY TAXI CAME TO A HALT AS HE WAS TURNING RIGHT TOWARDS THE CAR PARK. I FOLLOWED AND STOPPED AS WELL. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLM4822H HAD COLLIDED ONTO THE REAR OF MY TAXI.

#### 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

SLM4822H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE

Vehicle Category Name of Driver

ONG HONG WAY

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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CLARATION			5		
Ve declare the foregoing particulars	are true in every respect.			16/9/21	· (A
P					

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

Date & Time: NRI

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

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

16/9/19

(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 .:

16/a/2019

#### ्सक्ष्ऽEnquire Transaction History

Pransaction History Details

Log Date/Time:

17 Sep 2019 / 09:09:07

Vehicle Asset Type:

Asset ID: Transaction Type: SLM4822H

18.32 Insurance Enquiry (GIRO Payment)

Úser ID:

ESASBAHO - BALQISH BINTE ABDUL HALIL

16 Sep 2019 08:50:00

Search Date / Time: insurance Company:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

Transaction Amount:

\$7.49

Channel:

External Agency

Business Transaction Reference No. 20190917090907283474

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**Enquire Related Logs** 

Back to List