



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. : IV191000346
 Date : 21.10.2019
 Vehicle No. : SHB5422C
 Your Ref No. : TAX/09/19/2120
 Our Ref No. : 24103603
 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
TAIL GATE LOCK COVER , BACK DOOR	0.00	\$ 25.30	0.00	\$ 0.00	\$ 0.00
TAIL GATE WEATHERSTRIP, BACK DOOR	0.00	\$ 360.70	0.00	\$ 0.00	\$ 0.00
NUMBER PLATE	1.00	\$ 35.00	0.00	\$ 0.00	\$ 35.00
NUMBER PLATE FRAME	1.00	\$ 25.00	0.00	\$ 0.00	\$ 25.00
NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR	1.00	\$ 52.30	(25.00)	\$ 13.07	\$ 39.23
NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1.00	\$ 52.30	(25.00)	\$ 13.07	\$ 39.23
EMBLEM SUB-ASSY REAR	1.00	\$ 46.30	(25.00)	\$ 11.57	\$ 34.73
SMRT LOGO	1.00	\$ 7.80	0.00	\$ 0.00	\$ 7.80
STICKER DECAL 6555 8888	1.00	\$ 21.60	0.00	\$ 0.00	\$ 21.60
Sub-Total					\$ 1272.55

Labour

TO REPAIR REAR PORTION	1.00	\$ 300.00	0.00	\$ 0.00	\$ 300.00
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Others

TO RESPRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY FILLER RR DUMPER 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 TAIL GATE	0.00	\$ 378.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY TAILGATE OUTSIDE GARNISH	1.00	\$ 150.00	0.00	\$ 0.00	\$ 150.00
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO REMOVE AND REFIT WIRE HARDESS	0.00	\$ 200.00	0.00	\$ 0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00

Authorized 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

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60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV191000346
Date : 21.10.2019
Vehicle No. : SHB5422C
Your Ref No. : TAX/09/19/2120
Our Ref No. : 24103603
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
GRAND TOTAL					\$ 1,982.55

Remark :

Make/Model : PRIUS4
Accident Date : 29.09.2019

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



Laid Up Report

Accident Start Date : 01/09/2019

Accident End Date : 04/10/2019

Date Generated : 04/10/2019

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/09/19/2120	SHB5422C	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24103603	29/09/2019 11:43 AM	04/10/2019 1:23 PM

Tax Reference No : SXXXX705B
Year of Assessment : 2019
Income Tax
Date : 25 Jul 2019

**NOTICE OF ASSESSMENT
ORIGINAL**



INLAND REVENUE
AUTHORITY OF
SINGAPORE

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

MR LIM SIOK KANG
223A SUMANG LANE
#08-205
SINGAPORE 821223

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



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	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	24,903.00		24,903.00
TOTAL INCOME	24,903.00		24,903.00
ASSESSABLE INCOME			24,903.00
LESS: PERSONAL RELIEFS			
Earned Income		1,000.00	
NSman-self/wife/parent		1,500.00	
Spouse/Handicapped Spouse		2,000.00	
Child (QCR)		8,000.00	
Provident Fund/Life Insurance		5,000.00	
TOTAL PERSONAL RELIEFS			17,500.00
CHARGEABLE INCOME			7,403.00
TAX PAYABLE			0.00

1. Your tax assessment is based on information given by you through e-Filing on 12 Mar 2019.

2. You can view your total outstanding income tax payable, if any, via the View Account Summary e-Service.

If the total outstanding tax payable is less than \$10, the amount will be carried forward to the next bill.

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



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/09/19/2120

From: SMRT Taxis Pte Ltd

Date: 10/10/2019

**ACCIDENT INVOLVING SHB5422C AND SMN2215G ON 29/9/2019
10:18 AM ALONG QUEENSWAY.**

This is to confirm that the daily rental rate for SHB5422C is \$116.63 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	30/09/2019 12:03
Date Of Accident	29/09/2019 10:20
Exact Location Of Accident	QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5422C
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	LIM SIOK KANG
NRIC No	
Date Of Birth	10/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1991
Driving Experience	28 YEARS AND 6 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) 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) 1

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 STATIONARY ALONG QUEENSWAY AS IT WAS THE RED TRAFFIC LIGHT. WHILST STATIONARY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SMN2215G 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? YES
 Remarks/ Reasons: FILE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN2215G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HAH YAN YUN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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] 30/09/19

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

[Signature] 30/9/2019

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 11:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: LIM SIOK KANG		Address:		
ID Type / ID No.: NRIC NO / S7318705B				
Nationality: SINGAPORE CITIZEN				
Sex: Male	Age: 46			Date of Birth: 10/06/1973
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2019 10:18	Type of Location: X-Junction
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5422C	Car	TOYOTA	Prius	Maroon	Slightly Damaged	0
SMN2215G	Car	MINISUBISHI		Grey	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190930/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190930/7006

CONTINUATION OF REPORT

Driver			
Name	LIM SIOK KANG	ID No.	
Related Vehicle	SHB5422C (Car)	Contact No.	
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	30/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HAH YAN YUN	ID No.	S8702760J
Related Vehicle	NIL	Contact No.	94371132
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

Brief Details.

i was waiting at the traffic light as it was red. Suddenly, a car knocked onto my vehicle from behind. We exchange particulars and left. No police attended. i have a camera in the front and rear of my vehicle. I also went to the clinic afterwards and got 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190930/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190930/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/09/2019 11:35

Classification Of Case:



Date: 30/9/2019

Our Ref. No.:

Letter of Authorisation

I, Lim Siok Kang (Name) (NRIC No.: )

registered hirer / relief driver / taxi share driver of SMRT taxi registration number SHB05422C hereby authorise **SMRT Automotive Services Pte Ltd**

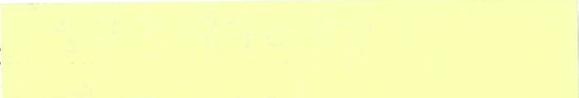
("AutoSvs") to deal with all matters arising out of the accident between my taxi and SMX 2215G (Third party vehicle no) happened on 27/09/19 (Date & time)

along QUEENSWAY CROSS OF QUEENSWAY and COMMONWEALTH 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 : Lim Siok Kang Signature: 

NRIC No. : 

Tel No. : 

Address : 

Enquire Transaction History

Transaction History Details

Log Date/Time:	30 Sep 2019 / 16:29:51	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SMN2215G	Business Transaction Reference No.:	20190930162951916576
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 29 Sep 2019 10:18:00
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

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