

**Tax Invoice**

GST Reg No. : MR-8500001-7  
CRN : 199004280Z  
Invoice No. : IV191000474  
Date : 25.10.2019  
Vehicle No. : SHB5829M  
Your Ref No. : TAX/10/19/2020  
Our Ref No. : 24103699  
Terms : 30 Days

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

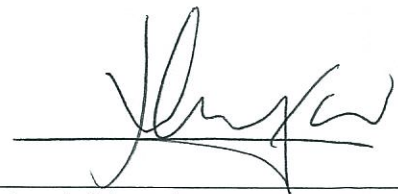
60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 3,200.00
GRAND TOTAL					\$ 3,200.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 05.10.2019

N.B. Payment by cheque should be crossed and  
made payable to 'SMRT Automotive Services Pte Ltd'.  
No receipt will be issued unless requested.

Authorized Signature  
for SMRT Automotive Services Pte Ltd



## Laid Up Report

Accident Start Date : 01/10/2019

Accident End Date : 16/10/2019

Date Generated : 16/10/2019

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/10/19/2020	SHB5829M	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24103699	05/10/2019 8:51 PM	15/10/2019 1:17 PM



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/10/19/2020

From: SMRT Taxis Pte Ltd

Date: 14/10/2019

**ACCIDENT INVOLVING SHB5829M AND UNKNWON ON 5/10/2019  
3:40 PM ALONG PIE /EXIT OF CTE (ANG MO KIO).**

This is to confirm that the daily rental rate for SHB5829M is \$133.75 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	07/10/2019 15:08
Date Of Accident	05/10/2019 15:40
Exact Location Of Accident	PIE /EXIT OF CTE (ANG MO KIO)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5829M
<b>Insured/Policyholder</b>	
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	TAN KIM HUA
NRIC No	
Date Of Birth	12/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1976
Driving Experience	42 YEARS AND 9 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

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 3

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) 4

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3

NAME: : UNKNOWN

GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 ,

Police Station Contact

COUNTRY: SINGAPORE

Was notice of intended Prosecution given? NO

TEL NO: 1800-7819999 - FAX NO: 67832722

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20191005/2110 PAX (2 ADULTS/ CHILD FOREIGNER)

### 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

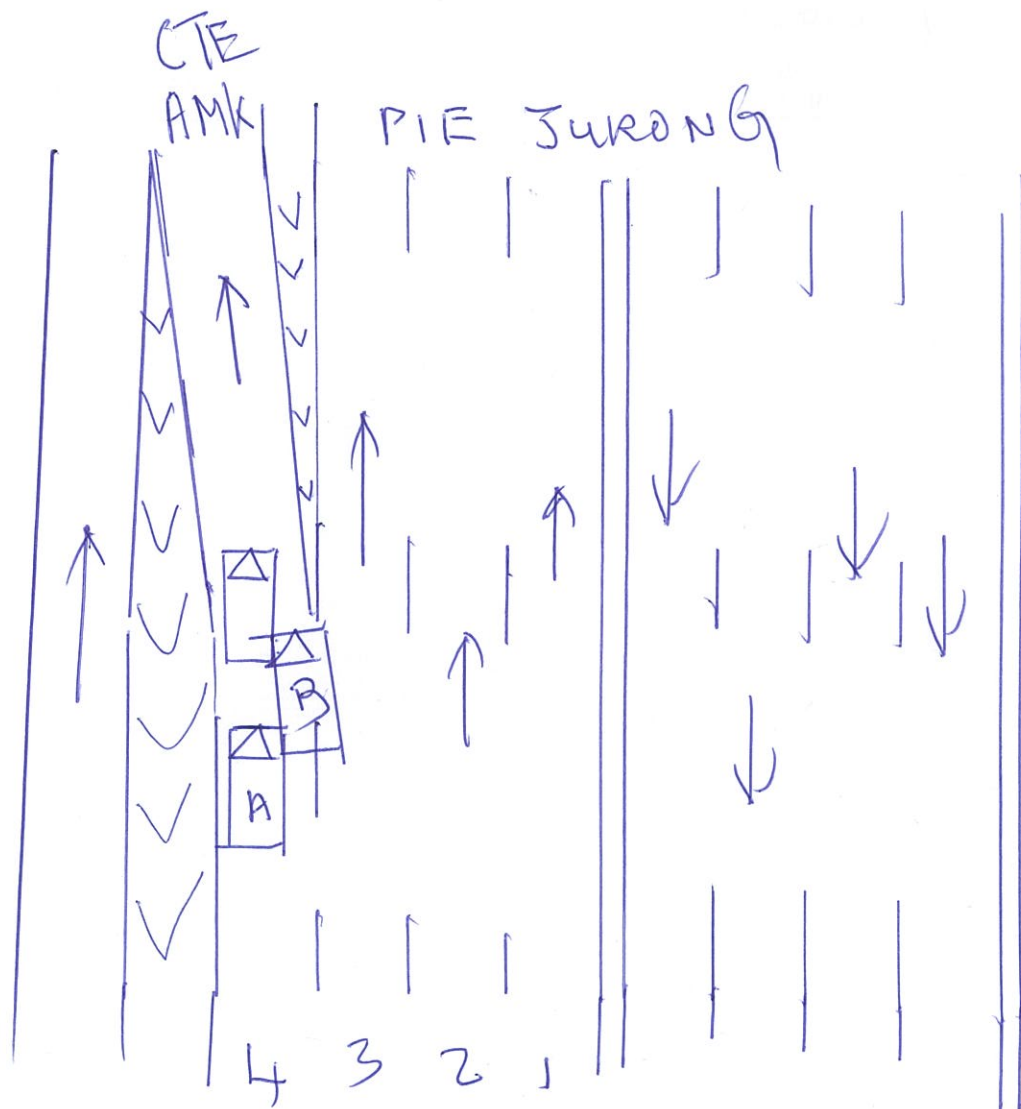
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLU1492D

Vehicle Make/Model/Colour

# SKETCH PLAN



## DECLARATION

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



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.:

*7/10/2019*



## 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:

  
7/10/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2019 19:40	Vide Report No.:	Station Diary No.: 46
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**Informant's Particulars**

Name of Informant: TAN KIM HUA	Address: [REDACTED]		
ID Type / ID No.: NRIC NO / S0017900J			
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 64	Date of Birth: 12/12/1954	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2019 15:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  AT THE EXIT OF CTE(ANG MO KIO)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHB5829M	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	3
SLU1492D	Car	LAND ROVER		Black	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:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN KIM HUA		ID No.
Related Vehicle	SHB5829M (Car)		Contact No.
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date
		Class: NIL Date of Expiry: NIL	
Date Treatment	05/10/2019	Date Discharge	05/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Name</b>			
GOH JUN YI		ID No.	S8281277C
<b>Related Vehicle</b>		Contact No.	96584387
SLU1492D (Car)			
<b>Hospital/Clinic</b>		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
NIL			
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 05/10/2019 at about 1540hrs, I was ferrying 03 passengers booked by Grab heading from Kallang towards Yishun in my taxi SHB5829M. While travelling along PIE (towards Tuas), I was heading towards the CTE(Ang Mo Kio) exit. There were a lot of vehicles at the moment and I was driving behind a white vehicle believed to be driven by an old man, on the extreme left lane of the 4 lane road. Just as my vehicle reached the exit, another vehicle (SLU1492D) suddenly cut in between our vehicles from the right. His rear left hit on to my front right side of my vehicle. The grille of the front of my vehicle was dislodged and got stuck in his rear left wheel area. There is also a dent to the front right of my car. At that moment, my left shoulder felt painful.

His front left also hit on the rear right of the vehicle in front of me. That said vehicle did not stop but left the area.

The driver of SLU1492D and myself alighted and we exchanged particulars. He provided me with a screenshot of his driving license. I told my passengers to let me or my company know if they have any injuries.

Later on at about 1800hrs, I visited the doctor at Neptune Healthcare Medical & Surgery for my injuries. I suffered from neck, left shoulder and back sprain and given 4 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191005/2110

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3





Report No. T/20191005/2110

**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: G / Staff Sgt WONG XINGYI, SEAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2019 19:40
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414  SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	