



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 63340247

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. : IV191200386
Date : 17.12.2019
Vehicle No. : SHC4612Y
Your Ref No. : TAX/11/19/2094
Our Ref No. : 24104470
Terms : 30 Days

| Description | Qty | Unit Cost | Add / (Discount) % | Amount |
|--|------|-----------|--------------------|--------------------|
| LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION | 1.00 | | | \$ 1,400.00 |
| GRAND TOTAL | | | | \$ 1,400.00 |

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 21.11.2019

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 : 21/11/2019
Accident End Date : 02/01/2020

Date Generated : 02/01/2020
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) |
|-----------------------|-----------------------------|--------------------|--------------|---------------|-----------------|---------------------------------|----------------------------------|
| TAX11/19/2094 | SHC4612Y | SMRT Taxis Pte Ltd | TOYOTA | PRIUS | 24104470 | 22/11/2019 8:40 AM | 29/11/2019 1:09 PM |



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/11/19/2094

From: SMRT Taxis Pte Ltd

Date: 27/11/2019

**ACCIDENT INVOLVING SHC4612Y AND GBE2543L ON 21/11/2019
5:00 PM ALONG BLK 116 BUKIT MERAH VIEW CAR PARK.**

This is to confirm that the daily rental rate for SHC4612Y is \$109.14 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 | 22/11/2019 08:35 |
| Date Of Accident | 21/11/2019 17:00 |
| Exact Location Of Accident | BLK 116 BUKIT MERAH VIEW CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SHC4612Y |
| 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 | POH AH CHYE |
| NRIC No | |
| Date Of Birth | 16/05/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/11/1982 |
| Driving Experience | 37 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-80000000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address 121
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 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) 0

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

MY TAXI WAS PARKED PROPERLY INSIDE THE PARKING LOT AND I WAS AWAY WHEN THE LORRY GBE2543L REVERSING INTO THE PARKING LOT ON MY LEFT AND HIT ONTO THE LEFT PORTION OF MY TAXI.

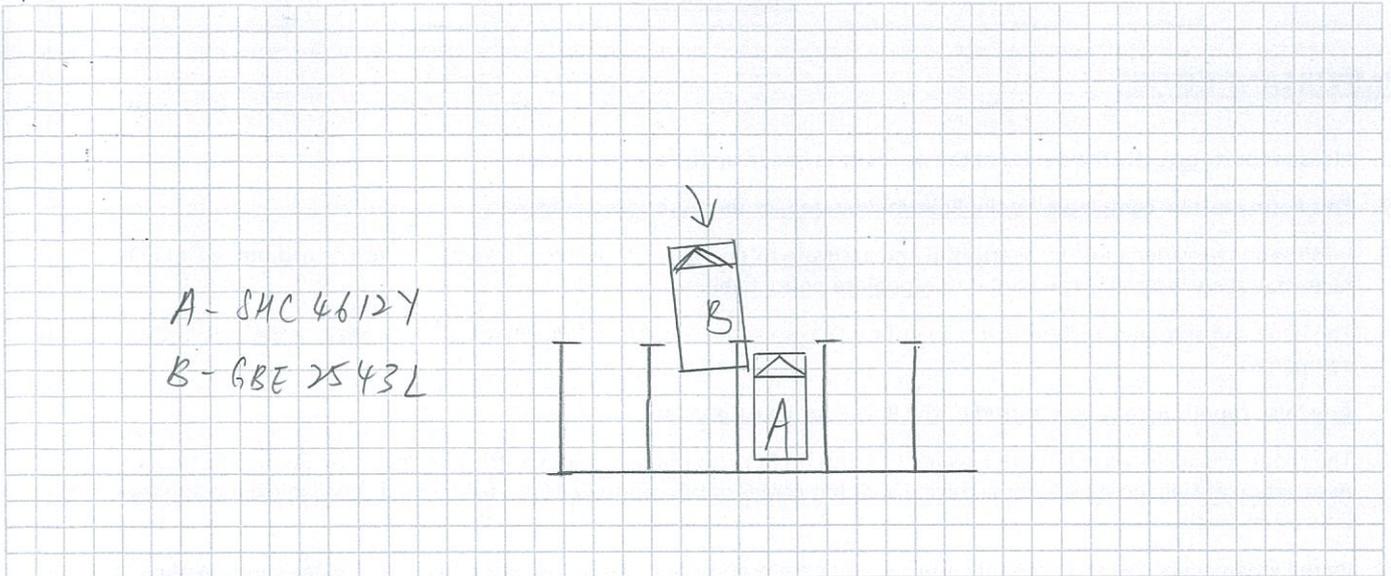
Attachment(s)

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 GBE2543L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver KHAIRUL HAFIZ BIN KAMARUSI
NRIC/Passport Number S8228409E
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large empty rectangular area with horizontal lines for describing the accident circumstances.

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.:

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.:



Date: 22/11/19

Our Ref. No.:

Letter of Authorisation

I, Name POH AH CHYE (NRIC No.: )
registered hirer / relief driver / taxi share driver of SMRT taxi registration number
SHC 4612-J hereby authorise **SMRT Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and ~~SHE 4642-Y~~ GBE 2543-L happened on 21 Ball & Linde 1700
along BLK 16 CAR PARK BUKIT MERAH VIEW.

(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 POH AH CHYE Signature: 

NRIC No.

Tel No.

Address

Handwritten vertical text on the right margin.

Enquire Transaction History

Transaction History Details

| | | | |
|-------------------|--|-------------------------------------|----------------------|
| Log Date/Time: | 23 Nov 2019 / 09:02:02 | Transaction Amount: | \$7.49 |
| Asset Type: | Vehicle | Channel: | External Agency |
| Asset ID: | GBE2543L | Business Transaction Reference No.: | 20191123090202699337 |
| Transaction Type: | 18.32 Insurance Enquiry (GIRO Payment) | | |
| User ID: | ESASBAH0 - BALQISH BINTE ABDUL HALIL | | |

Search Date / Time: 21 Nov 2019 17:00:00
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK

