

Tan Lee Gek (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: 07/07/2017 15:10
To: Tan Lee Gek (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims)
Cc: CS A Team; Admin A
Subject: FW: Accident on 24/5/2017 involving SHB 5360Y & SLA 9262D - AXA (Our Ref: TAX/05/17/2180/lg)
Attachments: 05 17 2180.pdf

Dear Lee Gek,

Thank you for your email.

Please note that : -

LKK ref	Officer in charge
E4/AXA17010121/K1ya3	Jas

To check availability of the case handler , you may contact the undersigned.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan Lee Gek (Auto Svcs/Ext Biz Svcs/Claims & IA/Taxis/Claims) [<mailto:LeeGek@smrt.com.sg>]
Sent: Friday, 7 July, 2017 3:03 PM
To: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Cc: Jas Khine (LKKAuto) <jaskhine@lkkauto.com>
Subject: Re: Accident on 24/5/2017 involving SHB 5360Y & SLA 9262D - AXA (Our Ref: TAX/05/17/2180/lg)

Dear All,

We quantify our claim as follows:-

Cost of repairs	\$ 9,300.00
Loss of rental	\$ 1,683.11 (\$129.47 x 13 days)
Loss of income	\$ 780.00 (\$60.00 x 13 days)
LTA search fee	\$ 5.00
	\$11,768.11
	=====

We attach the proof of rental, repair bill, laid-up report, GIA report of our taxi, hirer's Letter of Authorisation and LTA search for your perusal.

We have notified AXA on 24/5/17 at 11.47am and our taxi was surveyed on 24/5/17 at 3.29pm. We attach the emails for your perusal.

Please let us hear from you soon.



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. : IV170600329
Date : 14.06.2017
Vehicle No. : SHB5360Y
Your Ref No. : TAX/05/17/2180
Our Ref No. : 24089790
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				\$ 9,300.00
GRAND TOTAL					\$ 9,300.00

Remark :

Make/Model : CHRYSLER 300C
Accident Date : 24.05.2017

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



Our Ref : TAX/05/17/2180/LG

Date : 06/06/2017

To : Claims Department

From : SMRT Taxis Pte Ltd

ACCIDENT INVOLVING SHB5360Y & SLA9262D ON 24/05/2017 ALONG ANG MO KIO CENTRAL

CONFIRMATION OF TAXI RENTAL

This is to confirm the hirer of SHB5360Y is **TAN ENG HAN** (S0910876I)
The daily taxi rental rate for taxi registration no. SHB5360Y is S\$129.47 /day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.



For Manager
SMRT Taxis Pte Ltd



Accident Vehicle Laid-Up Report

Registration No. : SHB5360Y

Accident Case No. : TAX/05/17/2180

Make / Model : CHRYSLER 300C

Ref. No. : 24089790

Date and Time Vehicle off-road for Accident Repair : 24.05.2017 06:40:00

Date and Time Repair Completed : 06.06.2017 09:18:02

Remarks :

Generated by : NGSUICHING

Printed on : 06.06.2017

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 ability.
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 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	24/05/2017 09:30
Date Of Accident	24/05/2017 06:40
Exact Location Of Accident	ANG MO KIO CENTRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5360Y
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	CHRYSLER
Model	300C-3.0 D (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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

Driver

Name of Driver	HENRY CHEW PONG HWEE (HENRY ZHOU PENGHUI)
NRIC No	
Date Of Birth	01/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1997
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - RELIEF
 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 ON COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? 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) 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 TRAVELLING ALONG ANG MO KIO CENTRAL CARPARK TURNING RIGHT TOWARDS BLK 727 / BLK 730 CARPARK. WHILST I WAS TURNING RIGHT, SUDDENLY A VEHICLE SLA9262D CAME OUT FROM THE CARPARK WITHOUT STOPPING AT THE STOP LINE TO GIVE WAY TO MY TAXI. AS SUCH COLLIDED ONTO THE FRONT RIGHT 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 SLA9262D
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver RENGASAMY CHARLES
 NRIC/Passport Number S0021327F
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

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 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.
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.



Policyholder's Signature / Date &
Time

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

Just
24/5/2017

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

24/5/17 0640am

Any Mo K10 Central (C/P)

The diagram illustrates an intersection with a central vertical road and a horizontal road. A diagonal road crosses the intersection. Vehicle A is positioned at the intersection, and vehicle B is on the vertical road. Arrows indicate traffic flow: rightward on the horizontal road, leftward on the vertical road, and downward on the diagonal road. Boxes labeled 'BK 730' and 'BK 727' are on the horizontal road. A signature is in the top right.

Declaration

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

Witnessed by Reporting Centre Personnel
24/5/2017

Witnessed by Reporting Centre Personnel

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	24 May 2017 / 11:31:07		
Asset Type:	Vehicle	Transaction Amount:	\$5.35
Asset ID:	SLA9262D		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20170524113107685182

Search Date / Time: 24 May 2017 06:40:00

Insurance Company: AXA INSURANCE PTE LTD

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

Enquire Related Logs
Back to List



Please read through the Privacy Statement, Terms of Use and Disclaimer.
 Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.
 Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution
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Date: 24/5/2017

Our Ref. No.:

Letter of Authorisation

I, Henry Chew poong hwee (NRIC No. ) registered hirer / relief driver / contract hirer of SMRT taxi registration number SHB 5360Y hereby authorise **SMRT Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SLA 9262 D happened on 24/5/17 0640am along Ang Mo Kio central c/p

(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

HENRY CHEW PONG HWE

Signature:

NRIC No.

Tel No.

Address

Empty box for contact details