



SMRT AUTOMOTIVE SERVICES PTE LTD
60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6866 2652
Fax : 65 6368 7421
www.smrt.com.sg

Date: 27.3.2020

Our Ref.: Tax/01/20/2082/57

Dear Sirs,

ACCIDENT INVOLVING SMC 4754X & YP 99296
ON 18.1.2020 ALONG SLE towards Woodlands.

LETTER OF CLAIM

We claim on behalf of **SMRT TAXIS PTE LTD**, owner of motor taxi no.: SMC 4754X

Your insured's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

1. Cost of Repair	:	\$ 3,550.00
2. Loss of Rental for <u>16 1/2</u> days @ S\$ <u>109.68</u> /day	:	\$ 1,809.72
3. Loss of Income for _____ days @ S\$ _____ /day	:	\$ 990.00
4. Police Report/ SAS Report/ LTA Search Fee	:	\$ 7.00
5. Survey Fee	:	\$ -
6. Others	:	
Total Claims :		\$ <u>6,356.72</u>

We enclose the following documents:-

- | | |
|--|--|
| <input checked="" type="checkbox"/> Repair Invoice | <input checked="" type="checkbox"/> Vehicle laid-up report |
| <input checked="" type="checkbox"/> Police Report / SAS Report | <input checked="" type="checkbox"/> LTA Search result |
| <input checked="" type="checkbox"/> Letter of Authorisation | <input checked="" type="checkbox"/> Others : <u>CC TV footage.</u> |
| <input type="checkbox"/> Investigation results | 1. _____ |
| <input checked="" type="checkbox"/> Proof of Loss of Use/Rental/Income | 2. _____ |

We look forward to your confirmation to settle our claims within 15 days from the date of this letter. Payment by cheque shall be crossed and made payable to **SMRT TAXIS PTE LTD**.

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

Selena Tan
For Manager, Claims
Claims Department
Direct line: 6866 2653
Email address: tanselena@smrt.com.sg

* claiming downtime for
Hirer, Leong Poh Keong of
Hic no. SXXXX017C

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV200300048
Date : 05.03.2020
Vehicle No. : SHC4754X
Your Ref No. : TAX/01/20/2082
Our Ref No. : 24105382
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				\$ 3,550.00

GRAND TOTAL \$ 3,550.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 18.01.2020

Account Name	Bank Name	Bank Account No	Swift Code
SMRT Automotive Services Pte Ltd	DBS Bank Ltd - SGD	018-008617-4	DBSSSGSG

Payment Instructions

By Cheque: Crossed and made payable to "SMRT Automotive Services Pte Ltd" with invoice no. indicated on the reverse side. No receipt will be issued unless requested.

By Bank Transfer:

Account Name :
Bank Name :
Bank Account No :
Swift Code :


Authorized Signature
for SMRT Automotive Services Pte Ltd



Laid Up Report

Accident Start Date : 18/01/2020
Accident End Date : 18/02/2020
Date Generated : 21/02/2020
User Name : TanSelena

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/01/20/2082	SHC4754X	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24105382	18/01/2020 4:13 PM	04/02/2020 10:47 AM

19.1. - 1 day

20.1 - 1 day

21.1 - 1 day

22.1 - 1 day

23.1 - 1 day - Request 5yr.

24.1 - 1 day

25.1 - 1 day

1.2 - 1 day

2.2 - 1 day

3.2 - 1 day

4.2 - 1/2 day

16 1/2

28.1 - 1 day

29.1 - 1 day

30.1 - 1 day

31.1 - 1 day - approved by UIC



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/01/20/2082

From: SMRT Taxis Pte Ltd

Date: 29/01/2020

**ACCIDENT INVOLVING SHC4754X AND YP9929G ON 18/1/2020
3:30 PM ALONG SLE TOWARDS WOODLANDS.**

This is to confirm that the daily rental rate for SHC4754X is \$109.68 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

Enquire Transaction History

Transaction History Details

Log Date/Time:	21 Jan 2020 / 09:41:46	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	YP9929G	Business Transaction Reference No.:	20200121094146333320
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		
Search Date / Time:	18 Jan 2020 15:30:00		
Insurance Company:	QBE INSURANCE (SINGAPORE) PTE LTD		

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

[Enquire Related Logs](#)

[Back to List](#)



Date:

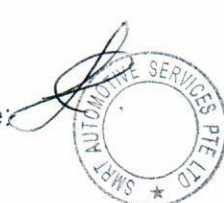
Our Ref. No.:

Letter of Authorisation

I, TAN GEOK SWEE (NRIC No.: S1641703/C) the registered hirer / relief driver / taxi share driver of SMRT taxi registration number -SHC4754X hereby authorise **SMRT Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and YP 9929 G - happened on 18/01/2020 1530 along Place SLE → WDL

(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: TAN GEOK SWEE Signature: 
NRIC No.: S1641703/C
Tel No.: 94875853
Address: BIK 318 SEMBAWANG VISTA #14-223



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	20/01/2020 15:25
Date Of Accident	18/01/2020 15:30
Exact Location Of Accident	SLE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4754X
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
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 GEOK SWEE
NRIC No	SXXXX703C
Date Of Birth	27/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	318
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 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?	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?	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 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200118/2141 ON 18/01/2020 AT ABOUT 1530 HRS, I WAS DRIVING MY TAXI ALONG SLE TOWARDS WOODLANDS ALONG LANE 3. THERE WAS SLOW MOVING TRAFFIC AS THERE WAS CONSTRUCTION WORK AHEAD. JUST AS I WAS SLOW MOVING IN MY TAXI, I FELT MY TAXI GETTING HIT FROM BEHIND THAT CAUSED A WHIPLASH EFFECT ON ME. I STOPPED MY TAXI AT THE ROAD SHOULDER AND REALISED THAT A LORRY HAD ALSO STOPPED IT VEHICLE BY THE ROAD SHOULDER. I ALIGHTED FROM MY TAXI AND MET UP WITH THE SAID LORRY DRIVER. WE EXCHANGED CONTACT DETAILS AND TOOK PHOTOS OF THE DAMAGES TO OUR VEHICLES. SOON AFTER, I DROVE OFF TO THE TAXI COMPANY AFTER ALERTING THEM ABOUT THE ACCIDENT. I FELT PAIN ON THE BACK OF MY NECK, SHOULDER, LOWER BACK AND ON BOTH MY ARMS. I DECIDED TO SEEK MEDICAL TREATMENT AT MOUNT ALVERNIA HOSPITAL WHERE I WAS GIVEN 5 DAYS OF MEDICAL LEAVE FROM 18/01/2020 TO 22/01/2020. DUE TO THE COLLISION, THERE ARE DAMAGES TO THE REAR PORTION OF MY TAXI SUCH AS DENTS AND GAZE MARKS. I DO NOT HAVE A REAR-FACING CAMERA BUT I DO HAVE A FORWARD-FACING CAMERA IN 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

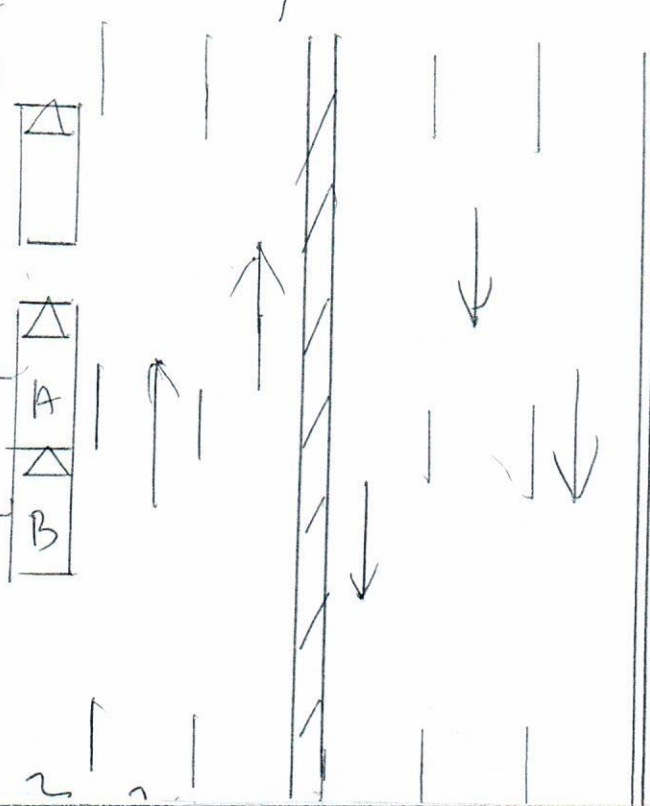
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9929G
Vehicle Make/Model/Colour	
Details Of Properties	

SLIE / WOODLANDS

SHC-4754-X

IP-9929-G



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:

ID Card No:

20/1/20

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. Untrue 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.:

[Signature] 20/1/20



SINGAPORE POLICE FORCE



T/20200118/2141

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

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Report No. T/20200118/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 19:24		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: TAN GEOK SWEE			Address: APT BLK 318 SEMBAWANG VISTA #14-223 SINGAPORE 750318		
ID Type / ID No.: NRIC NO / S1641703C			Contact No.: Home/Office: Mobile: 9487 5853		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 27/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2020 15:30	Type of Location: Expressway
Location: Along Road 1 SELETAR EXPRESSWAY Along SLE towards Woodlands, after the Thomson Flyover Lamp Post Number: 275				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h.	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4754X	Taxi	TOYOTA	PRIUS	Maroon	Seriously Damaged	0
YP9929G	Lorry	HINO		White		0

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



**SINGAPORE
POLICE FORCE**



T/20200118/2141

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

Report No. T/20200118/2141

CONTINUATION OF REPORT

Driver			
Name	TAN GEOK SWEE	ID No.	S1641703C
Related Vehicle	SHC4754X (Taxi)	Contact No.	9487 5853
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	18/01/2020	Date Discharge	18/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	HONG YEW LEUNG	ID No.	S1654925H
Related Vehicle	NIL	Contact No.	NIL
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.

On 18/01/2020 at about 1530hrs, I was driving my taxi along SLE towards Woodlands along lane 3. There was slow moving traffic as there was construction work up ahead. Just as I was slow moving in my taxi, I felt my taxi getting hit from behind that caused a whiplash effect on me. I stopped my taxi at the road shoulder and realized that a lorry had also stopped its vehicle by the road shoulder. I alighted from my taxi and met up with the said lorry driver. We exchanged contact details and took photos of the damages to our vehicles.

Soon after, I drove off to the taxi company after alerting them about the accident. I felt pain on the back of my neck, shoulder, lower back and on both my arms. I decided to seek medical treatment at Mount Alvernia Hospital where I was given 5 days of medical leave from 18/01/2020 to 22/01/2020. Due to the collision, there are damages to the rear portion of my taxi such as dents and graze marks. I do not have a rear-facing camera but I do have a forward-facing camera in my taxi.



SINGAPORE
POLICE FORCE



T/20200118/2141

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

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Report No. T/20200118/2141

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 MUZAINAH BINTE LATIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2020 19:24

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE