LOD Re: Accident on 21/8/2020 involving SHD 6273Z, SLV 2018D (AIG's insured) Our Ref: TAX/08/20/2065/lg

Tan Lee Gek (Auto Svcs/Claims & IA/Claims & IA/Taxis) < LeeGek@smrt.com.sg>

Mon 10/12/2020 5:26 PM

To: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>

1 attachments (436 KB)

0843_001.pdf;

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$5,700.00					
Loss of Rental	\$1,074.82	(10.25	days x	\$104.86)
Loss of Income	\$615.00	(10.25	day x	\$60.00)
LTA search fee	\$7.00					
Total	\$7,396.82					

We enclose the following documents:

- 1) Repair invoice
- 2) Proof of rental rate
- 3) GIA report
- 4) Accident vehicle laid-up report
- 5) Hirer's letter of authorization
- 6) LTA search

Please let us have your offer soon. Thanks.

Regards

Tan Lee Gek (DID: 6556 3548)

Claims Department

SMRT Automotive Services Pte Ltd





Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705



SMRT Automotive Services Pte Ltd 2 Tanjong Katong Road, Tower 3, Paya Lebar Quarter, #08-01, Singapore 437161 Tel: 65 69083530 Fax: 65 69083592

Tax Invoice

GST Reg No. : MR-8500001-7 CRN : 199004280Z Invoice No. : IV201000060 Date : 06.10.2020

Vehicle No. : SHD6273Z

Your Ref No. : TAX/08/20/2065

Our Ref No. : 24107940 Terms : 30 Days

Description	Qty	Unit Cost	Add /	(Discount) Amount	-	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$	5,700.00
			GRAND	TOTAL	\$	5,700.00

Remark :

Make/Model : TOYOTA PRIUS Accident Date : 21.08.2020

Payment Instructions

Please issue chique in favour of SMRT TAXIS PTE LTD.

Koo Yew Chung Koo Yew Chung (Oct 6, 2020 13:48 GMT+8)

Authorised Signature for SMRT Automotive Services Pte Ltd

E. & O.E



SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/08/20/2065

From: SMRT Taxis Pte Ltd

Date:

2/9/2020

ACCIDENT ON 21/08/2020 INVOLVING SHD 6273Z, SLV 2018D ETC ALONG **ANG MO KIO AVE 1**

This is to confirm that the daily rental rate for SHD 6273Z is \$104.86 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



Laid Up Report

Accident Start Date : 21/08/2020

Date Generated: 09/10/2020

Accident End Date : 09/10/2020

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)
TAX/08/20/2065	SHD6273Z	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24107940	24/08/2020 3:33 PM	04/09/2020 8:42 AM

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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	25/08/2020 08:03
Date Of Accident	21/08/2020 19:35
Exact Location Of Accident	ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6273Z
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
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	
Driver	
Name of Driver	TAY THIAN HUAT
NRIC No	SXXXX875G
Date Of Birth	09/09/1954
Occupation	OUTDOOR

Occupation **OUTDOOR** Date Of Driving Pass 05/03/1978

Driving Experience 42 YEARS AND 5 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

2

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

4

involved in the accident

NO

Was any body injured in the Accident?
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?

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 ANG MO KIO AVENUE 1 AS IT WAS THE RED TRAFFIC LIGHT. SUDDENLY I FELT 3 IMPACTS AT THE REAR OF MY TAXI. A VEHICLE SLV2018D HAD COLLIDED ONTO THE REAR OF MY TAXI. THE IMPACT PUSHED MY TAXI FORWARD AND MY TAXI COLLIDED ONTO THE REAR OF SFA6862M. WHEN I ALIGHTED I REALISED THAT IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES INCLUDING MINE.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLV2018D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

UNKNOWN

۸ ما ما _سم

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN		Ang Mo Kio Ave I
		D- SKQ 2307 B
		C - SFA 6862 M
		A - SHD 6273Z
		7 5 5 6 5 5 5
		B - SLV2018D
		5 SEV 2018 D
	CES OF THE ACCIDENT	
	*	
RATION	-	
eclarethe foregoing part	ticulars are true in every respect.	/
** ws	W	24 8 2020.
		1 14 0 12 2
older's Signature Time:	Driver's Signature (If driver is not the policy)	Reporting Centre Personnel's Signature

Pol Dar

Date & Time:

Name: NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Our Ref. No.:

<u>Letter of Authorisation</u>							
I,Name TAY THIAN HUAT (NRIC No							
registered hirer / relief driver / taxi share driver of SMRT taxi registr	ation number						
hereby authorise SMRT Automotive Service	es Pte Ltd						
("AutoSvs") to deal with all matters arising out of the accident between my taxi							
and SLV 2018 P (B) SFA 6862M (C) happened on Date Ship of							
and SLV 2018 D B) SFA 6862M (C) happened on 2018 1000 along Ang Me Kio Ave I							
(the "Accident") on my behalf, including but not limited to instituting and							
proceedings against such party or parties (as AutoSvs deems fit in	n 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 nego	otiate, 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 V	oucher on my						
behalf as may be required.							
TAY THIAN HUMT							
Name TAY THIAN HUAT Signature:							
NameSignature:							
NRIC No.							
NameSignature:							
NRIC No.	anticana.						
NRIC No. : Tel No. :							



Enquire Transaction History

Transaction History Details

Log Date/Time:

25 Aug 2020 / 09:23:42

Asset Type:

User ID:

Vehicle

Asset ID:

Transaction Type:

SLV2018D

18,32 Insurance Enquiry (GIRO Payment)

ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount:

\$7.49

Channel:

External Agency

Business Transaction Reference No.:

20200825092342571209

Search Date / Time:

21 Aug 2020 19:35:00

Insurance Company:

AIG ASIA PACIFIC INSURANCE PTE, LTD.

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

Enquire Related Logs

ОК