LOD Re: Accident on 23/8/2020 involving SHB 1432A & SMM 2245A (China Taiping's insured) Our Ref: TAX/08/20/2069/lg

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

Mon 10/12/2020 6:03 PM

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

1 attachments (485 KB)

0838\_001.pdf;

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$2,550.00						
Loss of Rental	\$686.94	(	6	;	days x	\$114.49	)
Loss of Income	\$537.60	(	6	,	day x	\$89.60	)
LTA search fee	\$7.00						
Total	\$3,781.54						

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) Hirer's current & past 2 years Notice of Assessment
- 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

RECEIVED

07 OCT 2020

SMRT AUTOMOTIVE SERVICES PTE LTD Claims & Insurance Agency 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. : IV201000062

Date : 06.10.2020 Vehicle No. : SHB1432A

Your Ref No. : TAX/08/20/2069

Our Ref No. : 24107966 Terms : 30 Days

					Days	
Description	Qty	Unit	Add /	(Discount)		Amount
		Cost	8	Amount		
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$	2,550.00
			GRAND	TOTAL	\$	2,550.00

Remark :

Make/Model : TOYOTA PRIUS Accident Date : 25.08.2020

Payment Instructions

Please issue chaque in favour of BMRT TAXIS PTE LTD.

Koo Yew Chung Koo Yew Chung (Oct 6, 2020 15:30 GMT+8)

Authorised Signature for SMRT Automotive Services Pte Ltd

E. & O.E



## **SMRT Taxis Pte Ltd**

# **MEMORANDUM**

To:

Claims Dept

Our Ref:

TAX/08/20/2069

From:

SMRT Taxis Pte Ltd

Date:

4/9/2020

# ACCIDENT ON 25/08/2020 INVOLVING SHB 1432A & SMM 2245A ALONG ANG MO KIO INDUSTRIAL PARK 2A

This is to confirm that the daily rental rate for SHB 1432A is \$102.19 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 : 20/08/2020

Date Generated: 03/09/2020

Accident End Date : 03/09/2020 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/08/20/2069	SHB1432A	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24107966	25/08/2020 5:11 PM	01/09/2020 8:14 AM

Tax Reference No : SXXXX482A Year of Assessment :2020 Income Tax Date : 30 Mar 2020

# **NOTICE OF ASSESSMENT ORIGINAL**

INLAND REVENUE **AUTHORITY OF** SINGAPORE

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us. MR YEN SOON WENG

կլՈւգիդիդիսիլակի

55 Newton Road Revenue House Singapore 307987
Tel: 1800-356 8300
Website: http://www.iras.gov.sg
e-Services: https://mytax.iras.gov.sg

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	32,706.00		32,706.00
TOTAL INCOME	32,706.00		32,706.00
ASSESSABLE INCOME			32,706.00
LESS: PERSONAL RELIEFS			
Earned Income		6,000.00	
NSman-self/wife/parent		1,500,00	
Child (QCR)		12,000.00	
Provident Fund/Life Insurance	ce	3,071.00	
TOTAL PERSONAL RELIEFS			22,571.00
CHARGEABLE INCOME			10,135.00
TAX PAYABLE			0.00

- 1. Your tax assessment is based on information given by you through e-Filing on 02 Mar 2020.
- 2. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

**NG WAI CHOONG** COMPTROLLER OF INCOME TAX Tax Reference No: SXXXX482A Year of Assessment :2019 Income Tax Date: 25 Mar 2019

# **NOTICE OF ASSESSMENT ORIGINAL**

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us. MR YEN SOON WENG

INLAND REVENUE AUTHORITY OF SINGAPORE

# հորդերիային

55 Newton Road Revenue House Singapore 307987 Tel: 1800-356 8300 Website: http://www.iras.gov.sg e-Services: https://mytax.iras.gov.sg

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
	3 FORE (\$)	COUNTRIES (\$)	TOTAL (\$)
TRADE	30,400.00		30,400.00
TOTAL INCOME	30,400.00		30,400.00
ASSESSABLE INCOME			30,400.00
LESS: PERSONAL RELIEFS			
Earned Income		6,000.00	
NSman-self/wife/parent		1,500.00	
Child (QCR)		8,000.00	
Provident Fund/Life Insu	rance	2,555.00	
TOTAL PERSONAL RELIEFS			18,055.00
CHARGEABLE INCOME			12,345.00
TAX PAYABLE			0.00

- 1. Your tax assessment is based on information given by you through e-Filing on 02 Mar 2019.
- 2. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

**NG WAI CHOONG** COMPTROLLER OF INCOME TAX Tax Reference No: SXXXX482A Year of Assessment: 2018 Income Tax Date: 07 Nov 2018

# **NOTICE OF ASSESSMENT AMENDED**

INLAND REVENUE **AUTHORITY OF SINGAPORE** 

Please quote the Tax Reference Number (eg. NRIC, FIN, etc) in full when corresponding with us. MR YEN SOON WENG

հուրերիսիովիորիոր

55 Newton Road Revenue House Singapore 307987
Tel: 1800-356 8300
Website: http://www.iras.gov.sg
e-Services: https://mytax.iras.gov.sg

1-1

	S'PORE (\$)	OTHER COUNTRIES (\$)	TOTAL (\$)
TRADE	31,174.00		31,174.00
TOTAL INCOME	31,174.00		31,174.00
ASSESSABLE INCOME			31,174.00
LESS: PERSONAL RELIEFS			
Earned Income		6,000.00	
NSman-self/wife/parent		1,500.00	
Child (QCR)		8,000.00	
Provident Fund/Life Insura	ince	3,196.00	
TOTAL PERSONAL RELIEFS			18,696.00
CHARGEABLE INCOME			12,478.00
TAX PAYABLE			0.00
Less: Previous assessment			0.00
TAX REPAYABLE/DISCHARGE ASSESSMENT	D AS PER THIS		0.00

1. If you have any objection, please submit your objection online within 30 days via the Object to Assessment e-service or email us at myTax Portal.

COMPTROLLER OF INCOME TAX

**NG WAI CHOONG** 

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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.

	ACCIDENT STATEMENT
ate Of Report	26/08/2020 10:24
ate Of Accident	25/08/2020 16:50
xact Location Of Accident	ANG MO KIO INDUSTRIAL PARK 2A
ountry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SHB1432A
nsured/Policyholder	
ame Of Registered Owner	SMRT TAXIS PTE LTD
o Reg No	1XXXXX369K
mail Address	NOEMAIL
obile Phone No	
Iternative Phone No	OFFICE-80000000
ehicle Particulars	
anufacturer	TOYOTA
odel	PRIUS TAXI-1.8 (A)
xact Purpose for which vehicle was being used at ne of accident	t HIRE AND REWARD
e you claiming under your own insurance policy r repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	TAXI
surance Company	
ame of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
pe Of Coverage	THIRD PARTY
eet Policy	YES
olicy Number	D-20095484MFSH
over Note Number	
river	
ame of Driver	YEN SOON HENG
RIC No	SXXXX482A
ate Of Birth	02/09/1961
ccupation	OUTDOOR

38 YEARS AND 2 MONTHS

(LOCAL) +65-80000000

MALE

**NOEMAIL** 

Address 11

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

TI WAS TRAVELLING STRAIGHT ALONG ANG MO KIO INDUSTRIAL PARK 2A. SUDDENLY A VEHICLE SMM2245A FROM MY RIGHT, FAIL TO HAVE A PROPER LOOKOUT AND COLLIDED ONTO THE RIGHT FRONT PORTION OF MY TAXI

Attachment(s)

Are accident photos available for attachment?

YES

2

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

YES FILE TOO BIG

Remarks/ Reasons: Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMM2245A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LI YANYAN

NRIC/Passport Number

SXXXX738E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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 <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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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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.:

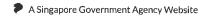


Date: 26/8/2620

Our Ref. No.:

Letter of Authorisation
I, Name Yer Son Word (NRIC No.:
registered hirer / relief driver / taxi share driver of SMRT taxi registration number  HO 1432 A hereby authorise SMRT Automotive Services Pte Ltd
("AutoSvs") to deal with all matters arising out of the accident between my taxi and SMM 3045 A happened on below happened on the second of the accident between my taxi along Ang Mo Klo Ind Park 2
(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	Yor Soon Wing Signature:	-
NRIC No.		
Tel No.		
Address		*
		KWINICKKIK
		CLM 02 DEV



### **Enquire Transaction History**

Transaction History Details

Log Date/Time:

26 Aug 2020 / 13:00:39

Asset Type: Asset ID:

User ID:

Vehicle

18.32 Insurance Enquiry (GIRO Payment)

SMM2245A

ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount:

\$7.49

Channel: Business Transaction Reference No.: External Agency 20200826130039448921

Search Date / Time:

Transaction Type:

25 Aug 2020 16:50:00

Insurance Company:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

**Enquire Related Logs** 

ОК