



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 : 1990042802  
Invoice No. : IV210100379  
Date : 26.01.2021  
Vehicle No. : SHC4730P  
Your Ref No. : TAX/11/20/2046  
Our Ref No. : 24108893  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 3,950.00

GRAND TOTAL \$ 3,950.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 23.11.2020

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

*Koo Yew Chung*

Koo Yew Chung (Jan 26, 2021 15:00 GMT+8)

Authorised Signature  
for SMRT Automotive Services Pte Ltd



## Laid Up Report

Accident Start Date : 23/11/2020

Date Generated : 09/12/2020

Accident End Date : 09/12/2020

User Name : LeeGek

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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/11/20/2046	SHC4730P	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24108893	23/11/2020 10:06 AM	08/12/2020 1:35 PM



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/11/20/2046

From: SMRT Taxis Pte Ltd

Date: 2/12/2020

**ACCIDENT ON 23/11/2020 INVOLVING SHC 4730P & GBH 3871S ALONG  
SLIP RD FROM TPE TOWARDS PASIR RIS DRIVE**

This is to confirm that the daily rental rate for SHC 4730P is \$107.00 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	23/11/2020 16:53
Date Of Accident	23/11/2020 09:40
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS PASIR RIS DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4730P
<b>Insured/Policyholder</b>	
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	NGU ANG HENG
NRIC No	SXXXX911G
Date Of Birth	09/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1971
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail 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	-
	-
	-

#### 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?	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 THE SLIP ROAD FROM TPE TOWARDS PASIR RIS DRIVE AS I WAS LOOKING OUT FOR THE ONCOMING TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GBH3871S HAD COLLIDED ONTO THE REAR 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	GBH3871S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHUO WELI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Posir Ris Dr 1

A - SHC 4730P

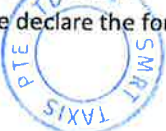
B - GBH3871S.

TPE


The diagram is drawn on a grid. It features a curved line that starts from the left and curves downwards to the right. Two rectangular boxes, labeled 'A' and 'B', are positioned along this curve. Box 'A' is higher and further to the left than box 'B'. To the right of the curve, there is a vertical line. An arrow points upwards from below this vertical line, and the label 'TPE' is written next to it. In the upper left area, the text 'Posir Ris Dr 1' is written with an arrow pointing left. Below the curve, the text 'A - SHC 4730P' and 'B - GBH3871S.' are written.

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I/We declare the foregoing particulars are true in every respect.



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


 23/11/2020  
 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:


*Hq* 23-11-20  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*ln* 23/11/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date: 23/11/2020

Our Ref. No.:

Letter of Authorisation

I, NGU ANG HENG (NRIC No.: )  
registered hirer / relief driver / taxi share driver of SMRT taxi registration number  
SHE 4730P hereby authorise **SMRT Automotive Services Pte Ltd**  
("AutoSvs") to deal with all matters arising out of the accident between my taxi  
and SHE 4730P GBH3871S happened on 23/11/20 09.40  
along Place Slip Road from TPE towards Pasir Ris Dr 1  
(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: NGU ANG HENG Signature: Ng

NRIC No.

Tel No.

Address



## Enquire Transaction History

### Transaction History Details

Log Date/Time:	24 Nov 2020 / 09:07:42	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	GBH3871S	Business Transaction Reference No.:	20201124090742329914
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 23 Nov 2020 09:40:00  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

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