



SMRT AUTOMOTIVE SERVICES PTE LTD
 60 Woodlands Industrial Park E4
 Singapore 757705
 Tel : 65 6866 2650
 Fax : 65 6368 7421
 www.smrt.com.sg

AXA Insurance Pte Ltd
 c/o LKK Auto Consultants Pte Ltd
 Blk 51 Paya Ubi Industrial Park
 Ubi Ave 1 #02-25
 Singapore 408933

Date: 29 August 2016

Our Ref: TAX/07/16/2193/lg

Dear Sirs,

**ACCIDENT ON 20/7/2016 INVOLVING SHC 4677K & PC 3021P (YOUR INSURED)
 ALONG TANJONG KATONG RD TOWARDS GEYLANG RD**

LETTER OF CLAIM

We claim on behalf of SMRT Taxis Pte Ltd, the owner and the hirer of taxi no.: SHC 4677K. Your insured's negligent driving has caused the above accident. As a result, our clients have suffered the following losses:-

1. Cost of Repair	:	\$1142.12
2. Loss of Rental for <u>4.25</u> days @ S\$ <u>131.61</u> /day	:	\$ 559.34
3. Loss of Income for <u>4.25</u> days @ S\$ <u>60.00</u> /day	:	\$ 255.00
4. Police Report/ SAS Report/ LTA Search Fee	:	\$ 5.00
5. Survey Fee	:	_____
Total Claims :		\$1961.45
		=====

We enclose the following documents:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair Invoice | <input checked="" type="checkbox"/> Letter of Authorisation |
| <input type="checkbox"/> Survey Report | <input checked="" type="checkbox"/> LTA Search result |
| <input type="checkbox"/> Photographs _____ pcs | <input checked="" type="checkbox"/> Others : |
| <input type="checkbox"/> Investigation results | 1. <u>vehicle laid-up report</u> |
| <input checked="" type="checkbox"/> Proof of Loss of Use/Rental/Income | 2. _____ |
| <input checked="" type="checkbox"/> Police / SAS report of <u>SHC4677K</u> | 3. _____ |

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


 Tan Lee Gek
 For Manager, Claims
 Claims Department
 DID: 6556 3548
 Email: leegeek@smrt.com.sg



SMRT Automotive Services Pte Ltd
 251 North Bridge Road Singapore 179102
 Tel: 65 63311000 Fax: 65 63340247

Tax Invoice

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
 SINGAPORE 757705

LG
 10 AUG 2016

GST Reg No. : MR-8500001-7
 CRN : 199004280Z
 Invoice No. : IV160800191
 Date : 05.08.2016
 Vehicle No. : SHC4677K
 Your Ref No. : TAX/07/16/2193
 Our Ref No. : 24083672
 Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
BUMPER, FRONT:FOR TOYOTA PRIUS TAXI	1.00	\$ 482.00	(25.00)	\$ 120.50	\$ 361.50
SUPPORT, BUMPER:F/LH, FOR TOYOTA PRIUS	0.00	\$ 76.40	(25.00)	\$ 0.00	\$ 0.00
LINER, FENDER:F/LH, FOR TOYOTA PRIUS TAXI	0.00	\$ 171.70	(25.00)	\$ 0.00	\$ 0.00
LENS & BODY, FR TURN LH	1.00	\$ 511.80	(10.00)	\$ 51.18	\$ 460.62
BRACKET, FR TURN UPPER LH	0.00	\$ 24.40	(25.00)	\$ 0.00	\$ 0.00
BRACKET, FR TURN CENTER LH	0.00	\$ 58.20	(25.00)	\$ 0.00	\$ 0.00
BRACKET, FR TURN LOWER LH	0.00	\$ 26.00	(25.00)	\$ 0.00	\$ 0.00
Sub-Total					\$ 822.12
Labour					
TO REPAIR LH FRONT PORTION	1.00	\$ 100.00	0.00	\$ 0.00	\$ 100.00
Others					
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	(0.00)	\$ 0.00	\$ 20.00
TO REPSRAY FRONT BUMPER	1.00	\$ 200.00	(0.00)	\$ 0.00	\$ 200.00
GRAND TOTAL					\$ 1,142.12

Remark :

Make/Model : TOYOTA PRIUS
 Accident Date : 20.07.2016

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



SMRT Taxis Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/07/16/2193

From: SMRT Taxis Pte Ltd

Date: 26/07/2016

**ACCIDENT ON 20/07/2016 INVOLVING SHC 4677K & PC 3021P
AT THE JUNCTION OF FINLAYSON GREEN & RAFFLES QUAY**

This is to confirm that the daily rental rate for SHC 4677K is \$131.61 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

A circular blue ink stamp with the text 'SMRT TAXIS PTE LTD' around the perimeter and a signature in the center.
for Manager



Accident Vehicle Laid-Up Report

Registration No. : SHC4677K

Accident Case No. : TAX/07/16/2193

Make / Model : TOYOTA PRIUS

Ref. No. : 24083672

Date and Time Vehicle off-road for Accident Repair : 20.07.2016 15:38:00

Date and Time Repair Completed : 25.07.2016 08:29:31

Remarks :

Generated by : POHSUAN

Printed on : 01.08.2016

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	20/07/2016 16:14
Date Of Accident	20/07/2016 09:15
Exact Location Of Accident	FINLAYSON GREEN / RAFFLES QUAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4677K
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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	TOYOTA
Model	PRIUS-1.8 Hybrid (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-IIO27591MFSH
Cover Note Number	

Driver

Name of Driver	YAP CHWEE GIM
NRIC No	S1593178G
Date Of Birth	24/03/1963
Occupation	Outdoor
Date Of Driving Pass	22/03/2013
Driving Experience	3 Years And 3 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 - 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 Side
 Weather Conditions Raining
 Road Surface Wet

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
 Was there any video captured by Car Camera? 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 FINLAYSON GREEN TURNING RIGHT TOWARDS RAFFLES QUAY. WHEN THE TRAFFIC LIGHT TURNED GREEN ARROW, I PROCEEDED TO TURN. SUDDENLY A VEHICLE PC3021P WHICH CAME FROM COLLYER QUAY HAD COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC3021P
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver UNKNOWN
 NRIC/Passport Number S7469412H
 Contact Number 91380375
 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

Witnessed by Reporting Centre Personnel

Just
20/7/2016

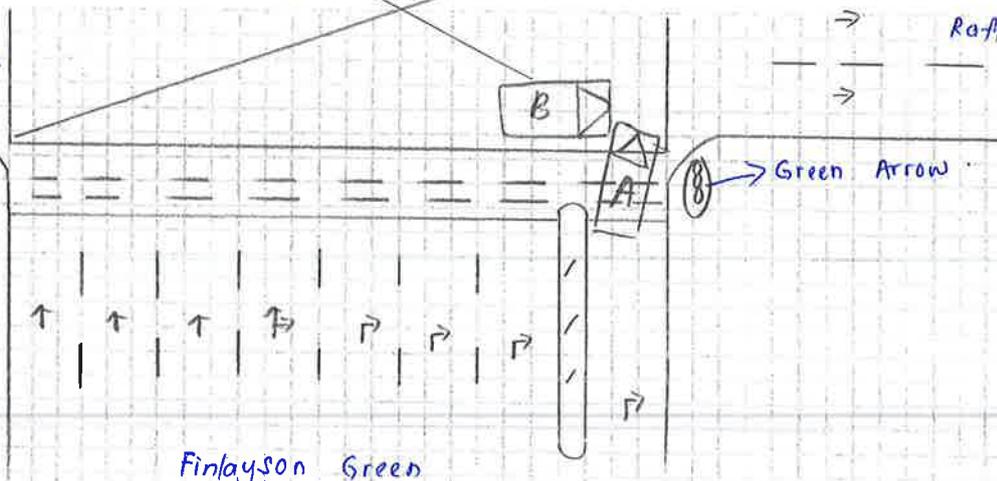
Sketch Plan

Collyer Quay

Raffles Quay

A-SHC4677K

B-PC3021P



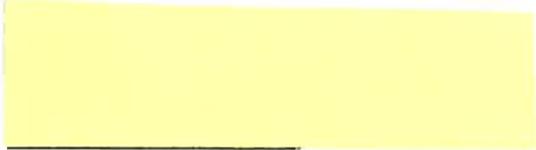
Finlayson Green



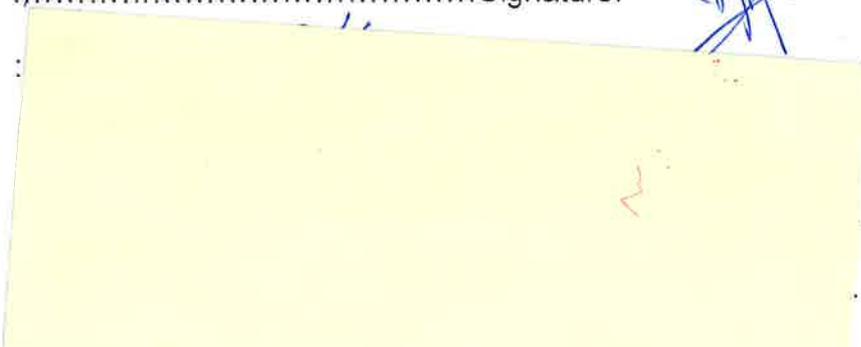
Date: 20/7/2016

Our Ref. No.:

Letter of Authorisation

I, YAP CHWEZ Eun (NRIC No.: )
 registered hirer / relief driver / contract hirer of SMRT taxi registration number
SHL 4677 K hereby authorise **SMRT Automotive Services Pte Ltd**
 ("**AutoSvs**") to deal with all matters arising out of the accident between my taxi
 and PC 302/P. happened on 20/7/2016
 along Finlayson Green / Raffles Quay. 9:17 am
 (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 : YAP CHWEZ Eun Signature: 
 NRIC No. : 
 Tel No. : 
 Address : 

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time: 21 Jul 2016 / 09:41:45

Asset Type: Vehicle Transaction Amount: \$5.35

Asset ID: PC3021P

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment) Channel: External Agency

User ID: ESASBAH0 - BALQISH BINTE ABDUL HALIL Business Transaction Reference No.: 20160721094145814711

Search Date / Time: 20 Jul 2016 09:17:00

Insurance Company: AXA INSURANCE SINGAPORE PTE LTD

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

Enquire Related Logs

OK



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