



AUTOMOTIVE

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705

LG



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. : IV210200288  
Date : 23.02.2021  
Vehicle No. : SHB5702U  
Your Ref No. : TAX/01/21/2013  
Our Ref No. : 24109411  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,400.00
GRAND TOTAL					\$ 1,400.00

Remark :

Make/Model : PRIUS4  
Accident Date : 11.01.2021

### 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 (Feb 23, 2021 18:02 GMT+8)

Authorised Signature  
for SMRT Automotive Services Pte Ltd



## Laid Up Report

Accident Start Date : 10/01/2021

Date Generated : 25/01/2021

Accident End Date : 25/01/2021

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/01/21/2013	SHB5702U	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24109411	11/01/2021 10:50 AM	19/01/2021 8:16 AM



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/01/21/2013

From: SMRT Taxis Pte Ltd

Date: 26/1/2021

**ACCIDENT ON 11/01/2021 INVOLVING SHB 5702U & SMA 8049Z AT THE JUNCTION OF TANJONG PAGAR RD & EXIT/ENTRANCE OF DUXTON HILL**

This is to confirm that the daily rental rate for SHB 5702U is \$114.49 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 Submission	11/01/2021 16:08 (SGT)
Date of Accident	11/01/2021 08:36 (SGT)
Exact Location of Accident	Tanjong Pagar, Singapore
Additional Location Information	TANJONG PAGAR ROAD / DUXTON HILL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5702U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	
Exact purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

#### INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095484MFSH
Cover Note Number	

#### DRIVER

Name of Driver	KHO PENG TEE
NRIC No	SXXXX321A
Date Of Birth	29/10/1964
Occupation	Outdoor

Date Of Driving Pass	27/07/1982
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TANJONG PAGAR TOWARDS MAXWELL ROAD WITH ONE PASSENGER ON BOARD. SUDDENLY A VEHICLE SMA8049Z CAME OUT FROM DUXTON HILL WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI.

#### 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	SMA8049Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	EUGENE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

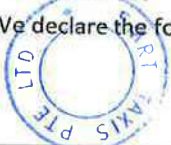
Name of injured person	KHO PENG TEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB5702U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Hand-drawn map on graph paper showing a road layout and vehicle positions:

- Top:** "Longley Way Road" written across the top edge.
- Left:** "Duxton Hill" written vertically.
- Center:** A vertical road with two vehicles:
  - Vehicle **A** (labeled "A") is a car icon positioned lower on the road.
  - Vehicle **B** (labeled "B") is a car icon positioned higher on the road, above vehicle A.
- Right:** Two lines of text:
  - A - SHB57024
  - B - SMA8049Z
- Arrows:** Several arrows indicate directions:
  - Two arrows pointing down from the top road towards the center road.
  - Two arrows pointing up from the bottom towards the center road.
  - Two arrows pointing left and right from a central point on the left side of the map.

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 are two binder holes punched along the left edge. The paper appears to be from a notebook or a standard sheet of stationery.

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



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

Reporting Centre Personnel's Signature

**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:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20210111/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210111/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2021 19:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHO PENG TEE			Address:		
ID Type / ID No.: NRIC NO / S'			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/10/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:35	Type of Location: Straight Road
Location:  TANJONG PAGAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB5702U	Car				Slightly Damaged	2
SMA8049Z	Car	HONDA	HONDA		Slightly Damaged	1



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210111/7035

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KHO PENG TEE	ID No.	S
Related Vehicle	SHB5702U (Car)	Contact No.	
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	11/01/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date,

I was driving taxi (Veh A: SHB5702U) along the main road of Tanjong Pagar Road. Suddenly, a car (SMA8049Z) turned out abruptly from the Duxton Hill. I braked but was unable to avoid the impact of Veh B hitting onto the front left portion of my bumper. I have a passenger on board which alighted after the accident. I do not have any particulars of the said passenger. I felt pain on my back after the accident and went to consult a doctor. I was given days or 3 MC from 11/01/2021 to 13/01/2021 by inter medical 24 Hr Clinic (525 AMK Ave 10 #01-2407 S560525)



**SINGAPORE  
POLICE FORCE**



T/20210111/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210111/7035

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
11/01/2021 19:43

Classification Of Case:

Date: 11/1/2021

Our Ref. No.:

Letter of Authorisation

I, Name Kho Peng Tee (NRIC No.: [REDACTED])  
registered hirer / relief driver / taxi share driver of SMRT taxi registration number  
54B 5702 U hereby authorise **SMRT Automotive Services Pte Ltd**  
("AutoSvs") to deal with all matters arising out of the accident between my taxi  
and SUA 8049 Z happened on 11/1/2021 Date & time 08:36 am  
along Tanjong Pagar and Puxton Hill @ junction Place  
(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

Kho Peng Tee

Signature:



NRIC No.

Tel No.

Address

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	11 Jan 2021 / 13:20:52		
Asset Type:	Vehicle	<b>Transaction Amount:</b>	\$7.49
Asset ID:	SMA8049Z		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20210111132052212654
Search Date / Time:	11 Jan 2021 08:30:00		
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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