

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

Invoice No.

: 199004280Z

Date

: IV210300237

: 15.03.2021

Vehicle No. : SHD6397A

Your Ref No. : TAX/01/21/2034

Our Ref No. : 24109517

Terms

: 30 Davs

Description				lerms			: 30 [ays	
	Qt	Y	Unit	Add	1	(D:	iscount)		Amount
Parts			Cost	8	_	1	Mount		
CLIPS PIECE, FRT & RR BUMPER	10.00	٠ ،	4 50						
COVER, FR BUMPER RH	0.00		•	(25.00)	\$	11.25	\$	33.75
COVER, FR BUMPER LH			00.20	0.00		\$	0.00	\$	0.00
BRACKET, FR BUMPER	1.00		30.20	(25.00		\$	7.55	\$	22.65
NUMBER PLATE	1.00	•	110.50	(25.00)	\$	27.62	\$	82.88
NUMBER PLATE FRAME	1.00	•	00	0.00		\$	0.00	\$	35.00
GRILLE, RADIATOR	1.00		25.00	0.00		\$	0.00	\$	25.00
LAMP ASSY, FOG, RH	1.00	•	178.60	(25.00)	\$	44.65	\$	133.95
LAMP ASSY, FOG, LH	0.00	•	237.10	0.00		\$	0.00	\$	0.00
SEAL, HOOD TO FR END	0.00		237.10	0.00		\$	0.00	ş	0.00
	0.00	\$	85.50	0.00		\$	0.00	\$	0.00
MOULDING, FRONT BUMPER SIDE, LH	0.00	\$	95.60	0.00		\$	0.00	\$	0.00
SUPPORT, FR BUMPER RH	1.00	\$	80.10	(25.00)		\$	20.02	\$	60.08
SUPPORT, FR BUMPER LH	1.00	\$	82.30	(25.00)		s	20.57	\$	61.73
ABSORBER, FR BUMPER	0.00	\$	80.20	0.00		\$	0.00	\$	0.00
REINFORCEMENT FRONT UPPER	0.00	\$	716.60	0.00		\$	0.00	\$	-
BSORBER, FR BUMPER LOWER	0.00	\$	132.70	0.00		\$	0.00	\$	0.00
EINFORCEMENT FRONT LOWER	0.00	\$	246.10	0.00		\$	0.00		0.00
XTENSION SUB-ASSY, RH	0.00		120.10	0.00		\$	0.00	\$	0.00
XTENSION SUB-ASSY, LH	0.00		120.10	0.00		\$		\$	0.00
RILLE SUB-ASSY	1.00		122.50	(25.00)			0.00	\$	0.00
MBLEM ASSY FRONT	1.00		105.80				105.62	\$	316.88
RILLE, SUB -ASSY , 2	0.00		160.50	(25.00)		\$	26.45	\$	79.35
OOD SUB-ASSY	1.00		983.10	0.00		\$	0.00	\$	0.00
NSULATOR, HOOD				(100.00)			983.10	\$	0.00
INGE ASSY, HOOD, RH			10.90	0.00	:	\$	0.00	\$	0.00
	0.00	\$	58.90	0.00	:	\$	0.00	\$	0.00

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

: DBS Bank Ltd - SGD Bank Account No.: 018-008617-4 Swift Code : DBSSSGSG

Authorised Signature

for SMRT Automotive Services Pte Ltd

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E. & O.E



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

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Date

: 15.03.2021

Vehicle No. : SHD6397A

Your Ref No. : TAX/01/21/2034

Our Ref No. : 24109517 : 30 Days

Description			. 30 Days		ays	
	Qty Uni		<u>/ (I</u>	Discount)		Amount
HINGE ASSY, HOOD, LH	Cos			Amount		
COVER ASSY, ENGINE	0.00 \$ 58.9			\$ 0.00	\$	0.00
COVER, RADIATOR	0.00 \$ 241.9	- 0.00		\$ 0.00	\$	0.00
GUIDE, RADIATOR AIR,	0.00 \$ 211.5			\$ 0.00	\$	0.00
SEAL, RADIATOR TO RH	0.00 \$ 112.7			\$ 0.00	\$	0.00
SEAL, RADIATOR TO LH	0.00 \$ 32.6			\$ 0.00	\$	0.00
GUIDE, RADIATOR AIR , RH	0.00 \$ 32.4	0.00	;	\$ 0.00	\$	0.00
	0.00 \$ 65.3	0.00		\$ 0.00	\$	0.00
GUIDE, RADIATOR AIR , LH SUPPORT S/A UPPER,	0.00 \$ 69.9	0.00	:	\$ 0.00	\$	0.00
	0.00 \$ 377.1	0.00	5	\$ 0.00	\$	0.00
SUPPORT SUB-ASSY LOWER	0.00 \$ 409.9	0.00	5	0.00	\$	0.00
BRACE, HOOD LOCK SUPPORT	0.00 \$ 78.3	0.00	Ş	0.00	\$	0.00
SUPPORT S/A LH	0.00 \$ 245.1	0.00	\$		\$	0.00
SUPPORT, RADIATOR UPPER LH	0.00 \$ 78.9	0.00	Ş		\$	0.00
SUPPORT S/A RH	0.00 \$ 245.1	0.00	9	_	\$	0.00
SUPPORT, RADIATOR UPPER RH	0.00 \$ 78.9	0.00	Ś		\$	
NIT , HEADLAMP , RH	0.00 \$2637.6		\$	****		0.00
NIT , HEADLAMP , LH	1.00 \$2637.6			263.76	\$	0.00
OMPUTER SUB-ASSY, HEADLAMP, LH	0.00 \$3772.5	10	, , \$		\$	2373.84
0.1	, , , , , , , , , , , , , , , , , , , ,	0.00	Ş	0.00	\$	0.00
IR CON CONDENSER ASSY	0.00 \$1783.20	0.00	\$	0.00	۸.	
ADIATOR ASSY	0.00 \$2218.00		\$		\$	0.00
OOLANT	0.00 \$ 12.32			****	\$	0.00
ENDER SUB-ASSY, FR , RH	1.00 \$ 977.80		\$	0.00	\$	0.00
MBLEM, SIDE PANEL (HYBRID)			, ,	977.80	\$	0.00
INER, FR FENDER, RH		,		-0.00	\$	40.95
ENDER SUB-ASSY, FR , LH	0.00 \$ 202.50		\$	0.00	\$	0.00
THE PARTY OF THE	1.00 \$ 977.80	(100.00) \$	977.80	\$	0.00

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Bank Name : DBS Bank Ltd - SGD Bank Account No.: 018-008617-4

Swift Code : DBSSSGSG

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Date

: 15.03.2021

Vehicle No. : SHD6397A

Your Ref No. : TAX/01/21/2034

Our Ref No. : 24109517 Terms

Description		Terms	: 30 [ays)	
	Qty Unit Cost		(Discount)		Amount
EMBLEM, SIDE PANEL (HYBRID) LINER, FR FENDER, LH BRACE SUB-ASSY, FENDER APRON , LH COVER, FR BUMPER GRILLE, RADIATOR	1.00 \$ 54.60 0.00 \$ 210.30 0.00 \$ 292.10 1.00 \$ 521.00	(25.00) 0.00 0.00 (25.00)	\$ 13.65 \$ 0.00 \$ 0.00 \$ 130.25	\$ \$	40.95 0.00 0.00 390.75
LAMP ASSY, FOG, LH SEAL, HOOD TO FR END MOULDING, FRONT BUMPER SIDE, LH ABSORBER, FR BUMPER REINFORCEMENT FRONT UPPER ABSORBER, FR BUMPER LOWER	1.00 \$ 178.60 1.00 \$ 237.10 1.00 \$ 85.50 1.00 \$ 95.60 1.00 \$ 80.20 1.00 \$ 716.60 1.00 \$ 132.70	(10.00)	\$ 44.65 \$ 23.71 \$ 21.37 \$ 23.90 \$ 20.05 \$ 179.15	\$ \$ \$ \$ \$ \$	133.95 213.39 64.13 71.70 60.15 537.45
GRILLE, SUB -ASSY , 2 NLET, AIR CLEANER, NO 3 abour	1.00 \$ 160.50 1.00 \$ 42.10	(25.00) (25.00 <u>)</u>	\$ 33.17 \$ 40.12 \$ 10.52 -Total	\$ \$	99.53 120.38 31.58 5030.02
O REPAIR FRONT PORTION	1.00 \$ 500.00	0.00	\$ 0.00	\$	500.00
O REPSRAY FRONT BUMPER O REPSRAY FRONT HOOD O RESPRAY FRONT SUPPORT PANEL O RESPRAY FRONT FENDER RH O RESPRAY FRONT FENDER LH O RESPRAY APRON PANEL LH O CHECK WIRING AND SYSTEM FUNCTION	1.00 \$ 200.00 1.00 \$ 200.00 0.00 \$ 180.00 1.00 \$ 200.00 1.00 \$ 200.00 0.00 \$ 180.00 1.00 \$ 30.00	0.00 0.00 0.00 0.00 0.00 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$ \$ \$	200.00 200.00 0.00 200.00 200.00 0.00 30.00

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By Bank Transfer:

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Bank Name : DBS Bank Ltd - SGD Bank Account No.: 018-008617-4

Swift Code : DBSSSGSG

Authorised Signature for SMRT Automotive Services Pte Ltd

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E. & O.E



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Tax Invoice

GST Reg No. : MR-8500001-7

CRN : 199004280Z Invoice No. : IV210300237

Date : 15.03.2021 Vehicle No. : SHD6397A Your Ref No. : TAX/01/21/2034

Description		Our Ren Terms	E No.	No.: TAX/01/21/2034 No.: 24109517 : 30 Days			
TO APPLY RUST-PROOFING ON AFFECTED	Qty	Unit Cost	Add ,		scount)		Amount
AREA TO TOP UP A/C GAS	1.00 \$	30.00	0.00	\$	0.00	\$	30.00
TO REMOVE AND REFIT WIRE HARDESS	0.00 \$ 1.00 \$	120.00 20.00	0.00	\$ \$	0.00	\$ \$	0.00 20.00
RADIATOR ASSY & INNER COOLER & AIR CON CONDENSER	0.00 \$	120.00	0.00	\$	0.00	\$	0.00
O REPLACE SUNDRY PARTS O WASH AND VACUUM	0.00 \$ 0.00 \$	100.00	0.00	\$ \$	0.00	\$ \$	0.00
			GRAND	TOTAL	L \$		6,410.02

Remark :

Make/Model

Accident Date : 19.01.2021

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

: DBS Bank Ltd - SGD

Bank Account No.: 018-008617-4

Swift Code : DBSSSGSG mg (Mar 15, 2021 13:56 GMT+8)

Authorised Signature for SMRT Automotive Services Pte Ltd

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E. & O.E



Laid Up Report

Accident Start Date : 01/01/2021

Accident End Date : 04/02/2021

Date Generated: 04/02/2021

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/01/21/2034	SHD6397A	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4FL	24109517	19/01/2021 12:19 PM	30/01/2021 8:24 AM



SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/01/21/2034

From:

SMRT Taxis Pte Ltd

Date:

28/01/2021

ACCIDENT ON 19/01/2021 INVOLVING SHD 6397A & SMQ 4399E AT THE JUNCTION OF WOODLANDS AVE 10 & SEMBAWANG WAY

This is to confirm that the daily rental rate for SHD 6397A 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

SS1E211J000P / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 20/01/2021 09:23 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (20/01/2021 09:23 (SGT))



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
- 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 20/01/2021 09:23 (SGT) Date of Accident 19/01/2021 11:00 (SGT) **Exact Location of Accident** Woodlands, Singapore Additional Location Information JUNCTION OF SEMBAWANG WAY & WOODLANDS AVE 10 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6397A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SMRT TAXIS PTE LTD Company Reg No 1XXXXXX369K **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 **Policy Number** D-20095484MFSH Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ABDUL JALEEL BIN KADER MYDIN SXXXX383C 03/03/1969 Outdoor



Date Of Driving Pass Driving experience Gender

01/06/2007

13 YEARS AND 7 MONTHS

Male

Mobile Number Alt. Phone Number (Phone) +65-68662672

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 Does Driver Own Other Vehicles?

Hirer

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 Weather Conditions

Road Surface

Side Swipe Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

No 2

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Yes No

Was any other material or property damaged?

Yes

Number of Passengers (Including Driver)

1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

No No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 19/01/21 AT ABOUT 1100HRS. I WAS TRAVELLING ALONG WOODLANDS AVE 10. WHEN I REACHED THE JUNCTION OF SEMBAWANG WAY & WOODLANDS AVE 10, TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. I PROCEEDEDS STRAIGHT. SUDDENLY A VEHICLE FROM OPPOSITE DIRECTION MADE A RIGHT TURN TOWARDS MY DIRECTION AND HIT ONTO FRONT PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

Yes Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMQ4399E

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver Passport No/FIN

Private car ZHANG YUMING FXXXX747L

Contact Number Address

Address complement	2
Postcode	æ
Insurance Company Name	AIG
Nature Of Damage	=
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	ABDUL JALEEL BIN KADER MYDIN
Address Complement	
Post Code	
Approximate Age Years Old	-
Injuries Sustained	•
Injured person in which vehicle?	SHD6397A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	2

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.
- 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' law yers/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' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

ON THE LIFE LIFE

Policyholder's Signature / Date & Time

Idul 19/1/21

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BY Sembarry Way

Rembarry Way

Noodland:

Ave 10

Describe Circumstances of the Accident	32
	F
· · · · · · · · · · · · · · · · · · ·	

Declaration

 $\label{two-problem} \emph{VWe declare the foregoing particulars are true in every respect.}$

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210119/2116

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370

Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
19/01/2021 20:03

Informant's Particulars

Name of Informant:

Address:

Address:

ABDUL JALEEL BIN KADER MYDIN SINGAPORE Contact No.: ID Type / ID No.: Mobile: . Home/Office: NRIC NO / Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 03/03/1969 51 Male Institution / School Name: Language: Race: Indian Driving Licence Information: Occupation: Date of Expiry: Class: Taxi driver

Canaval Inform	nation of the Accide	nt	THE REAL PROPERTY.	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/01/2021 11:00	Type of Location: turning right lane
Location:	S AVENUE 7			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - World		Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head `			Anyone conveyed by ambulance: No

Details of V o	Type	Make	Model	Color	Condition	No of Passenge
		IVICINO			Seriously	0
SHD6397A	Car				Damaged	
SMQ4399E	Car				Seriously	0
5MQ4399E	Cai				Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	O TOTAL NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 3 Report No. T/20210119/2116

CONTINUATION OF REPORT

Driver			E LOUIS		
Name	ABDUL JALEEL BIN KADER MY	/DIN	ID No).	
Related Vehicle	SHD6397A (Car)			act No.	
Hospital/Clinic	NEECARE MEDICAL CENTRE		Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/01/2021	Date Disc			1/2021
No. of Days gran	ted Medical Leave 04	Degree of		Sligh	
Driver			P18 5		
Name	ZHANG YUMING		ID No.		F7946747L
Related Vehicle	SMQ4399E (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 19/01/2021 at about 11am I was on my way to pick up a passenger at Sembawang Crescent, as i was going straight at woodlands ave 10 towards woodlands ave 12 when suddenly a Subaru Forester Plate no: SMQ4399E make a right turn. I tried to make a E-brake however it was too late and I hit his left side passenger door. I got out from my vehicle and ask if he is ok, after which we exchange particular and move on to make an accident report. I went to the SMRT Deport which located at Woodlands E9. Subsequently I went to the clinic as I have a neck, shoulder and lower back pain I was given 4 days MC.

The purpose for this report is for my company follow up action and insurance claim. I also wish to state that I have video footages of the accident.





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Report No. T/20210119/2116

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J /	Signature Of Informant:
Sgt 1 BARRET TAN THIAN POH	Jeley
Signature Of Interpreter:	Date/Time:
Not applicable	19/01/2021 20:03
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp NP168	



Date:

Our Ref. No.:

Letter of Authorisation

201		
1, Jalet	(NRIC No.:	
	hirer / relief driver / taxi share driver of SMRT tax	registration number
SH0639	47A hereby authorise SMRT Automotive	Services Pte Ltd
and SM along W00	odlands Ave 10, Sebawang Way Ju	unction
	dent") on my behalf, including but not limited to institut	
	is against such party or parties (as AutoSvs deer in respect of any claim, demand, loss, cost, expense	
	e against us or incurred or suffered by us.	, llability, jualitages of
	J was at manned of camerou sy do.	
and settle a to doing any	ejudice to the foregoing, I further authorise AutoSvs any proceeding or claim arising out of the accidents, in a set or executing any document or signing the Dischay be required.	cluding but not limited
	507 E	
Name	Jaleel Signature: July	
NRIC No.		
Tel No.		A.
Address		*******



Enquire Transaction History

Transaction History Details

User ID:

Log Date/Time: 19 Jan 2021 / 16:19:51

Asset Type: Vehicle

Asset ID: SMQ4399E

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount: \$7,49

Channel: External Agency

QISH BINTE ABDUL HALIL Business Transaction Reference No.: 20210119161951141973

Search Date / Time: 19 Jan 2021 11:00:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE, LTD,

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

Enquire Related Logs

ОК