



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. : IV210400514  
 Date : 28.04.2021  
 Vehicle No. : SHD6093B  
 Your Ref No. : TAX/03/21/2057  
 Our Ref No. : 24110134  
 Terms : 30 Days

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4  
 SINGAPORE 757705



Description	Qty	Unit Cost	Add / (Discount) %	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00			\$ 2,450.00
<b>GRAND TOTAL</b>				<b>\$ 2,450.00</b>

Remark :

Make/Model : TOYOTA PRIUS  
 Accident Date : 17.03.2021

**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 : DBSSGSG

*Koo Yew Chung*  
 Koo Yew Chung (Apr 28, 2021 16:01 GMT+8)

Authorised Signature  
 for SMRT Automotive Services Pte Ltd



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/03/21/2057

From: SMRT Taxis Pte Ltd

Date: 6/4/2021

**ACCIDENT ON 17/03/2021 INVOLVING SHD 6093B & GBJ 6273M AT THE 'T' JUNCTION OF BOON LAY WAY**

This is to confirm that the daily rental rate for SHD 6093B 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



### Laid Up Report

Accident Start Date : 12/03/2021

Date Generated : 05/04/2021

Accident End Date : 05/04/2021

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/03/21/2057	SHD6093B	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24110134	18/03/2021 3:01 PM	26/03/2021 8:18 AM

725

## 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	19/03/2021 09:26 (SGT)
Date of Accident	17/03/2021 09:30 (SGT)
Exact Location of Accident	Boon Lay Way, Singapore
Additional Location Information	BOON LAY WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6093B
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
Transmission	Auto
CC	1800

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	RUSLI BIN SHAHDAN
NRIC No	SXXXX108D

Date Of Birth	17/02/1965
Occupation	Outdoor
Date Of Driving Pass	26/10/1996
Driving experience	24 YEARS AND 5 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	Collision - Head to Rear
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T2021/0318/2193

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	GBJ6273M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

**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 willful 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

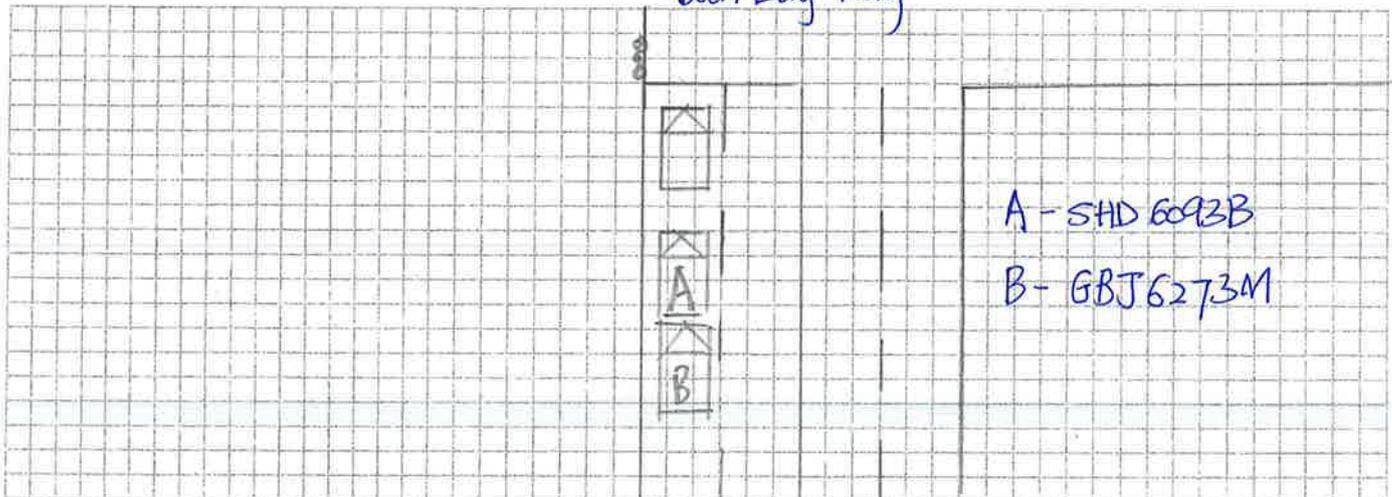
*[Signature]* 18.3.2021

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

*[Signature]* 18/3/2021

Witnessed by Reporting Centre Personnel

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20210318/2193

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20210318/2193

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/03/2021 13:20		Vide Report No.:		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: RUSLI BIN SHAHDAN			Address: APT		
ID Type / ID No.: NRIC NO / 93			Contact No.: Home/Office:                      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 17/02/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2021 09:30	Type of Location: T-Junction
Location:  BOON LAY WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ6273M	Van				No Damage	0
SHD6093B	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**CONTINUATION OF REPORT**

Driver			
Name	NG CHIN HENG		ID No. S1755259G
Related Vehicle	GBJ6273M (Van)		Contact No. 83226393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	RUSLI BIN SHAHDAN		ID No. S
Related Vehicle	SHD6093B (Car)		Contact No.
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	18/03/2021		Date Discharge 18/03/2021
No. of Days granted Medical Leave	04		Degree of Injury Slight

**Brief Details.**

On 17/03/2021 at 0930hrs, I was driving SHD6093B and came to a stopped at the traffic light (red light) T-Junction along Boon Lay Way / Jurong West Central 2 towards Joo Koon. Out of a sudden, a vehicle GBJ6273M was unable to stop on time and had collided onto the rear of my vehicle. My vehicle sustained cracks and dents on the bonnet and bumper area. No one was injured and no government property damaged. There was one passenger in my vehicle. There is also in built camera installed at the front of my vehicle.

I have seek medical treatment at Healthway Medical and was issued with medical certificate from 18/03/2021 - 21/03/2021. I sustained injuries such as muscle strain on my whole back, neck/spine area du to the collision impact.



**SINGAPORE  
POLICE FORCE**



T/20210318/2193

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20210318/2193

**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/  
Sgt 3 CHERYL YEO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/03/2021 13:20

Officer In Charge Of Case:  
TP / AEIT /

SI ANG YI TING, STEPHANIE  
Contact No : 65476411

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

SIGNATURE

### Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	19 Mar 2021 / 09:29:58	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	GBJ6273M	Business Transaction Reference No.:	20210319092958379352
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		
Search Date / Time:	17 Mar 2021 09:30:00		
Insurance Company:	AIG ASIA PACIFIC INSURANCE PTE, LTD.		

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

Enquire Related Logs

OK

Date:

Our Ref. No.:

### Letter of Authorisation

I, <sup>Name</sup> RUSLI BIN SHAHDAN (NRIC No.: )

registered hirer relief driver / taxi share driver of SMRT taxi registration number SFD 6093 B hereby authorise **SMRT Automotive Services Pte Ltd**

("AutoSvs") to deal with all matters arising out of the accident between my taxi

and GBJ 6278 M (third party vehicle no) happened on 17/03/2021 (date & time)

along BOON LAY WAY (T-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

RUSLI B. SHAHDAN

Signature:



NRIC No.

Tel No.

Address

