



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 : 199004280Z  
Invoice No. : IV210400527  
Date : 28.04.2021  
Vehicle No. : SHB5487R  
Your Ref No. : TAX/04/21/2017  
Our Ref No. : 24110400  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,250.00
GRAND TOTAL					\$ 1,250.00

Remark :

Make/Model : PRIUS4

Accident Date : 07.04.2021

### 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 (Apr 28, 2021 16:35 GMT+8)

Authorised Signature  
for SMRT Automotive Services Pte Ltd



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/04/21/2017

From: SMRT Taxis Pte Ltd

Date: 16/4/2021

**ACCIDENT ON 7/4/2021 INVOLVING SHB 5487R & SKQ 4421Y ALONG HOUGANG AVE 10 TOWARDS HOUGANG MALL**

This is to confirm that the daily rental rate for SHB 5487R is \$105.93 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 : 06/04/2021

Date Generated : 19/04/2021

Accident End Date : 19/04/2021

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/04/21/2017	SHB5487R	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24110400	07/04/2021 3:45 PM	16/04/2021 8:20 AM

## 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	08/04/2021 13:36 (SGT)
Date of Accident	07/04/2021 11:57 (SGT)
Exact Location of Accident	90 Hougang Ave 10, Singapore 538766
Additional Location Information	HOUGANG AVE 10 TOWARDS HOUGANG MALL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5487R
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-21097466MFSH
Cover Note Number	-

### DRIVER

Name of Driver	NG KEE THIN
NRIC No	SXXXX362B

Date Of Birth	23/05/1950
Occupation	Outdoor
Date Of Driving Pass	15/02/1968
Driving experience	53 YEARS AND 2 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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG HOUGANG AVE 10 TOWARDS HOUGANG MALL AS I WAS WAITING FOR THE PEDESTRIAN TO CROSS. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SKD4421Y 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
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ4421Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

## 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

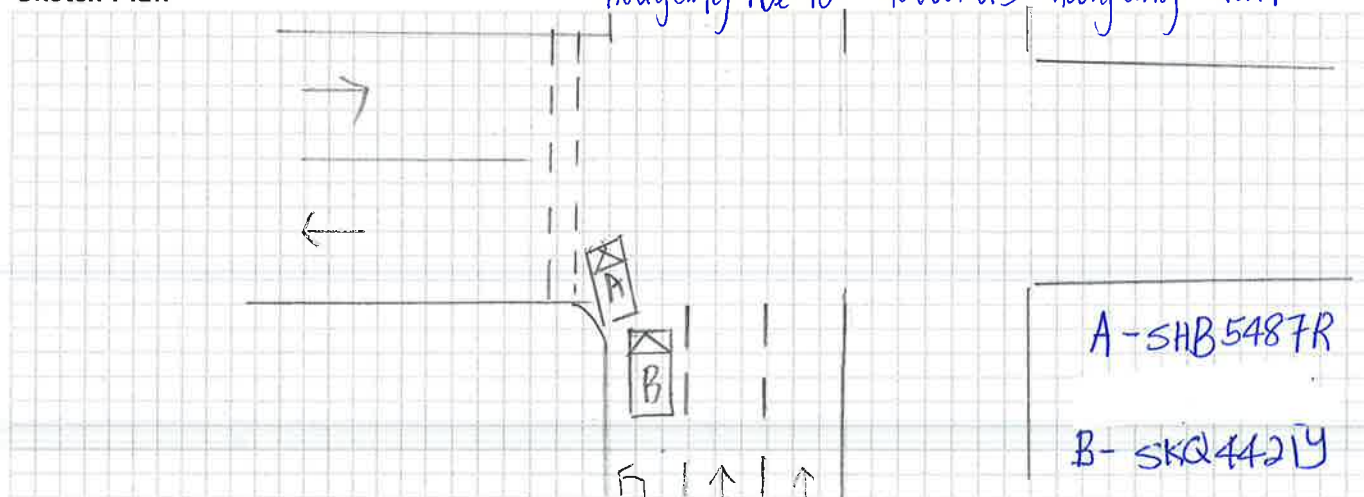


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



[illegible]

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




*[Signature]*

lu 7/4/2021

Date: 7/4/2021

Our Ref. No.:

### Letter of Authorisation

I, Ng Kee Thin (NRIC No.: )  
registered hirer / relief driver / taxi share driver of SMRT taxi registration number  
SHB 5487R hereby authorise **SMRT Automotive Services Pte Ltd**  
("AutoSvs") to deal with all matters arising out of the accident between my taxi  
and SKD 44214 happened on 7/4/2021, 1157am  
along Hougang Ave 10 towards Hougang Mall  
(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: Ng Kee Thin Signature: 

NRIC No.:

Tel No.:

Address:



## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	08 Apr 2021 / 13:17:32	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SKQ4421Y	Business Transaction Reference No.:	20210408131732369034
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		
Search Date / Time:	07 Apr 2021 11:57:00		
Insurance Company:	INDIA INT'L INS PTE LTD		

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

[Enquire Related Logs](#)

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