Asher Sng (LKKAuto)

From: Tan Lee Gek (Auto Svcs/FM&SuppSvcs/Claims & IA/Claims & IA)

<LeeGek@smrt.com.sg>

Sent: Monday, 31 May 2021 10:42 AM

To: CS A Team; Admin A

Subject: LOD Re: Accident on 23/4/2021 involving SHB 5165U & PA 3734B (China

Taiping's insured) Our Ref: TAX/04/21/2068/lg

Attachments: 04 21 2068 - supporting documents.pdf

Follow Up Flag: Follow up Flag Status: Flagged

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$2,900.00				
Loss of Rental	\$1,330.47	(12.25	days x	\$108.61)
Loss of Income	\$735.00	(12.25	days x	\$60.00)
LTA Search Fee	\$7.00				
Total	\$4,972.47				

We enclose the following documents:

- 1) Repair invoice
- 2) Proof of rental rate
- 3) GIA report
- 4) Accident vehicle laid-up report
- 5) LTA search
- 6) Hirer's letter of authorisation

Please acknowledge receipt within 14 days from the date hereof and let us have your offer soon. Thanks.

Regards

Tan Lee Gek (DID: 6556 3548)

Claims Department

SMRT Automotive Services Pte Ltd





AUTOMOTIVE

Customer Code: 3000063

SMRT TAXIS PTE LTD

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

RECEIVED

.2 1 MAY 2021

SMRT AUTOMOTIVE SERVICES PTE LTD Claims & Insurance Agency

Tel: 65 69083530 Fax: 65 69083592

Tax Invoice

GST Reg No. : MR-8500001-7

CRN : 199004280Z Invoice No. : IV210500222

: 18.05.2021 Date Vehicle No. : SHB5165U

Your Ref No.: TAX/04/21/2068

Our Ref No. : 24110686

Terms : 30 Days

Description	Qty	Unit	Add / (Discou		t)	Amount
		Cost	8	Amount		
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00			\$		2,900.00
	(4)		GRAND	TOTAL	\$	2,900.00

Remark :

Make/Model : PRIUS4 Accident Date : 23.04.2021

Kgo Yew Chung (May 19, 2071 11:19 GMT+8)

Authorised Signature for SMRT Automotive Services Pte Ltd

E. & O.E.



SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/04/21/2068

From:

SMRT Taxis Pte Ltd

Date:

4/5/2021

ACCIDENT ON 23/04/2021 INVOLVING SHB 5165U & PA 3734B ALONG CHAI CHEE **DRIVE TOWARDS SIGLAP**

This is to confirm that the daily rental rate for SHB 5165U is \$108.61 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



for Manager



Laid Up Report

Accident Start Date : 01/02/2021

Accident End Date : 10/05/2021

Date Generated: 10/05/2021

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/04/21/2068	SHB5165U	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4	24110686	23/04/2021 3:49 PM	06/05/2021 8:26 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 witholding 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 Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

24/04/2021 11:17 (SGT) 23/04/2021 15:40 (SGT) Chai Chee Dr, Singapore

CHAI CHEE DRIVE TOWARDS SIGLAP

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB5165U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

SMRT TAXIS PTE LTD

1XXXXX369K

TARC@SMRT.COM.SG

(Phone) +65-68662671

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Transmission

Vehicle Category

CC

Toyota Prius

No - Claiming third party

Taxi Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MS First Capital Insurance Ltd

ThirdParty

Yes

D-21097466MFSH

DRIVER

Name of Driver

NRIC No

NG AIK CHUANG SXXXX632C



Date Of Birth 09/09/1961 Occupation Outdoor **Date Of Driving Pass** 30/11/1982 Driving experience 38 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number **Email Address** TARC@SMRT.COM.SG Address 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 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 TRAVELLING ALONG CHAI CHEE DRIVE TOWARDS SIGLAP. I WAS SLOWING DOWN AS I SAW A PASSENGER FLAGGING AT MY TAXI. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE PA3734B HAD COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI AND DROVE ACROSS THE DOUBLE WHITE LINE BEFORE STOPPING. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA3734B

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Bus

Name of Driver -



Was there any audio recorded?

\$ 2 way road

\$ Inbetween Double. white line.

\$ 5100 5.gn before treffic light

\$ 5anny day.

	TRAFF. LG+7
B.Stop	
TWD SIGHER	Sames C. P

Declaration

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

NATE OF STREET

Policyholder's Signature / Date & Time

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

lu 24/4/2021

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

PTE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Date: 24 4 2024

Our Ref. No.

Letter of Authorisation
1, NG Name AIK CHUANG (NRIC No.:
registered hirer / relief driver / taxi share driver of SMRT taxi registration number SHEW 50 65 W hereby authorise SMRT Automotive Services Pte Ltd
("AutoSvs") to deal with all matters arising out of the accident between my taxi and PATERIANS happened on STOARER (ISHO) along CHARLAGE CHEE DINE.
(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 BIK (THANC Signature: James)
NRIC No.
Tel No.
Address

A Singapore Government Agency Website

Enquire Vehicle-Related Transaction History

Transaction History Octails

Log Date/Time:

24 Apr 2021 / 11:19:26

Asset Type: Asset ID:

User ID:

Vehicle

Transaction Type:

PA3734B 18.32 Insurance Enquiry (GIRO Payment) ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount:

\$7.49

Business Transaction Reference No.: 20210424111926230302

External Agency

Search Date / Time: 23 Apr 2021 15:40:00
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

Enquire Related Logs

Back to List