

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705



Strides 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. : IV211000362
Date : 22.10.2021
Vehicle No. : SHD6051Y
Your Ref No. : TAX/07/21/2056

Our Ref No. : 24111658 Terms : 30 Days

			ICIMS		. 50 D	1 y 5	
Description	Qty	Unit Cost	Add /		count)		Amount
Parts		27	19				
COVER, FR BUMPER	1.00	\$ 521.00	(100.00)	\$	521.00	\$	0.00
CLIPS PIECE, FRT & RR BUMPER	0.00	\$ 4.50	0.00	\$	0.00	\$	0.00
MOULDING, FRONT BUMPER SIDE, LH	0.00	\$ 95.60	0.00	\$	0.00	\$	0.00
SUPPORT, FR BUMPER LH	0.00	\$ 82.30	0.00	\$	0.00	\$	0.00
UNIT , HEADLAMP , LH	1.00	\$2637.60	(100.00)	\$2	637.60	\$	0.00
COVER ASSY, ENGINE	0.00	\$ 241.90	0.00	\$	0.00	\$	0.00
FENDER SUB-ASSY, FR , LH	1.00	\$ 977.80	(100.00)	\$	977.80	\$	0.00
LINER, FR FENDER, LH	0.00	\$ 210.30	0.00	\$	0.00	\$	0.00
PAD, FR WHEEL LH	0.00	\$ 59.60	0.00	\$	0.00	\$	0.00
EMBLEM, SIDE PANEL (HYBRID)	1.00	\$ 54.60	(25.00)	\$	13.65	\$	40.95
PROTECTOR, FR FENDER LH	0.00	\$ 93.90	0.00	\$	0.00	\$	0.00
WHEEL, DISC FRONT	1.00	\$1879.40	(100.00)	\$1879.40		\$ =	0.00
CAP SUB-ASSY, WHEEL	1.00	\$ 211.50	(25.00)	\$	52.87	\$	158.63
TYRE	0.00	\$ 126.74	0.00	\$	0.00	\$	0.00
		+	Suk	o-Tot	tal	\$	199.58
Labour							
TO REPAIR FRONT LH PORTION	1.00	\$ 300.00	0.00	\$	0.00	\$	300.00
Others							
TO REPSRAY FRONT BUMPER	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
TO RESPRAY FRONT FENDER LH	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
RESPRAY WHEEL CAP	0.00	\$ 180.00	0.00	\$	0.00	\$	0.00
TO RESPRAY RIM	1.00	\$ 50.00	0.00	\$	0.00	\$	50.00
TO CHECK WIRING AND SYSTEM FUNCTION	0.00	\$ 80.00	0.00	\$	0.00	\$	0.00

Koo Yew Chung
Koo Yew Chung (Oct 24, 2021 12:07 GMT+8)



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Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 199004280Z
Invoice No. : IV211000362

Date : 22.10.2021 Vehicle No. : SHD6051Y

Your Ref No.: TAX/07/21/2056

Our Ref No. : 24111658
Terms : 30 Days

Description	Qty	Unit	Add /	(Dis	count)	Amount
		Cost	8	Am	ount	
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$	0.00	\$ 0.00
TO DO WHEEL ALIGNMENT / TYRE BALANCING	1.00	\$ 60.00	0.00	\$	0.00	\$ 60.00
TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	0.00	\$ 120.00	0.00	\$	0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$	0.00	\$ 0.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$	0.00	\$ 0.00
			GRAND	TOTA	L	\$ 1,009.58



SMRT Taxis Pte Ltd

MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/07/21/2056

From:

SMRT Taxis Pte Ltd

Date:

10/8/2021

ACCIDENT ON 27/7/2021 INVOLVING SHD 6051Y & SJS 7702T AT JURONG ISLAND

This is to confirm that the daily rental rate for SHD 6051Y is \$90.00 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





Laid Up Report

Accident Start Date : 12/07/2021

Accident End Date : 05/08/2021

Date Generated: 05/08/2021

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/07/21/2056	SHD6051Y	SMRT Taxis Pte Ltd	TOYOTA	PRIUS4FL	24111658	27/07/2021 10:24 AM	02/08/2021 4:56 PM



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	27/07/2021 16:03 (SGT)
Date of Accident	27/07/2021 08:00 (SGT)
Exact Location of Accident	Jurong Island, Singapore
Additional Location Information	JURONG ISLAND
puntry/State of Loss	Singapore

Additional Location Information ountry/State of Loss	JURONG ISLAND Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SHD6051Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SMRT TAXIS PTE LTD 1XXXXX369K AUTO-SVC-TARC@SMRT.COM.SG (Phone) +65-68662671 (Office) +65-68662672
VEHICLE PARTICULARS	
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? Vehicle Category Transmission CC	Toyota Prius - No - Claiming third party Taxi Auto 1800
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy	MS First Capital Insurance Ltd ThirdParty Yes

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	π.

DRIVER

Name of Driver	CHUA BOON TECK
NRIC No	SXXXX164J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	15/01/1950 Outdoor 17/02/1978 43 YEARS AND 5 MONTHS Male (Phone) +65-68662671 - AUTO-SVC-TARC@SMRT.COM.SG 11 - No 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 OTHER INFORMATION	Side Swipe Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
PASSENGER 1 Name Gender	UNKNOWN Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
	FFICER IN FRONT OF MY TAXI GESTURE TO ME TO MOVE AS RAZED ONTO THE LEFT PORTION OF MY TAXI. THERE WERE 2
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes FILE TOO BIG No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SJS7702T

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
- $(v) \ complying \ w \ ith \ applicable \ law \ \ in \ administering, \ processing, \ handling \ and/or \ dealing \ w \ ith \ my \ claims.$

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

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

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

Sketch Plan

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

Sketch Plan

Jurong Island

Certis officer

Officer

A- SHD GOBIY

B- SJS7702T

escribe Circumstances of the Accident	(3
	<u> </u>
*	
	1

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel



Date: 87 | 7 | 2021

Our Ref. No.:

Letter of Authorisation I, Name Luck Boon Feek (NRIC No.:
registered hirer / relief driver / taxi share driver of SMRT taxi registration number
SFINGOSI7 hereby authorise SMRT Automotive Services Pte Ltd
("AutoSvs") to deal with all matters arising out of the accident between my taxi and
along Place Jurong Island,
(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.
8
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 Cha Broon Feek Signature:
NRIC No.
Tel No.
Address 42
7



Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time: 28 Jul 2021 / 09:16:11

Asset Type: Asset ID:

Vehicle SJS7702T

18.32 Insurance Enquiry (GIRO Payment)

User ID:

ESASBAHO - BALQISH BINTE ABDUL HALIL

Channel:

\$7.49

Transaction Amount:

Business Transaction Reference No.:

External Agency

20210728091611536860

Search Date / Time:

Transaction Type:

27 Jun 2021 08:00:00

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

Enquire Related Logs

ОК