

**STRIDES**

AUTOMOTIVE

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705Strides 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. : IV211100095  
Date : 08.11.2021  
Vehicle No. : SHB1798U  
Your Ref No. : TAX/07/21/2065  
Our Ref No. : 24111696  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 900.00
GRAND TOTAL					\$ 900.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 30.07.2021**Payment Instructions**

- By Cheque: Crossed and made payable to "Strides Automotive Services Pte. Ltd." with invoice no. indicated on the reverse side. No receipt will be issued unless requested.
- By Bank Transfer:
  - Account Name : Strides 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 (10/11/2021 11:10 GMT+8)

Authorised Signature  
for Strides Automotive Services Pte. Ltd.



**SMRT Taxis Pte Ltd**

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/07/21/2065

From: SMRT Taxis Pte Ltd

Date: 10/8/2021

**ACCIDENT ON 30/7/2021 INVOLVING SHB 1798U & SJD 6621D ALONG CTE**

This is to confirm that the daily rental rate for SHB 1798U is \$104.86 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 : 12/07/2021

Date Generated : 05/08/2021

Accident End Date : 05/08/2021

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/07/21/2065	SHB1798U	SMRT Taxis Pte Ltd	TOYOTA	PRIUS	24111696	30/07/2021 3:13 PM	04/08/2021 10:50 AM

4.5

## 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	31/07/2021 11:00 (SGT)
Date of Accident	30/07/2021 09:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1798U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	AUTO-SVC-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	TONG GEOK SENG
NRIC No	SXXXX650H

Date Of Birth	07/09/1961
Occupation	Outdoor
Date Of Driving Pass	13/08/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVC-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 vehicle 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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210730/2034

#### 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	SJD6621D
Vehicle Manufacturer	-

## 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' 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

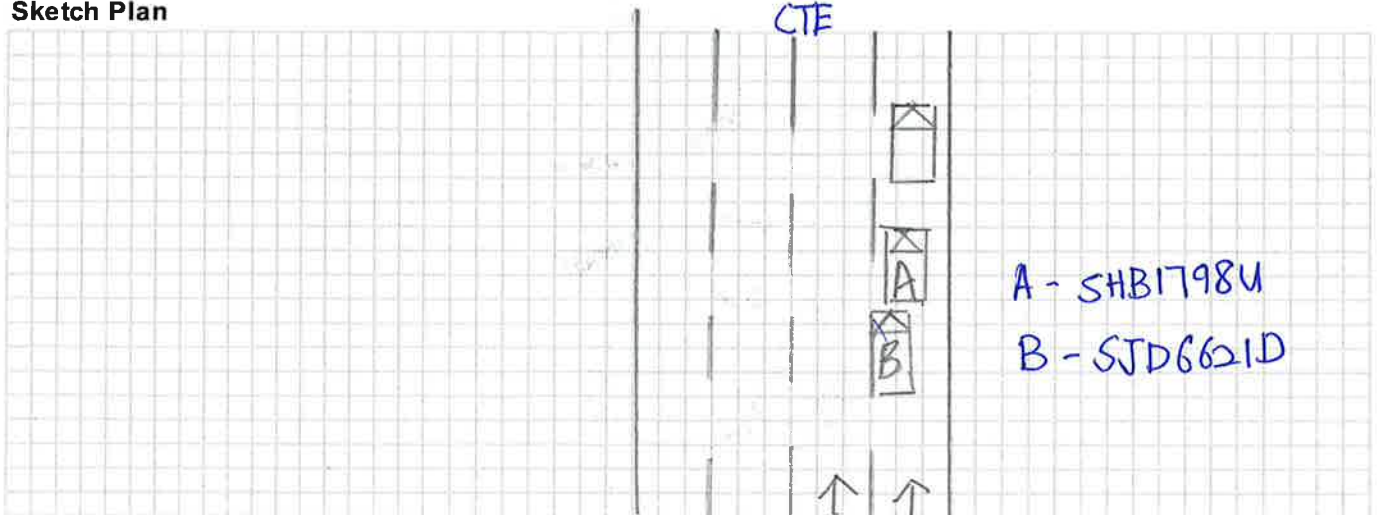
Driver's Signature (If driver is not the policyholder) / Date & Time

30/7/2021

Lim 30/7/2021

Witnessed by Reporting Centre Personnel

### Sketch Plan





# SINGAPORE POLICE FORCE



T/20210730/2034

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210730/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2021 12:52		Vide Report No.:		Station Diary No.: 36	
<b>Informant's Particulars</b>					
Name of Informant: TONG GEOK SENG			Address: APT BLK		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 07/09/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2021 12:25	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1798U	SMRT TAXI				Slightly Damaged	1
SJD6621D	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin;  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

Driver				
Name	TONG GEOK SENG		ID No.	
Related Vehicle	SHB1798U (SMRT TAXI)		Contact No.	
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/07/2021		Date Discharge	30/07/2021
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	KE JUNYONG		ID No.	S8810579F
Related Vehicle	SJD6621D (Car)		Contact No.	98170058
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

**Brief Details.**

On 30/07/2021 at about 09.00am, I was travelling on the first lane of CTE when the car in front of me made a sudden stop. As such I immediately did an emergency brake. I managed to stop in time to avoid hitting the car in front.

As I made the stop I suddenly felt a jerk from the rear of my taxi. There was a passenger at the back of my taxi. I made a check on him and he informed he is fine and do not require any medical assistance. I then alighted and saw a red car, SJD6621D had hit the rear. My rear bumper was dented and the sides came off.

As for the said car, his front bumper was dented.

We then exchanged particulars, took picture of the vehicles and left the accident location. After sending the said passenger to his location, I proceed straight to the clinic as I felt pain on my shoulder and back. The doctor made a check on me and gave me 5 days medical leave.





**SINGAPORE  
POLICE FORCE**



T/20210730/2034

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Report No. T/20210730/2034

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**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:  
L /  
Staff Sgt TUTIK HUMAIRA BINTE MOHAMED  
TAHIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/07/2021 12:52

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

SN 130

Authentication Stamp  
NP168



Signature:

**Singapore Police Force**

TA/07/21/2065



**SINGAPORE  
POLICE FORCE**

Our Ref : TP/IP/36851/2021  
Date : 23 August 2021

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4683  
www.police.gov.sg

TONG GEOK SENG  
[REDACTED]  
SINGAPORE [REDACTED]

Dear Sir/Madam

**ROAD TRAFFIC ACCIDENT INVOLVING SJD 6621 D AND SHB 1798 U ALONG CENTRAL EXPRESSWAY ON 30.07.2021 AT ABOUT 12.25PM**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver/rider of **SJD 6621 D** had committed an offence of **Careless Driving Causing Hurt** under **Section 65(1)(a) of the Road Traffic Act Chapter 276 p/u Section 65(4)(a) of the same Act**. Action has been initiated against the driver/rider for the said offence.
3. If you have any clarification, you may contact the Investigation Officer, Station Inspector Mohamad Zulfadzli Abdullah at office number: 65476204.
4. Thank you.

Yours faithfully

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

### Enquire Vehicle-Related Transaction History

#### Transaction History Details

Log Date/Time:	31 Jul 2021 / 11:03:32	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SJD6621D	Business Transaction Reference No.:	20210731110332585985
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 30 Jul 2021 09:00:00  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK