

STRIDES

AUTOMOTIVE

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. : IV210900233
 Date : 13.09.2021
 Vehicle No. : SHB432G
 Your Ref No. : TAX/08/21/2057
 Our Ref No. : 24112021
 Terms : 30 Days

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
 SINGAPORE 757705



Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
BUMPER FRT	1.00	\$ 482.00	(100.00)	\$ 482.00	\$ 0.00
BUMPER CLIPS	0.00	\$ 1.61	0.00	\$ 0.00	\$ 0.00
BUMPER ENERGY ABSORBER FRT	0.00	\$ 78.80	0.00	\$ 0.00	\$ 0.00
BUMPER REINFORCEMENT FRT	0.00	\$ 498.40	0.00	\$ 0.00	\$ 0.00
ARM SUB-ASSY, FR BUMPER LH	0.00	\$ 250.40	0.00	\$ 0.00	\$ 0.00
ARM SUB-ASSY, FR BUMPER RH	0.00	\$ 250.40	0.00	\$ 0.00	\$ 0.00
COVER, FR BUMPER HOLE LH	1.00	\$ 18.50	(100.00)	\$ 18.50	\$ 0.00
BUMPER SUPPORT F/LH	0.00	\$ 76.40	0.00	\$ 0.00	\$ 0.00
BUMPER GRILLE SUB-ASSY, LOWER	1.00	\$ 311.10	(100.00)	\$ 311.10	\$ 0.00
FOG LAMP LH	0.00	\$ 280.10	0.00	\$ 0.00	\$ 0.00
BRACKET, FR TURN CENTER LH	0.00	\$ 58.20	0.00	\$ 0.00	\$ 0.00
BRACKET, FR TURN LOWER LH	0.00	\$ 26.00	0.00	\$ 0.00	\$ 0.00
BRACKET, FR TURN UPPER LH	0.00	\$ 24.40	0.00	\$ 0.00	\$ 0.00
LENS & BODY, FR TURN LH	1.00	\$ 511.80	(100.00)	\$ 511.80	\$ 0.00
GRILLE, RADIATOR	0.00	\$ 310.60	0.00	\$ 0.00	\$ 0.00
BUMPER LIP FRT	0.00	\$ 139.60	0.00	\$ 0.00	\$ 0.00
BUMPER FRT ABSORBER LOWER	0.00	\$ 127.70	0.00	\$ 0.00	\$ 0.00
HEAD LAMP LH	1.00	\$ 945.20	(100.00)	\$ 945.20	\$ 0.00
FENDER LINER FRT/LH	0.00	\$ 171.70	0.00	\$ 0.00	\$ 0.00
Sub-Total					\$ 0.00

Labour

TO REPAIR FRONT LH PORTION	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
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Others**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 (Sep 13, 2021 17:30 GMT+8)

Authorised Signature
 for Strides Automotive Services Pte. Ltd.



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Vehicle No. : SHB432G
Your Ref No. : TAX/08/21/2057
Our Ref No. : 24112021
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
TO REPSRAY FRONT BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY FRONT BUMPER LOWER GRILLE	1.00	\$ 80.00	0.00	\$ 0.00	\$ 80.00
TO CHECK WIRING AND SYSTEM FUNCTION	0.00	\$ 80.00	0.00	\$ 0.00	\$ 0.00
TO REMOVE AND REFIT WIRE HARDESS	0.00	\$ 200.00	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 TOTAL					\$ 480.00

Remark :

Make/Model : TOYOTA PRIUS

Accident Date : 21.08.2021

Payment Instructions

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 - Account Name : Strides Automotive Services Pte. Ltd.
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Koo Yew Chung
Koo Yew Chung (Sep 13, 2021 17:30 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.



TAXI

Strides Taxi Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/21/2057

From: Strides Taxi Pte Ltd

Date: 2/9/2021

**ACCIDENT ON 21/8/2021 INVOLVING SHB 432G & SMU 5016H AT BLK 38
JALAN RUMAH TINGGI**

This is to confirm that the daily rental rate for SHB 432G is \$66.00 per day.

Please proceed to recover any rental loss from the third party as a result of the above accident.

Thank you.

Yours sincerely
STRIDES TAXI PTE LTD

A handwritten signature in blue ink, consisting of a stylized loop and a cross at the end.

for Manager



Laid Up Report

Accident Start Date : 08/08/2021

Accident End Date : 01/09/2021

Date Generated : 01/09/2021

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/08/21/2057	SHB432G	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24112021	24/08/2021 2:13 PM	27/08/2021 1:07 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 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	25/08/2021 12:57 (SGT)
Date of Accident	21/08/2021 18:04 (SGT)
Exact Location of Accident	38 Jln Rumah Tinggi, Block 38, Singapore 150038
Additional Location Information	BLK 38 JALAN RUMAH TINGGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB432G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Automotive Services 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	NG WEE NGENG (HUANG HUIYIN)
NRIC No	SXXXX101B



Date Of Birth	13/03/1976
Occupation	Outdoor
Date Of Driving Pass	06/07/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
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	Side Swipe
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 vehicle 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 BLK 38 JALAN RUMAH TINGGI AS I WAS WAITING FOR MY PASSENGER. SUDDENLY VEHICLE SMU5016H WHICH WAS PARKED AT THE RUBBISH CHUTE AREA, STARTED TO REVERSE. I SOUNDED MY HORN, BY THEN THIRD PARTY HAD ALREADY HIT ONTO THE LEFT FRONT PORTION OF MY TAXI.

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	SMU5016H
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	

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

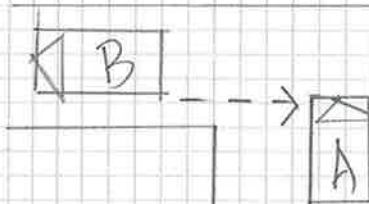
24/8/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 38 Jalan Rumah Tinggi

Rubbish chute.



A - SHB432G

B - SMU 5016H

[illegible]

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




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

Witnessed by Reporting Centre
Personnel

Date: 24/8/2021

Our Ref. No.:

Letter of Authorisation

I, NG WEE NGENG (NRIC No.: )
registered hirer / relief driver / taxi share driver of Strides taxi registration number
SHB 4326 hereby authorise **Strides Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and SMU 5016H happened on 21 AUG 2021 6:04pm
along 38 Jalan Rumah Tinggi
(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 WEE NGENG.....Signature:

NRIC No.

Tel No.

Address

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	25 Aug 2021 / 10:54:00	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SMU5016H	Business Transaction Reference No.:	20210825105400500643
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 21 Aug 2021 18:04:00
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

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