

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. : IV211000265
Date : 15.10.2021
Vehicle No. : SHB796G
Your Ref No. : TAX/09/21/2051
Our Ref No. : 24112460
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
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 2,800.00
GRAND TOTAL					\$ 2,800.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 25.09.2021

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 (Oct 18, 2021 10:15 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

Strides Taxi Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/09/21/2051

From: Strides Taxi Pte Ltd

Date: 1/10/2021

**ACCIDENT ON 25/9/2021 INVOLVING SHB 796G & SLZ 7111M ALONG
HANDY ROAD**

This is to confirm that the daily rental rate for SHB 796G is \$107.00 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



for Manager



Laid Up Report

Accident Start Date : 14/09/2021

Date Generated : 05/10/2021

Accident End Date : 05/10/2021

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/09/21/2051	SHB796G	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24112460	27/09/2021 9:51 AM	04/10/2021 9:26 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 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	27/09/2021 13:42 (SGT)
Date of Accident	25/09/2021 20:00 (SGT)
Exact Location of Accident	Handy Rd, Singapore
Additional Location Information	HANDY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB796G
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd
Company Reg No	1XXXXX369K
Email Address	AUTO-SVCS-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	HAN CHIN HONG
NRIC No	SXXXX790F

Date Of Birth	27/05/1949
Occupation	Outdoor
Date Of Driving Pass	09/12/1972
Driving experience	48 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-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)	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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

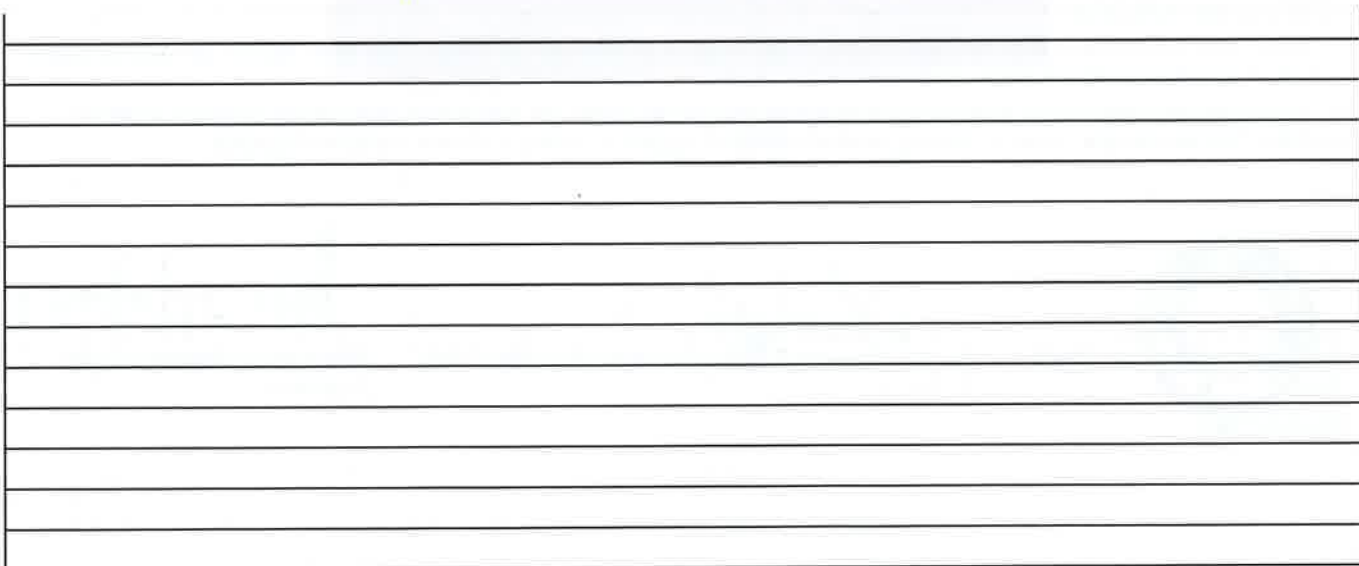
REFER TO POLICE REPORT - T/20210925/2086

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	SLZ7111M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Jun 27/9/2021

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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

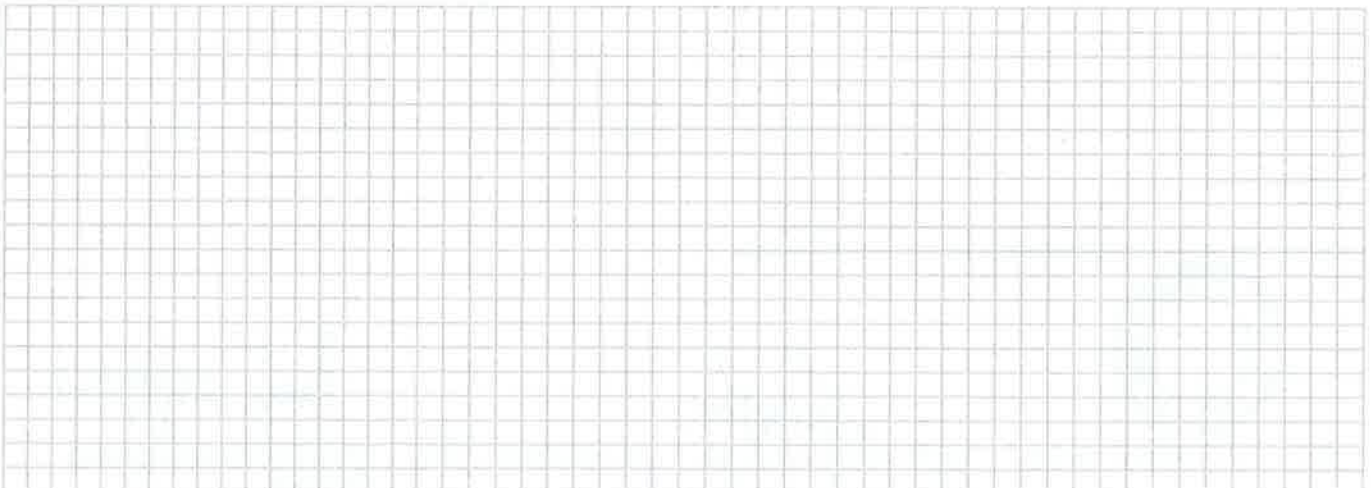


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20210925/2086

1 of 3

Report No. T/20210925/2086

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2021 23:34	Vide Report No.:	Station Diary No.: 91
--	------------------	--------------------------

Informant's Particulars

Name of Informant: HAN CHIN HONG		Address: APT BLK	
ID Type / ID No.: NRIC NO / 790F		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth:	Type of Informant: Driver
Race: Chinese		Language: Chinese	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: 25/09/2021 20:00	Type of Location: Straight Road
Location: HANDY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
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
SHB796G	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	0
SLZ7111M	Car	MERCEDES BENZ	A180 SALOON PROGRESS IVE		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210925/2086

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210925/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAN CHIN HONG	ID No.	790F
Related Vehicle	SHB796G (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SEAN WONG JUN DA	ID No.	S9813972I
Related Vehicle	NIL	Contact No.	90603103
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/9/2021 at about 8PM, I was involved in a traffic accident while travelling along Handy Road with another vehicle, SLZ7111M.

I was travelling on the 1st lane while the vehicle on the 2nd lane cut out suddenly wanting to U-Turn. With that, I jammed break and the vehicle behind me (SLZ7111M) collided onto the rear of my vehicle as he could not stop in time.

My back was injured in during the collision, however I have yet to visit a doctor.

I am lodging this for record purposes and for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210925/2086

3 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210925/2086

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
A /
Sgt 2 SHARON TAN WEN TING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/09/2021 23:34

Classification Of Case:



SINGAPORE POLICE FORCE



T/20210929/2053

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210929/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2021 15:28		Vide Report No.: T/20210925/2086		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: HAN CHIN HONG			Address: APT BLK _		
ID Type / ID No.: NRIC NO / 790F			Contact No.: Home/Office: Mobile: _		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth:	Type of Informant: Driver		
Race: Chinese		Language: Chinese		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: 25/09/2021 20:00	Type of Location: Straight Road
Location: HANDY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210929/2053

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210929/20

CONTINUATION OF REPORT

Driver				
Name	HAN CHIN HONG		ID No.	790F
Related Vehicle	NIL		Contact No.	
Hospital/Clinic	CARE MEDICAL PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 25/09/21, I lodged report T/20210925/2086 regarding about traffic accident.

Today, I felt discomfort on my neck and back thus I went to clinic to seek for medical aid. The doctor given me medication and 5-day medical leave.

I am lodging this report as my company need me to indicate Medical leave inside the report.



**SINGAPORE
POLICE FORCE**



T/20210929/2053

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210929/2053

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.

<p>Signature of Officer Recording The Report G / Sgt 2 CHEW YI HAO</p>	<p>Signature Of Informant:</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 29/09/2021 15:28</p>
<p>Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436</p>	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	<p>SIGNATURE</p>

Date: 27/9/2021

Our Ref. No.:

Letter of Authorisation

I, Han Chin Hong (NRIC No. S4B 796 G)
registered hirer / ~~relief~~ driver / taxi share driver of Strides taxi registration number
S4B 796 G hereby authorise **Strides Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and SLZ 7111M happened on 25-9-2021
along Academy Road
(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

Han Chin Hong

Signature:

Han Chin Hong

NRIC No.

Tel No.

Address

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time: 27 Sep 2021 / 13:45:39

Asset Type: Vehicle

Asset ID: SLZ7111M

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

User ID: ESASBAH0 - BALQISH BINTE ABDUL HALIL

Transaction Amount: \$7.49

Channel: External Agency

Business Transaction Reference No.: 20210927134539162519

Search Date / Time: 25 Sep 2021 20:00:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE, LTD.

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

[Enquire Related Logs](#)

[Back to List](#)