

Asher Sng (LKKAuto)

From: Tan Lee Gek (Strides Automotive Services Pte Ltd) <LeeGek.Tan@strides.com.sg>
Sent: Friday, 5 November 2021 2:16 PM
To: CS A Team; Admin A
Subject: LOD Re: Accident on 30/9/2021 involving SHB 5923Z & XD 9829L (China Taiping's insured) Our Ref: TAX/09/21/2063/lg
Attachments: 09 21 2063 - supporting documents.pdf; scene photo1.jpg; scene photo2.jpg
Follow Up Flag: Follow up
Flag Status: Flagged

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$3,350.00
Loss of Rental	\$1,156.67 (11.5 days x \$100.58)
Loss of Income	\$690.00 (11.5 days x \$60.00)
LTA Search Fee	\$7.00
Total	\$5,203.67

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
- 7) Scene photographs

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
Strides Automotive Services Pte Ltd



STRIDES

AUTOMOTIVE

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. : IV211000366
Date : 22.10.2021
Vehicle No. : SHB5923Z
Your Ref No. : TAX/09/21/2063
Our Ref No. : 24112498
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00			\$	3,350.00

GRAND TOTAL \$ 3,350.00

Koo Yew Chung

Koo Yew Chung (Oct 24, 2021 12:05 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

E. & O.E

STRIDES

TAXI

MEMORANDUM

To: Claims Dept

Our Ref: TAX/09/21/2063

From: Strides Taxi Pte Ltd

Date: 14/10/2021

**ACCIDENT ON 30/9/2021 INVOLVING SHB 5923Z & XD 9829L ALONG CHOA
CHU KANG WAY**

This is to confirm that the daily rental rate for SHB 5923Z is \$100.58 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 : 30/09/2021

Date Generated : 18/10/2021

Accident End Date : 12/10/2021

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/09/21/2063	SHB5923Z	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24112498	30/09/2021 2:10 PM	12/10/2021 9:10 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	01/10/2021 11:11 (SGT)
Date of Accident	30/09/2021 08:00 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5923Z
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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	LIM KAY BENG
NRIC No	SXXXX680E

Date Of Birth	06/06/1964
Occupation	Outdoor
Date Of Driving Pass	15/12/1982
Driving experience	38 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	Raining
Road Surface	Wet

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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG CHOA CHU KANG WAY WITH ONE PASSENGER (MALE INDIAN) ON BOARD. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A LORRY XD9829L HAD COLLIDED INTO THE REAR RIGHT 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	XD9829L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Commercial vehicle
CHIDAMBARAM MUTHUKUMAR

-
-
-
-
-
-
-
-

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

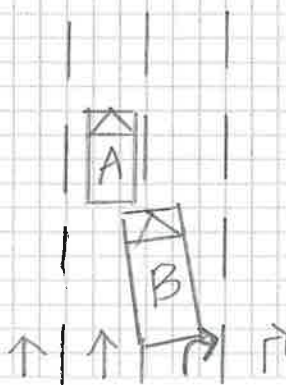
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Choa Chu Kang Way

A-SHB5923Z
B-XD9829L



[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: 30/9/2021

Our Ref. No.:

Letter of Authorisation

I, Lim Kay Beng (NRIC No.: SHB 5923 Z)
registered hirer / relief driver / taxi share driver of Strides taxi registration number
XB 9829 L hereby authorise **Strides Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and choa chu kang way happened on 30 Sep 2021 at 8am
along Toward choa chu kang Ave 4.
(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

Lim Kay Beng

Signature:



NRIC No.

Tel No.

Address

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	30 Sep 2021 / 16:11:07	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	XD9829L	Business Transaction Reference No.:	20210930161106922269
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		
Search Date / Time:	30 Sep 2021 08:00:00		
Insurance Company:	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD		

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

Enquire Related Logs

OK