

Asher Sng (LKKAuto)

From: Tan Lee Gek (Strides Automotive Services Pte Ltd) <LeeGek.Tan@strides.com.sg>
Sent: Monday, 6 December 2021 12:09 PM
To: CS A Team; Admin A
Subject: LOD Re: Accident on 6/10/2021 involving SHC 4103A & SMY 3307K (AIG's insured)
Our Ref: TAX/10/21/2009/lg
Attachments: 10 21 2009 - supporting documents.pdf; SHC4103 - police report.pdf
Follow Up Flag: Follow up
Flag Status: Flagged
Categories: PENDING FOR TP EVIDENCE

Dear All,

We quantify our own losses as follows:-

Cost of Repair	\$4,100.00
Loss of Rental	\$1,202.50 (18.5 days x \$65.00)
LTA Search Fee	\$7.00
Total	\$5,309.50

We enclose the following documents:

- 1) Repair invoice
- 2) Proof of rental rate
- 3) Police/GIA reports
- 4) Accident vehicle laid-up report

Our hirer is claiming his injury and loss of income through his own lawyer.

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. : IV211100182
Date : 16.11.2021
Vehicle No. : SHC4103A
Your Ref No. : TAX/10/21/2009
Our Ref No. : 24112591
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR	1.00				\$ 4,100.00
GRAND TOTAL					\$ 4,100.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 06.10.2021

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 (Nov 18, 2021 17:08 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

Strides Taxi Pte Ltd

MEMORANDUM

To: Claims Dept

Our Ref: TAX/10/21/2009

From: Strides Taxi Pte Ltd

Date: 22/10/2021

**ACCIDENT ON 6/10/2021 INVOLVING SHC 4103A & SMY 3307K ALONG
GUILLEMARD ROAD (BEHIND CITY PLAZA)**

This is to confirm that the daily rental rate for SHC 4103A is \$65.00 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 : 01/10/2021

Date Generated : 26/10/2021

Accident End Date : 26/10/2021

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/10/21/2009	SHC4103A	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24112591	06/10/2021 1:13 PM	25/10/2021 9:44 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	07/10/2021 13:18 (SGT)
Date of Accident	06/10/2021 13:10 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	GUILLEMARD ROAD / BEHIND CITY PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4103A
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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	KOH TZER CHEN
NRIC No	SXXXX842C

Date Of Birth	06/08/1968
Occupation	Outdoor
Date Of Driving Pass	28/08/1987
Driving experience	34 YEARS AND 2 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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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 GUILLEMARD ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SMY3307K WHICH WAS STATIONARY MOVED OUT AS HE WANTED TO MAKE A U-TURN. I SWERVED TO THE RIGHT TO AVOID THE VEHICLE BUT THE VEHICLE STILL COLLIDED INTO THE LEFT FRONT PORTION OF MY TAXI.

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	SMY3307K
Vehicle Manufacturer	-
Vehicle Model	-

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

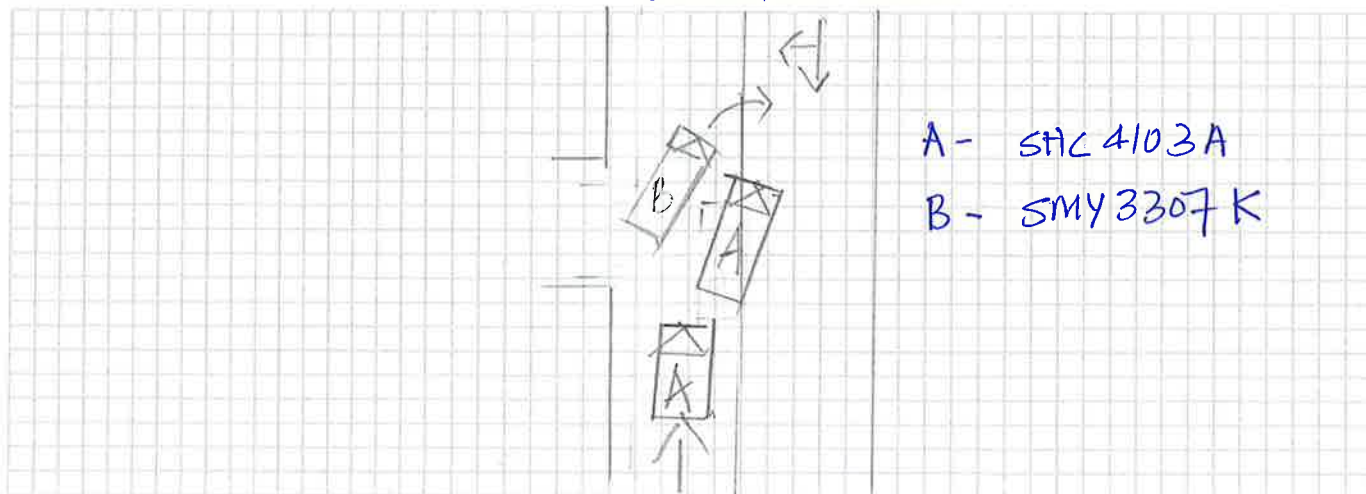
Witnessed by Reporting Centre Personnel

Sketch Plan

Guillemard Road.

A - SHC 4103A

B - SMY3307K



[illegible]

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time: 07 Oct 2021 / 14:11:20

Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SMY3307K		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20211007141120426854

Search Date / Time: 06 Oct 2021 13:10:00

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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