

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

SMRT AUTOMOTIVE SERVICES PTE LTD Claims & Insurance Agency

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

Strides Automotive Services Pte. Ltd.



Tax Invoice

GST Reg No. : MR-8500001-7

CRN : 199004280Z Invoice No. : IV211200010

Date : 03.12.2021 Vehicle No. : SHB598L

Your Ref No. : TAX/11/21/2007

Our Ref No. : 24112944
Terms : 30 Days

Description	Qty	Unit	Add	/ (Discount)	Amount
		Cost	용	Amount		
LUMP SUM AMOUNT FOR REPAIR	1.00		3		\$	3,450.00
			GR	AND TOTAL	\$	3,450.00

07 DEC 2021

Remark :

Make/Model : PRIUS4
Accident Date : 06.11.2021



Koo Yew Chung
Koo Yev Chung Dec 3, 2021 12 Tr GMT+8)

Authorised Signature for Strides Automotive Services Pte. Ltd.



MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/11/21/2007

From:

Strides Taxi Pte Ltd

Date:

19/11/2021

ACCIDENT ON 6/11/2021 INVOLVING SHB 598L & GBH 3013C AT BLK 614 WOODLANDS AVE 4 CAR PARK

This is to confirm that the daily rental rate for SHB 598L is \$105.93 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 : 20/10/2021

Date Generated: 22/11/2021

Accident End Date : 22/11/2021

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/11/21/2007	SHB598L	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24112944	07/11/2021 7:55 PM	15/11/2021 9:20 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 witholding 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 08/11/2021 13:24 (SGT) Date of Accident 06/11/2021 19:45 (SGT) **Exact Location of Accident** 614 Woodlands Ave 4, Block 614, Singapore 730614 Additional Location Information BLK 614 WOODLANDS AVE 4 CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB598L

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) +65-68662672 Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category 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 HO CHIN KEONG NRIC No SXXXX435G

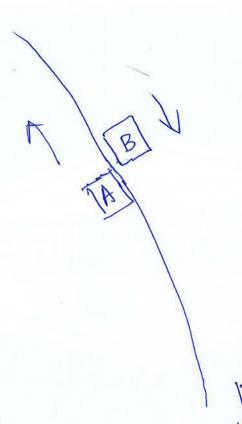
Date Of Birth 17/03/1967 Occupation Outdoor **Date Of Driving Pass** 22/06/1993 Driving experience 28 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-68662672 Alt. Phone Number **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Address Address complement Postcode Is the driver the policyholder? No If No, 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 Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG BLK 614 WOODLANDS AVE 4 CAR PARK WITH ONE PASSENGER (MALE CHINESE). I SAW PEDESTRIANS WALKING ON MY LEFT AS SWERVED TO GIVE WAY TO THEM. SUDDENLY A VEHICLE GBH3013C WAS COMING FROM THE OPPOSITE DIRECTION, AS SUCH I STOPPED TO GIVE WAY TO THE VEHICLE, BUT THE VEHICLE CONTINUED TO MOVE TOWARDS MY TRAVEL PATH AND HIT ONTO THE RIGHT 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? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH3013C Vehicle Manufacturer



of other



A - SHB 5982 B - G 8013C

Front right Damaged.

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Declaration

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



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8.11.21

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

lu 8/11/2021

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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' law yers/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 law yers/law firms), w hich 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

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Date: 8 11 2021

Our Ref. No.:

Letter of Authorisation

I, HO CHIN KEONG (NRIC No.:	
registered hirer) relief driver / taxi share driver of Strides taxi registration number	
SHB 598L hereby authorise Strides Automotive Services Pte Ltd 075	50
("AutoSvs") to deal with all matters arising out of the accident between my taxi	112
and GBH 3013 C happened on woodlands are	•
along woodlands Ave 4 B1K 614 toward Car park exit	
(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	HO CHIN KEONG Signature:	Q.	
NRIC No.			*
Tel No.			
Address			G RD

			_M-03 REV 4

A Singapore Government Agency Website

Enquire Vehicle-Related Transaction History

Transaction History Details Log Date/Time:

08 Nov 2021 / 13:28:32

Vehicle Asset Type: Asset ID:

GBH3013C

Transaction Type: User ID:

18,32 (Insurance Enquiry (GIRO Payment)

ESASBAHO - BALQISH BINTE ABDUL HALIL Business Transaction Reference No.:

External Agency 20211108132832657487

\$7,49

Search Date / Time:

06 Nov 2021 19:50:00

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

Enquire Related Logs

ОК

Transaction Amount: