Asher Sng (LKKAuto)

From: Tan Lee Gek (Strides Automotive Services Pte Ltd) <LeeGek.Tan@strides.com.sg>

Sent: Wednesday, 22 December 2021 1:36 PM

To: CS A Team; Admin A

Subject: LOD Re: Accident onn12/11/2021 involving SHF 1029K & SMX 6558X (your

insured) Our Ref: TAX/11/21/2017/lg

Attachments: 11 21 2017 - supporting documents.pdf

Follow Up Flag: Follow up Flag Status: Completed

Categories: NON REPORTING

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$3,000.00					
Loss of Rental	\$975.84	(9.5	days x	\$102.72)
Loss of Income	\$570.00	(9.5	days x	\$60.00)
LTA Search Fee	\$7.00					
Total	\$4,552.84					

We enclose the following documents:

- 1) Repair invoice
- 2) Proof of rental rate
- 3) GIA report
- 4) Accident vehicle laid-up report
- 5) Hirer's letter of authorization
- 6) LTA search

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







Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

15 DEC 2021

SMRT AUTOMOTIVE SERVICES PTE LTD Claims & Insurance Agency

Tax Invoice

GST Reg No. : MR-8500001-7

: 199004280Z

Invoice No. : IV211200212 Date : 14.12.2021

Vehicle No. : SHF1029K Your Ref No. : TAX/11/21/2017

Our Ref No. 24112998 : 30 Days

Description	Qty	Unit	Add	/ (Discount)	Amount
		Cost	용	Amount	

LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION 1.00

3,000.00

TOTAL 3,150.00 REPAIR COST EXCEED SALVAGE VALUE BEARED BY STRIDES TAXI 150.00

GRAND TOTAL \$ 3,000.00

Remark :

Make/Model : TOYOTA PRIUS Accident Date : 12.11.2021

Swift Code



Authorised Signature for Strides Automotive Services Pte. Ltd.



MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/11/21/2017

From: Strides Taxi Pte Ltd

Date:

6/12/2021

ACCIDENT ON 12/11/2021 INVOLVING SHF 1029K & SMX 6558M AT JUNCTION OF ANG MO KIO AVE 6 & ANG MO KIO AVE 8

This is to confirm that the daily rental rate for SHF 1029K is \$102.72 per day.

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

Thank you.

Yours sincerely

STRIPES TAXI PTE LTD

for Manager



Laid Up Report

Accident Start Date : 07/11/2021

Accident End Date : 30/11/2021

Date Generated: 30/11/2021

User Name : LeeGek

ration Company Type	Vehicle Make				
		Vehicle Model	Job Card Number	Date and Time (Accident Repair)	Date and Time (Repair Completed)
Strides Taxi Pte Ltd	TOYOTA	PRIUS	24112998	12/11/2021 1:43 PM	22/11/2021 9:23 AM
			V. Oktobar T. Dr. Livi	K Order T. 180 and Description of the Control of th	K Stridge Tayl Ptg Ltd. TOYOTA (Accident Repair)



SINGAPORE ACCIDENT STATEMENT

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 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 15/11/2021 08:20 (SGT) Date of Accident 12/11/2021 12:30 (SGT) **Exact Location of Accident** Near 638 Ang Mo Kio Ave 6, Block 638, Singapore 560638 Additional Location Information ANG MO KIO AVE 6 JUNCTION ANG MO KIO AVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF1029K

INSURED/POLICYHOLDER

is company? Name Of Registered Owner STRIDES TAXI PTE LTD Company Reg No 1XXXXXX369K **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 1798

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 GOH AH LENG NRIC No SXXXX182A



Date Of Birth 22/02/1970 Occupation Outdoor Date Of Driving Pass 23/07/1990 Driving experience 31 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number Fmail Address Auto-Svcs-TARC@smrt.com.sg Address Address complement Postcode Is the driver the policyholder? Nο 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 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) 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 TRAVELLING ALONG ANG MO KIO AVE 6 AT THE CENTRE LANE WHICH CAN BE GOING STRAIGHT AND TURN LEFT.

I WAS TRAVELLING ALONG ANG MO KIO AVE 6 AT THE CENTRE LANE WHICH CAN BE GOING STRAIGHT AND TURN LEFT. WHILE I WAS TURNING LEFT INTO ANG MO KIO AVE 8, SUDDENLY THE VEHICLE SMX6558M TRAVELLING ON THE LEFT LANE (WHICH MEANT FOR TURNING LEFT ONLY) INSTEAD OF TURNING LEFT, HE WENT STRAIGHT AND RESULTED HIS RIGHT PORTION BRUSHED AGAINST THE LEFT FRONT PORTION OF MY TAXI. SUBSEQUENTLY THE VEHICLE SMX6558M CONTINUED GOING STRAIGHT AND STOPPED AFTER THE JUNCTION. WHEN WE ALIGHTED AND EXCHANGED PARTICULARS, THE DRIVER OF THE VEHICLE ADMITTED HIS MISTAKE AND ASKED ME TO CLAIM AGAINST HIS INSURANCE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1



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)

Lunderstand, 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 pollectively 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ah Mulon

Sketch Plan

ANG MO KIO AVE 6

BELLET BELLET

ANG MO KIN AVE &

Describe Circumstances of the Accident	2.
	ж.
	is_

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

ah muhon

Witnessed by Reporting Centre Personnel



Date: 12/11/20 21

Our Ref. No.:

Letter of	Authorisation				
Ad	+ AH LSNG				
1, 9	(NRIC No				
0-	irer relief driver / taxi share driver of Strides taxi registration numbers				
SH/1029	hereby authorise Strides Automotive Services Pte Ltd				
("AutoSvs"	to deal with all matters arising out of the accident between my taxi happened on AM happened				
along	12-11-2021 1230 Pm.				
(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.				
•	ejudice to the foregoing, I further authorise AutoSvs to negotiate, settle any proceeding or claim arising out of the accidents, including				
but not lim	ited to doing any act or executing any document or signing the				
Discharge V	oucher on my behalf as may be required.				
Name	GAH AH SUG Signature:				
NRIC No.					
Tel No.					
Address					



Enquire Vehicle-Related Transaction History

Transaction History Details

Log Daite/Time:

13 Nov 2021 / 11:33:35

Asset Type:

User ID:

Vehicle

SMX6558M 18.32 Insurance Enquiry (GIRO Payment) ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount:

Business Transaction Reference No.:

20211113113335323531

External Agency

Search Date / Time:

Transaction Type:

12 Nov 2021 12:30:00

Insurance Company:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

Enquire Related Logs

Back to List