

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. : IV220100104
Date : 13.01.2022
Vehicle No. : SHB5064C
Your Ref No. : TAX/12/21/2025
Our Ref No. : 24113361
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				\$ 3,750.00
GRAND TOTAL					\$ 3,750.00

Remark :

Make/Model : PRIUS4
Accident Date : 10.12.2021

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 (Jan 13, 2022 20:56 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.



MEMORANDUM

To: Claims Dept

Our Ref: TAX/12/21/2025

From: Strides Taxi Pte Ltd

Date: 29/12/2021

ACCIDENT ON 10/12/2021 INVOLVING SHB 5064C & SDP 9788U AT THE JUNCTION OF VICTORIA STREET & MIDDLE RD

This is to confirm that the daily rental rate for SHB 5064C is \$85.00 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 : 01/11/2021

Date Generated : 29/12/2021

Accident End Date : 29/12/2021

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/12/21/2025	SHB5064C	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24113361	11/12/2021 8:45 AM	23/12/2021 2:31 PM

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	13/12/2021 09:06 (SGT)
Date of Accident	10/12/2021 19:20 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	VICTORIA STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5064C
-----------------------------	----------

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	TAN THUAN YONG
NRIC No	SXXXX868Z

Date Of Birth	16/05/1957
Occupation	Outdoor
Date Of Driving Pass	25/07/1977
Driving experience	44 YEARS AND 5 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	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?	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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20211210/2108

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

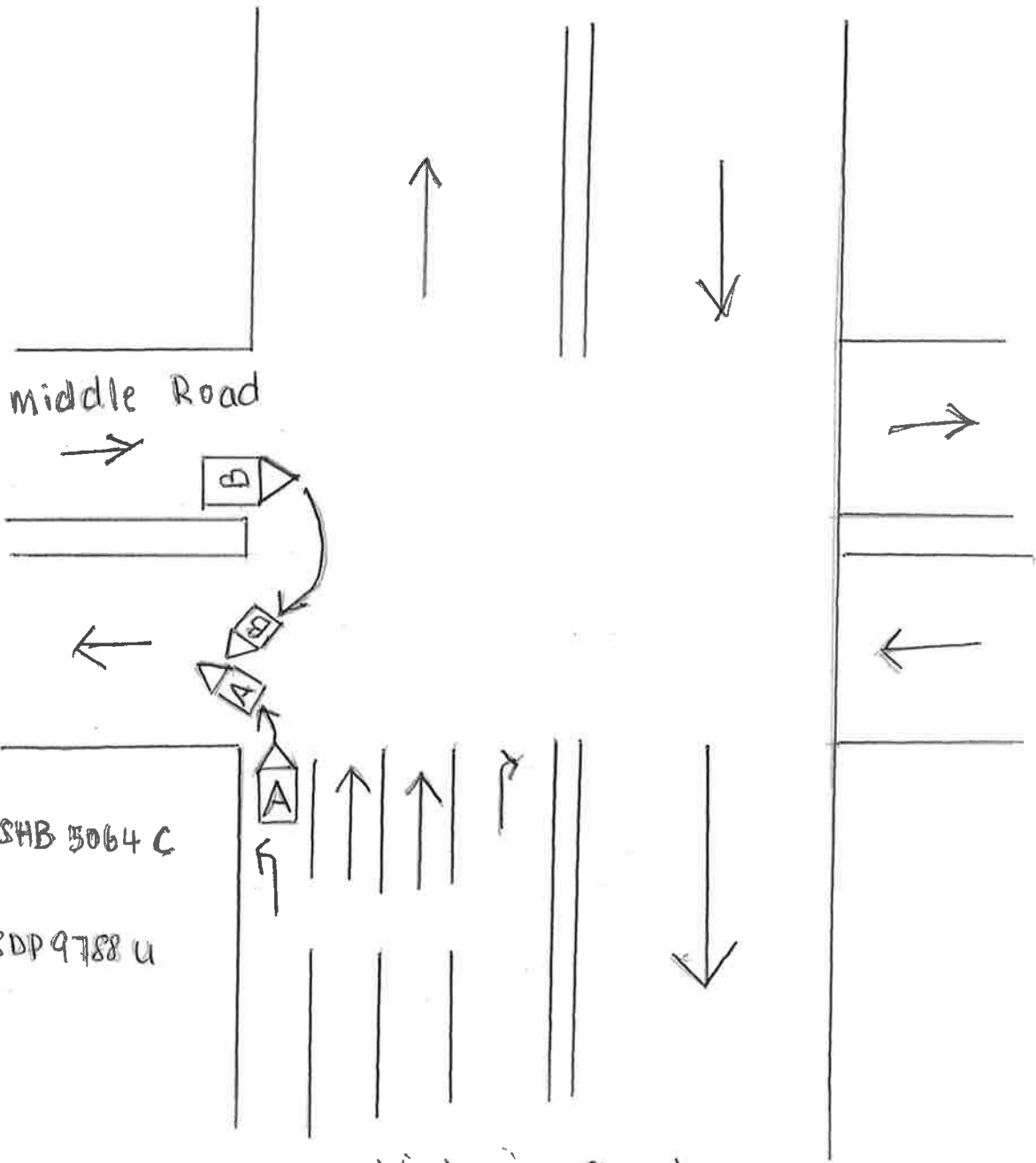
Vehicle Registration Number	SDP9788U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SNG LI HWEI

middle Road

A = SHB 5064 C

B = SDP 9788 u

Victoria Street



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

[illegible]

I/We declare the foregoing to be true and correct.

Policyholder's Signature / Date &
Time

TAN THUAN YONG

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211210/2108

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20211210/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 21:44		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: TAN THUAN YONG			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth:	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2021 19:20	Type of Location: Traffic Junction
Location: VICTORIA STREET				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDP9788U	Car	MERCEDES BENZ			Slightly Damaged	0
SHB5064C	Car	TOYOTA	PRIUS		Slightly Damaged	0

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



T/20211216/2096

2 of 3

Report No. T/20211216/2096

Continuation of CSF For NP168

Driver				
Name	SNG LI HWEI		ID No.	S7813832G
Related Vehicle	SDP9788U (Car)		Contact No.	90090005
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN THUAN YONG		ID No.	
Related Vehicle	SHB5064C (Car)		Contact No.	
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2021		Date Discharge	10/12/2021
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Facts.

On the abovementioned date, time and location I was driving my taxi vehicle bearing plate no. SHB5064C along Victoria Street. I was at the traffic junction making a left turn onto Middle Road as the traffic light was green in my favour when suddenly a vehicle bearing plate no. SDP9788U from the opposite direction of the traffic junction made a U-Turn, and hit onto the side of my vehicle. There were no parties injured at that point in time. I then alighted from my vehicle to make a check. We then exchanged contact details. The other party apologized upon alighting from her vehicle.

I have the footage of the in car camera of the accident that occurred. I went over to see a doctor and was given 5 days MC.

I am lodging this report to report the matter to my taxi company, SMRT



**SINGAPORE
POLICE FORCE**



T/20211210/2108

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20211210/2108

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
F /
Sgt 2 MOHAMAD YASHRIF BIN
MOHAMED YASIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
10/12/2021 21:44

Classification Of Case:

Authentication Stamp
NP168



SN 085

Signature:

Singapore Police Force

STRIDES

AUTOMOTIVE

Date: 11/12/2021

Our Ref. No.:

Letter of Authorisation

I, TAN THUAN YONG (NRIC No.: [REDACTED])
registered hirer / relief driver / taxi share driver of Strides taxi registration number
SHB 5064C hereby authorise **Strides Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and SDP 9788U happened on 10/12/2021, 1920
along Victoria Street

(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

TAN THUAN YONG

Signature:

[Signature]

NRIC No.

Tel No.

Address

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	13 Dec 2021 / 11:05:30	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SDP9788U	Business Transaction Reference No.:	20211213110530907542
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 10 Dec 2021 19:20:00
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK