

# 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. : IV220200377  
Date : 25.02.2022  
Vehicle No. : SHB5377A  
Your Ref No. : TAX/12/21/2068  
Our Ref No. : 24113565  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,650.00
GRAND TOTAL					\$ 1,650.00

Remark :

Make/Model : PRIUS4  
Accident Date : 16.12.2021

### 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 (Mar 1, 2022 09:30 GMT+8)

Authorised Signature  
for Strides Automotive Services Pte. Ltd.

**STRIDES**

TAXI

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/12/21/2068

From: Strides Taxi Pte Ltd

Date: 20<sup>th</sup> January 2022

**ACCIDENT ON 16/12/2021 INVOLVING SHB 5377A & SMU 1679X ALONG  
CHOA CHU KANG DRIVE TOWARDS KJE**

This is to confirm that the daily rental rate for SHB 5377A is \$108.61 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 : 07/12/2021

Date Generated : 20/01/2022

Accident End Date : 20/01/2022

User Name : LeeGek

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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/12/21/2068	SHB5377A	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24113565	03/01/2022 10:30 AM	08/01/2022 10:33 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	29/12/2021 13:01 (SGT)
Date of Accident	16/12/2021 23:45 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	CHOA CHU KANG DRIVE TOWARDS KJE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5377A
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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	TAN KEM CHIOU
NRIC No	SXXXX739H

Date Of Birth	04/02/1955
Occupation	Outdoor
Date Of Driving Pass	09/06/1979
Driving experience	42 YEARS AND 6 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	RELIEF
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T820211217/2014

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

## 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.



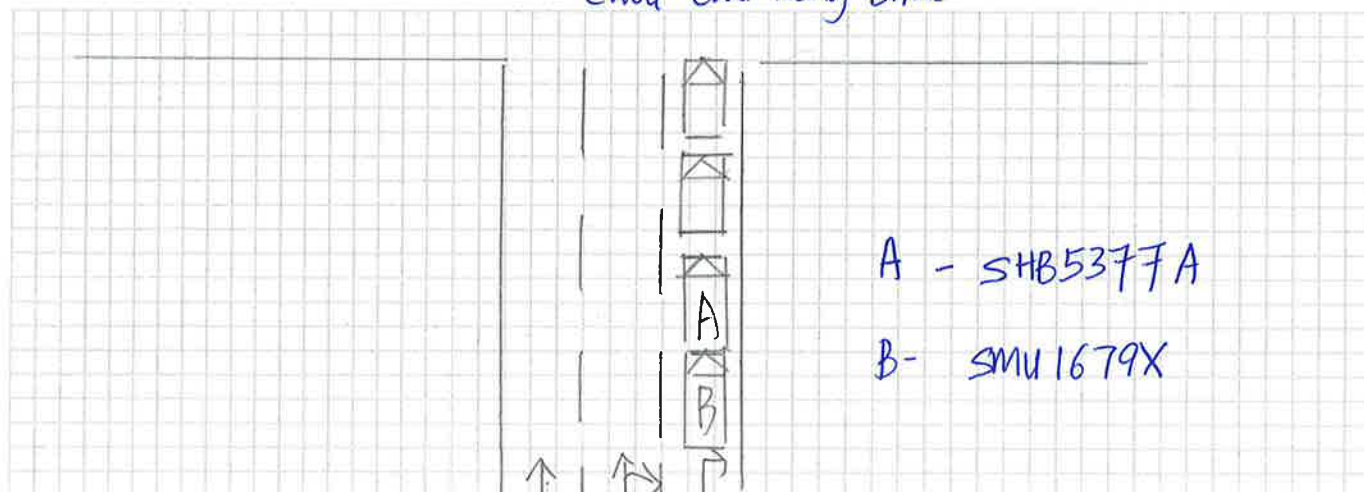
Policyholder's Signature / Date & Time

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

26 Dec 21 1430 hrs  
Choa Chu Kang Drive

Witnessed by Reporting Centre Personnel

### Sketch Plan





**SINGAPORE  
POLICE FORCE**



T/20211217/2104

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20211217/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2021 19:14		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: TAN KEM CHIEW			Address: APT [ ] SINGAPORE		
ID Type / ID No.: NRIC NO / S1502739H			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 04/02/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER RELIEF			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/12/2021 23:45	Type of Location: X-Junction
Location:  CHOA CHU KANG DRIVE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5377A	Car				Slightly Damaged	2
SMU1679X	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211217/2104

2 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20211217/2104

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN KEM CHIEW		ID No.	
Related Vehicle	SHB5377A (Car)		Contact No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	LEE YEOW CHUAN		ID No.	S1329247G
Related Vehicle	SMU1679X (Car)		Contact No.	88099839
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

**Brief Details.**

On the 16/12/2021 at about 2348hrs, I was driving an SMRT taxi as a relief driver bearing the registration number SHB5377A along Choa Chu Kang Drive towards Yew Tee MRT. I had stopped at the traffic light behind 2 other cars and was waiting for the light to turn green so that I can turn into KJE expressway. While waiting, I heard a sound at the back that sounded like a car braking, and subsequently felt a collision at the back of my vehicle. I alighted to make a check and saw that a vehicle bearing the registration number SMU1679X had collided into the rear of my vehicle as the driver did not manage to brake in time. The other driver then told me that he wanted to settle privately, however I later called the phone number that he provided, but it says that the number is not in use. I am unsure whether I had copied down or heard the wrong number. I did provide my NRIC and contact number to the driver, however he has yet to contact me too. My vehicle sustained damages of a dented rear bumper, leading to a misaligned rear bonnet door. Nobody was injured. No ambulance or Traffic Police at scene.





**SINGAPORE  
POLICE FORCE**



T/20211217/2104

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20211217/2104

**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  
J /  
Sgt 3 NG CHOR MUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/12/2021 19:14

Officer In Charge Of Case:  
TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No.: 65476182

Classification Of Case:


Authentication Stamp  
NP168



SIGNATURE

Our Ref. No.: TAX/12/21/2068

## Letter of Authorisation

I, NGAN FOOK LAM (NRIC No.: )  
registered hirer / relief driver / taxi share driver of Strides taxi registration number  
SHB5377A hereby authorise **Strides Automotive Services Pte Ltd**  
("AutoSvs") to deal with all matters arising out of the accident between my taxi  
and 3MU 1679X happened on 16/12/2021  
along Uda Chai Kang Drive towards KTE  
(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

NGAN FOOK LAM

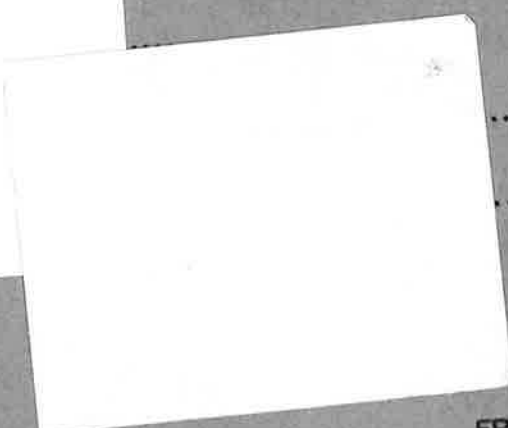

Signature:



NRIC No.

Tel No.

Address



## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	04 Jan 2022 / 10:29:20	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SMU1679X	Business Transaction Reference No.:	20220104102920355942
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL		
Search Date / Time:	16 Dec 2021 23:45:00		
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](#)