

## Hsiao Tong (LKKAUTO)

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**From:** Mei Kwan (LKKAUTO)  
**Sent:** Monday, 7 March 2022 1:52 PM  
**To:** Tan Lee Gek (Strides Automotive Services Pte Ltd); Hsiao Tong (LKKAUTO)  
**Cc:** Admin A  
**Subject:** RE: LOD Re: Accident on 10/1/2022 involving SHB 5705L & SMX 9166R (China Taiping's insured) Our Ref: TAX/01/22/2015/lg \*\*\* LKK REF: CC3/CTI22000423/Rpa3  
**Attachments:** 01 22 2015 - supporting documents.pdf; scene photo1.jpg; scene photo2.jpg

Dear Lee Gek,

We acknowledge receipt of your email.

Our respective case handler, Hsiao Tong will look into the matter and get back to you in due course.

*To check availability of the case handler, you may contact the undersigned.*

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

*Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.*

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

**Sent:** Monday, 7 March, 2022 1:44 PM

**To:** CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>

**Subject:** LOD Re: Accident on 10/1/2022 involving SHB 5705L & SMX 9166R (China Taiping's insured) Our Ref: TAX/01/22/2015/lg

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$1,100.00
Loss of Rental	\$1,011.47 ( 9.5 days x \$106.47 )
Loss of Income	\$570.00 ( 9.5 days x \$60.00 )
LTA Search Fee	\$7.00
<b>Total</b>	<b>\$2,688.47</b>

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
- 7) Scene photos

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. : IV220200224  
Date : 18.02.2022  
Vehicle No. : SHB5705L  
Your Ref No. : TAX/01/22/2015  
Our Ref No. : 24113610  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00			\$	1,100.00
GRAND TOTAL					\$ 1,100.00

Remark :

Make/Model : TOYOTA PRIUS  
Accident Date : 09.01.2022

### 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 (Feb 18, 2022 19:55 GMT+8)

Authorised Signature  
for Strides Automotive Services Pte. Ltd.



## MEMORANDUM

To: Claims Dept

Our Ref: TAX/01/22/2015

From: Strides Taxi Pte Ltd

Date: 25<sup>th</sup> January 2022

### **ACCIDENT ON 10/1/2022 INVOLVING SHB 5705L & SMX 9166R AT THE CAR PARK BETWEEN BLK 426 & 427, WOODLANDS STREET 41**

This is to confirm that the daily rental rate for SHB 5705L is \$106.47 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 : 01/01/2022

Date Generated : 24/01/2022

Accident End Date : 24/01/2022

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/01/22/2015	SHB5705L	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24113610	10/01/2022 12:08 PM	20/01/2022 9:04 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	10/01/2022 15:09 (SGT)
Date of Accident	10/01/2022 07:03 (SGT)
Exact Location of Accident	Woodlands Street 41, Singapore
Additional Location Information	WOODLANDS STREET 41/ BETWEEN BLK 426 & 427 CAR PARK GANTRY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5705L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Strides Taxi Pte Ltd
	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	SIM KWONG MIANG
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NRIC No	SXXXX339A
Date Of Birth	10/02/1960
Occupation	Outdoor
Date Of Driving Pass	07/07/1989
Driving experience	32 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	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	Collision - Head to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10/01/22 AT ABOUT 0703HRS.I WAS ENTERING THE WOODLANDS ST 41 CAR PARK GANTRY. SUDDENLY A VEHICLE (SMX9166R) HIT ONTO REAR PORTION OF MY VEHICLE.

#### 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	SMX9166R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH SUSANTI

## 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

Jim

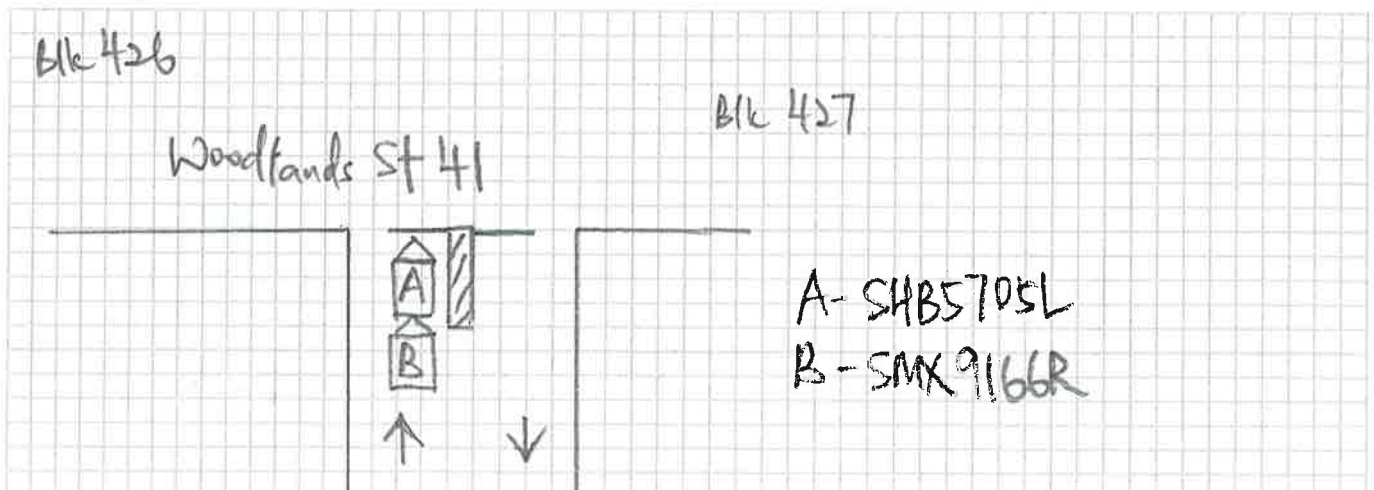
Driver's Signature (If driver is not the policyholder) / Date & Time

10/1/22

A. 10/1/22

Witnessed by Reporting Centre Personnel

### Sketch Plan





# STRIDES

AUTOMOTIVE

Date: 10/1/22

Our Ref. No.: TAX/01/22/2015

## Letter of Authorisation

I, Sim Kwong Miang (NRIC No  
registered hirer / relief driver / taxi share driver of Strides taxi registration number  
SNB5705L hereby authorise **Strides Automotive Services Pte Ltd**  
("AutoSvs") to deal with all matters arising out of the accident between my taxi  
and SMX 9166R happened on 07.03.2021  
along Woodlands StH / between Block 426 & 427 carpark gantry.  
(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: Sim Kwong Miang Signature: Sim

NRIC No.

Tel No.

Address

## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	10 Jan 2022 / 15:17:29	Transaction Amount:	\$7.49
Asset Type:	Vehicle	Channel:	External Agency
Asset ID:	SMX9166R	Business Transaction Reference No.:	20220110151729395012
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)		
User ID:	ESASBAH0 - BALQISH BINTE ABDUL HALIL		

Search Date / Time: 10 Jan 2022 07:03:00  
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](#)