

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. : IV220300441
Date : 24.03.2022
Vehicle No. : SHB5913C
Your Ref No. : TAX/03/22/2005

Our Ref No. : 24114170 Terms : 30 Days

							4	
Description	Qty	Unit	Add	1	(Di	scount)		Amount
		 Cost	용		A	mount		
Parts								
COVER, RR BUMPER ASSY	0.00	\$ 332.70	0.00		\$	0.00	\$	0.00
COVER, RR BUMPER ASSY	1.00	\$ 485.60	(25.00)	\$	121.40	\$	364.20
PAD, RR BUMPER, RH & LH , 3	2.00	\$ 11.00	(25.00)	\$	5.50	\$	16.50
PAD, RR BUMPER, RH & LH , 2	2.00	\$ 4.00	(25.00)	\$	2.00	\$	6.00
PAD, RR BUMPER, RH & LH , 1	2.00	\$ 4.00	(100.0	0)	\$	8.00	\$	0.00
PAD, RR BUMPER, CTR	3.00	\$ 11.00	(25.00)	\$	8.25	\$	24.75
SEAL, RR BUMPER ARM, RH & LH	2.00	\$ 11.30	(25.00)	\$	5.65	\$	16.95
STOPPER, RR BUMPER, RH & LH	0.00	\$ 4.50	0.00		\$	0.00	\$	0.00
RETAINER, RR BUMPER, RH	0.00	\$ 132.60	0.00		\$	0.00	\$	0.00
RETAINER, RR BUMPER, LH	0.00	\$ 132.60	0.00		\$	0.00	\$	0.00
SEAL, RR BUMPER , RH	0.00	\$ 118.30	0.00		\$	0.00	\$	0.00
SEAL, RR BUMPER , LH	0.00	\$ 118.30	0.00		\$	0.00	\$	0.00
CLIPS PIECE, FRT & RR BUMPER	10.00	\$ 4.50	(25.00)	\$	11.25	\$	33.75
GUARD, RR BUMPER, LOWER	1.00	\$ 374.50	(25.00)	\$	93.62	\$	280.88
COVER, GUARD RR BUMPER LOWER	0.00	\$ 22.00	0.00		\$	0.00	\$	0.00
REAR BUMPER REFLECTOR ASSY, REFLEX, RH	0.00	\$ 39.00	0.00		\$	0.00	\$	0.00
REAR BUMPER REFLECTOR ASSY, REFLEX, LH	0.00	\$ 39.00	0.00		\$	0.00	\$	0.00
REAR BUMPER GROMMET SCREW	0.00	\$ 2.20	0.00		\$	0.00	\$	0.00
COVER, REAR FLOOR UNDER CENTER	0.00	\$ 229.90	0.00		\$	0.00	\$	0.00
SENSOR REVERSE	0.00	\$ 180.00	0.00		\$	0.00	\$	0.00
ANTENNA, ELECTRICAL KEY	0.00	\$ 72.00	0.00		\$	0.00	\$	0.00
END PANEL SUB-ASSY, BODY LOWER BACK	0.00	\$ 651.00	0.00		\$	0.00	\$	0.00
				Suk	o-To	tal	\$	743.03

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

Authorised Signature

for Strides Automotive Services Pte. Ltd.



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GST Reg No. : MR-8500001-7

CRN : 199004280Z Invoice No. : IV220300441

Date : 24.03.2022 Vehicle No. : SHB5913C

Your Ref No.: TAX/03/22/2005

Our Ref No. : 24114170 : 30 Days

						4	
Description	Qty	Unit	Add	/ (Dis	count)		Amount
		Cost	95	An	ount		
Labour							
TO REPAIR REAR PORTION	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
Others							
TO RESPRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
TO RESPRAY REAR PANEL	0.00	\$ 180.00	0.00	\$	0.00	\$	0.00
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$	0.00	\$	0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$	0.00	\$	0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$	0.00	\$	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$ 40.00	0.00	\$	0.00	\$	40.00
			GRANI	O TOTA	\L	\$	1,183.03

Remark :

Make/Model : PRIUS4FL Accident Date : 01.03.2022

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By Bank Transfer:

Account Name : Strides Automotive Services Pte. Ltd.

: DBS Bank Ltd - SGD

Bank Account No.: 018-008617-4 Swift Code : DBSSSGSG

Koo Yew Chung

Authorised Signature

for Strides Automotive Services Pte. Ltd.



MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/03/22/2005

From:

Strides Taxi Pte Ltd

Date:

15th March 2022

ACCIDENT ON 1/3/2022 INVOLVING SHB 5913C & GBK 6000D ALONG BUKIT BATOK EAST AVE 3

This is to confirm that the daily rental rate for SHB 5913C is \$73.00 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





Laid Up Report

Accident Start Date : 01/03/2022

Date Generated: 14/03/2022

Accident End Date : 14/03/2022

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/03/22/2005	SHB5913C	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24114170	02/03/2022 2:42 PM	05/03/2022 11:53 AM

SS2722330001 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 03/03/2022 10:24 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (03/03/2022 10:24 (SGT))

SINGAPORE ACCIDENT STATEMENT

- 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
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 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 03/03/2022 10:24 (SGT) **Date of Accident** 01/03/2022 09:30 (SGT) **Exact Location of Accident** Bukit Batok East Ave 3, Singapore Additional Location Information **BUKIT BATOK EAST AVE 3** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5913C

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 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

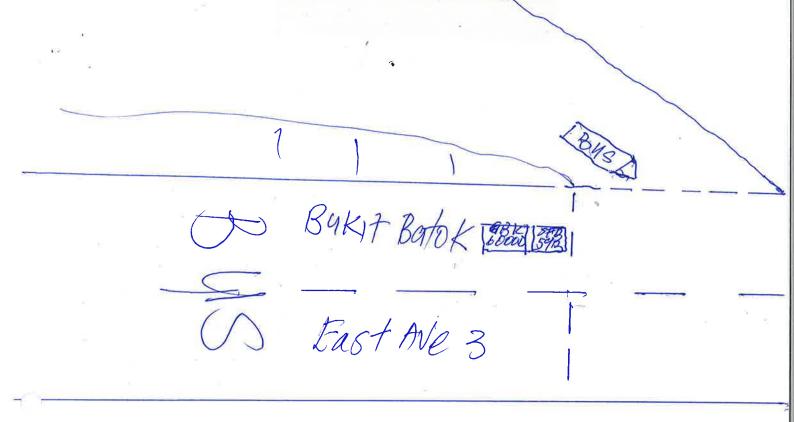
Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Yes **Policy Number** D-21097466MFSH Cover Note Number

DRIVER

Name of Driver **TEO LEE HUAT** NRIC No SXXXX065C

Date Of Birth 12/08/1959 Occupation Outdoor Date Of Driving Pass 17/04/1980 Driving experience 41 YEARS AND 11 MONTHS Gender Male 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? 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 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? 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20200301/2046 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBK6000D Vehicle Manufacturer Vehicle Model

Vehicle Variant



A- SHB 5913 C B- GBK 6000 D

Declaration

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

STRIO OLI 3 NA

Policyholder's Signature / Date & Time

Diver's Squature (If driver is not the policyholder) / Dat

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

MM, 2.3.2022

Witnessed by Reporting Centre Personnel

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 <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)

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 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), 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





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20220301/2046

REPORT OF A TRAFFIC ACCIDENT

01/03/2022 15:50		lade:	Vide Report No.:	. 3	Station Diary No.: 53			
Informant	's Particu	ılars	ALEXANDER MINERAL					
Name of Informant: TEO LEE HUAT			Address:					
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:	Private and an analysis of the second				
Nationality: SINGAPORE CITIZEN		EN	Email:					
Sex: Male	Age:	Date of Birth:	Type of Informant:					
Race: Chinese			Language:	Institution	/ School Name:			
Occupation Taxi driver	1:	1 20 E	Driving Licence Information: Class: 3	Date of Ex	piry:			

General Infor	mation of the Accid	ent was a second		
Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident: 01/03/2022 09:30	Type of Location:
Location:	*1			
BUKIT BATO	K EAST AVENUE 3			
K			Š	
Weather:		Road Surface:	Ro	oad Speed Limit:
Clear		Dry	4	· ·
Traffic Flow:	3/	Traffic Control:		affic Volume: o Traffic
Type of Collis			Ar	yone conveyed by
Between Mov	ing Vehicles - Head	To Rear		nbulance:
(*)			No)

Details of V	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK6000D	Lorry			12.27		0
SHB5913C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	70, 50
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20220301/2046

2 of 3 Report No. T/20220301/2046

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver		CONTRACTOR OF THE	BEN TAX TELEVISION	W 23/ 1	CONTRACTOR OF	
Name	TEO LEE HUAT			ID N),),	
Related Vehicle	SHB5913C (Car)			Cont	act No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivir Licen	ig ce &	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2022	125	Dota Di		/ Date	
	ted Medical Leave	05	Date Disc Degree of	narge Iniurv	01/03 Slight	

Brief Details.

On 01/03/2022 at about 9.30am, I was driving my Strides taxi bearing vehicle plate number SHB5913C and was travelling along Bukit Batok East Ave 3. When I was approaching a bus stop (Bus stop No: 43621), I saw a bus filtering out of the bus stop hence I slow down for it to filter out. Suddenly, I felt an rear of my taxi. Due to the impact, I suffered pain to my back and my vehicle had damages of dent to the I wish to info.

I wish to inform that no police or ambulance attended to my incident.





olice Station Of Origin:
oa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3 Report No. T/20220301/2046

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 Record E / SGT 3 PHYLLIS HENG LING Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHAN Contact No.: 65476414		Date/Time: 01/03/2022 15:50 Classification Of Case:	
NP168	SINGAPURE POLICE FORCE SAFEGUARDING EVERY DW	3N 168	-
	Asile:	NATURE	

A Singapore Government Agency Website

Prinquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time: 03 Mar 2022 / 10:00:35

Asset Type: Vehicle Asset ID:

GBK6000D

Transaction Type: User ID:

18.32 Insurance Enquiry (GIRO Payment)

ESASBAHO - BALQISH BINTE ABDUL HALIL

Transaction Amount:

\$7.49

Channel:

Business Transaction Reference No.:

External Agency 20220303100035276780

Search Date / Time:

01 Mar 2022 09:30:00

Insurance Company:

AIG ASIA PACIFIC INSURANCE PTE, LTD.

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

Enquire Related Logs

ОК