

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. : IV220700328
Date : 22.07.2022
Vehicle No. : SHB1102C
Your Ref No. : TAX/04/22/2048
Our Ref No. : 24114626
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 750.00
GRAND TOTAL					\$ 750.00

Remark :

Make/Model : PRIUS4
Accident Date : 17.04.2022

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 (Jul 22, 2022 15:36 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

Laid Up Report

Accident Start Date : 01/04/2022

Date Generated : 26/04/2022

Accident End Date : 26/04/2022

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/04/22/2048	SHB1102C	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24114626	18/04/2022 12:10 PM	22/04/2022 9:10 AM



MEMORANDUM

To: Claims Dept

Our Ref: TAX/04/22/2048

From: Strides Taxi Pte Ltd

Date: 4th May 2022

ACCIDENT ON 17/4/2022 INVOLVING SHB 1102C & SLL 7209P AT THE JUNCTION OF SUNGEI RD TURNING TO JALAN BESAR

This is to confirm that the daily rental rate for SHB 1102C is \$70.00 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

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	19/04/2022 10:36 (SGT)
Date of Accident	17/04/2022 14:00 (SGT)
Exact Location of Accident	Sungei Rd, Singapore
Additional Location Information	SUNGEI ROAD TOWARDS JALAN BESAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1102C
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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-22099115MFSH
Cover Note Number	-

DRIVER

Name of Driver	LEONG YEW CHEONG
NRIC No	SXXXX206G

Date Of Birth	16/05/1959
Occupation	Outdoor
Date Of Driving Pass	13/10/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-38662672
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

REFER TO STATEMENT

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	SLL7209P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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

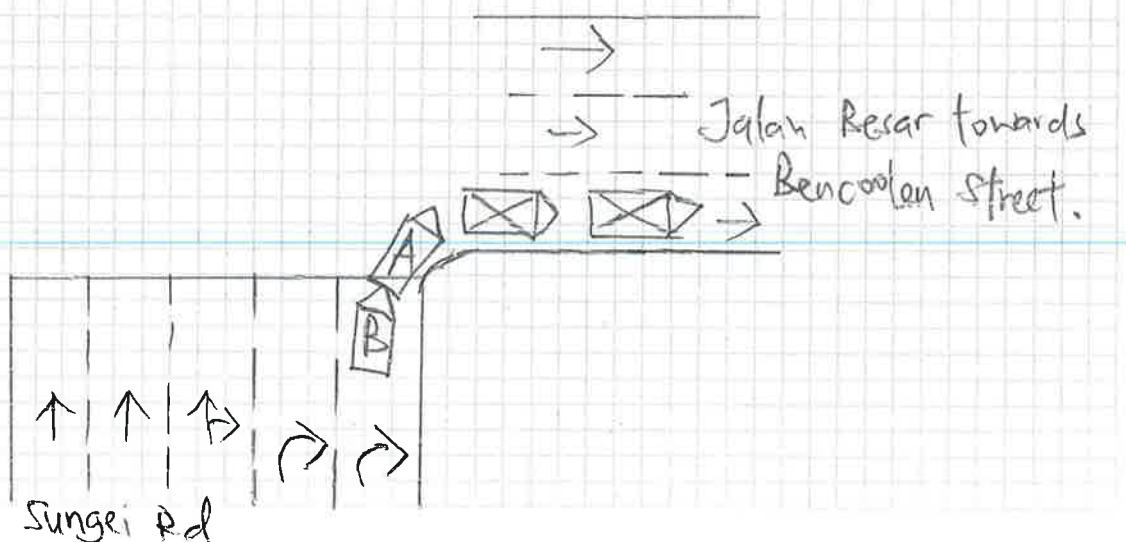
[Signature] 18/4/22

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

A. 18/4/22

Witnessed by Reporting Centre Personnel

Sketch Plan



STRIDES

AUTOMOTIVE

Date:

18/4/22

Our Ref. No.:

TAX/04/22/2048

Letter of Authorisation

I, LEONG YEW CHEONG (NRIC No. _____) the registered hirer / relief driver / taxi share driver of Strides taxi registration number SDB1102C hereby authorise **Strides Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SLT209P happened on 17/4/22 along junction of Sungei Rd turning into Jln Besar (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

LEONG YEW CHEONG

Signature:

[Signature]

NRIC No.

Tel No.

Address

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time: 19 Apr 2022 / 10:38:54

Asset Type: Vehicle

Transaction Amount: \$7.49

Asset ID: SLL7209P

Transaction Type: 18.32 Insurance Enquiry (GIRO Payment)

Channel: External Agency

User ID: ESASBAHO - BALQISH BINTE ABDUL HALIL

Business Transaction Reference No.: 20220419103854355212

Search Date / Time: 17 Apr 2022 14:00:00

Insurance Company: INDIA INT'L INS PTE LTD

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

Enquire Related Logs

OK