

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. : IV220500402
Date : 25.05.2022
Vehicle No. : SHB5105T
Your Ref No. : TAX/05/22/2020
Our Ref No. : 24114865
Terms : 30 Days

| Description | Qty | Unit Cost | Add % | (Discount) Amount | Amount |
|--|------|--------------|----------|----------------------|-----------|
| LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION | 1.00 | | | \$ | 400.00 |
| GRAND TOTAL | | | | | \$ 400.00 |

Remark :

Make/Model : PRIUS4
Accident Date : 07.05.2022

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 (May 27, 2022 15:15 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

MEMORANDUM

To: Claims Dept

Our Ref: TAX/05/22/2020

From: Strides Taxi Pte Ltd

Date: 17th May 2022

ACCIDENT ON 7/5/2022 INVOLVING SHB 5105T & SJJ 5330T ALONG SLIP RD FROM ANG MO KIO AVE 3 TOWARDS CITY

This is to confirm that the daily rental rate for SHB 5105T 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

Laid Up Report

Accident Start Date : 01/04/2022

Date Generated : 17/05/2022

Accident End Date : 17/05/2022

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/05/22/2020 | SHB5105T | Strides Taxi Pte Ltd | TOYOTA | PRIUS4 | 24114865 | 09/05/2022 1:31 PM | 13/05/2022 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 | 09/05/2022 15:56 (SGT) |
| Date of Accident | 07/05/2022 11:45 (SGT) |
| Exact Location of Accident | Ang Mo Kio, Singapore |
| Additional Location Information | SLIP ROAD FROM ANG MO KIO AVE 3 TOWARDS CITY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB5105T |
|-----------------------------|----------|

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 | 1798 |

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 | LIM SENG CHONG |
| NRIC No | SXXXX011F |



| | |
|--|----------------------------|
| Date Of Birth | 26/11/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/11/1995 |
| Driving experience | 26 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-68662672 |
| Alt. Phone Number | - |
| Email Address | Auto-Svcs-TARC@smrt.com.sg |
| Address | 1 |
| 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) | 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE SLIP ROAD FROM ANG MO KIO AVE 3 TOWARDS CITY WITH 2 PASSENGERS ON BOARD. A VEHICLE IN FRONT OF MY TAXI JAMMED BRAKE. I APPLIED MY BRAKE TO STOP AND MANAGED TO STOP IN TIME. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJJ5330T HAD COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SJJ5330T |
| Vehicle Manufacturer | |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | |
| Contact Number | |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

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

09052002

lun 9-5-2022.

Slip Road Ang Mo Kio Ave 3

A-SHB 5105T

B-SIJ 5330T

Date: 9.5.2022

Our Ref. No.:

Letter of Authorisation

I, LIM SENG CHONG (NRIC No.: [REDACTED])
registered hirer / ~~relief driver~~ / taxi share driver of Strides taxi registration number
CHB 5105T hereby authorise **Strides Automotive Services Pte Ltd**
("AutoSvs") to deal with all matters arising out of the accident between my taxi
and SJJ 5330T happened on slip road
along Ang Mo Kio Ave 3 07052022; 12pm 11:45 am
(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 : LIM SENG CHONG Signature: [Signature]

NRIC No. : ..

Tel No. : ..

Address : ..
.....
.....

Enquire Vehicle-Related Transaction History

Transaction History Details

| | | | |
|-------------------|--|-------------------------------------|----------------------|
| Log Date/Time: | 09 May 2022 / 16:23:06 | Transaction Amount: | \$7.49 |
| Asset Type: | Vehicle | | |
| Asset ID: | SJJ5330T | | |
| Transaction Type: | 18.32 Insurance Enquiry (GIRO Payment) | Channel: | External Agency |
| User ID: | ESASBAHO - BALQISH BINTE ABDUL HALIL | Business Transaction Reference No.: | 20220509162306756531 |

Search Date / Time: 07 May 2022 11:45:00

Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

[Enquire Related Logs](#)

[Back to List](#)