

STRIDES TAXI PTE. LTD.

Block Unit

RECEIVED

13 JUN 2022

SMRT AUTOMOTIVE SERVICES PTE LTD

Claims & Insurance Agency

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. : IV220600190
Date : 10.06.2022
Vehicle No. : SHF35Z

Your Ref No.: TAX/05/22/2017

Our Ref No. : 24114861 Terms : 30 Days

				_			
Description	Qty	Unit	Add	/ (Discount)		Amount
		 Cost	용		Amount		
Parts							
REAR BUMPER REINFORCEMENT	1.00	\$ 332.70	(25.00)		\$ 83.17	\$	249.53
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	(25.00)		\$ 2.00	\$	6.00
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	1.00	\$ 132.60	(25.00)		\$ 33.15	\$	99.45
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	1.00	\$ 22.00	(25.00)		\$ 5.50	\$	16.50
REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1.00	\$ 39.00	(25.00)		\$ 9.75	\$	29.25
REAR BUMPER REFLECTOR ASSY, REFLEX,	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 , RH	0.00	\$ 175.10	0.00		\$ 0.00	\$	0.00
COVER, REAR FLOOR UNDER , LH	0.00	\$ 241.90	0.00		\$ 0.00	\$	0.00
COVER, REAR FLOOR UNDER CENTER	0.00	\$ 229.90	0.00		\$ 0.00	\$	0.00
ENS & BODY, REAR COMBINATION LAMP RH	0.00	\$ 339.60	0.00		\$ 0.00	\$	0.00

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 (Jun 13, 2022 16:26 GMT+8)

Authorised Signature



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SINGAPORE 757705

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Description	Qty Unit		Add /	Add / (Discount)			Amount
		Cost	엉	Amount			
LENS & BODY, REAR COMBINATION LAMP	0.00	\$ 339.60	0.00	\$	0.00	\$	0.00
COVER, REAR COMBINATION LAMP, RH	0.00	\$ 69.90	0.00	\$	0.00	\$	0.00
COVER, REAR COMBINATION LAMP, LH	0.00	\$ 69.90	0.00	\$	0.00	\$	0.00
SOCKET & WIRE SUB-ASSY, REAR COMBINATION LAMP, RH	0.00	\$ 52.30	0.00	\$	0.00	\$	0.00
LENS & BODY, REAR COMBINATION LAMP, NO.2 RH	0.00	\$ 261.00	0.00	\$	0.00	\$	0.00
LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	0.00	\$ 261.00	0.00	\$	0.00	\$	0.00
LAMP ASSY, REAR, RH	0.00	\$ 293.60	0.00	\$	0.00	\$	0.00
LAMP ASSY, REAR, LH	0.00	\$ 293.60	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
MEMBER SUB-ASSY, RAIL ROOT SIDE REAR RH	0.00	\$ 288.50	0.00	\$	0.00	\$	0.00
PANEL SUB-ASSY, FENDER REAR RH	0.00	\$ 871.50	0.00	\$	0.00	\$	0.00
PATCH, SIDE PANEL REAR END , RH & LH	0.00	\$ 33.70	0.00	\$	0.00	\$	0.00
LINER, REAR FENDER , RH	0.00	\$ 139.80	0.00	\$	0.00	\$	0.00
END PANEL SUB-ASSY, BODY LOWER BACK	0.00	\$ 651.00	0.00	\$	0.00	\$	0.00
TAIL GATE PANEL SUB-ASSY, BACK DOOR	0.00	\$1147.80	0.00	\$	0.00	\$	0.00
TAIL GATE CUSHION, BACK DOOR LOWER STOPPER	0.00	\$ 23.70	0.00	\$	0.00	\$	0.00
TAIL GATE GLASS SUB-ASSY, BACK DOOR	0.00	\$1656.70	0.00	\$	0.00	\$	0.00
TAIL GATE MOULDING GLASS, BACK DOOR	0.00	\$ 35.50	0.00	\$	0.00	\$	0.00
FAIL GATE LOWER GLASS SUB-ASSY,	0.00	\$ 761.40	0.00	\$	0.00	\$	0.00

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Koo Yew Chung
Koo Yew Chung (Jun 13, 2922 08:25 Chit-8)

Authorised Signature



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				1611112		⊕ 30 D	ays	
Description	Qty		Unit Cost	Add %		scount)		Amount
BACK DOOR			0050			allOuric .		
TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$	913.60	(100.00)	\$	913.60	\$	0.00
TAIL GATE BACK DOOR HINGE ASSY, LH	0.00	\$	61.00	0.00	\$	0.00	\$	0.00
TAIL GATE BACK DOOR HINGE ASSY, LH	0.00	\$	61.00	0.00	\$	0.00	\$	0.00
TAIL GATE LOCK ASSY, BACK DOOR	0.00	\$	467.00	0.00	\$	0.00	\$	0.00
TAIL GATE LOCK COVER , BACK DOOR	0.00	\$	30.20	0.00	\$	0.00	\$	0.00
AUTO TAILGATE SYSTEM	0.00	\$	2520.00	0.00	\$	0.00	\$	0.00
EMBLEM, SIDE PANEL (HYBRID)	0.00	\$	54.60	0.00	\$	0.00	\$	0.00
NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR	1.00	\$	54.60	(25.00)	\$	13.65	\$	40.95
EMBLEM SUB-ASSY REAR	1.00	\$	47.90	(25.00)	\$	11.97	\$	35.93
NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1.00	\$	54.60	(25.00)	\$	13.65	\$	40.95
MOULDING SUB-ASSY, ROOF TOP	0.00	\$	656.90	0.00	\$	0.00	\$	0.00
FAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	0.00	\$	913.60	0.00	\$	0.00	\$	0.00
COVER, TAIL GATE BACK DOOR GARNISH	0.00	\$	8.50	0.00	\$	0.00	\$	0.00
STRIDES LOGO	1.00	\$	7.80	0.00	\$	0.00	\$	7.80
STICKER DECAL 65558888	1.00	\$	21.60	0.00	\$	0.00	\$	21.60
SENSOR REVERSE	0.00	\$	180.00	0.00	\$	0.00	\$	0.00
DUCT ASSY, QUARTER VENT , RH & LH	1.00	\$	67.00	(25.00)	\$	16.75	\$	50.25
				<u>S</u>	ub-To	tal	\$	1341.24
Labour								
TO REPAIR REAR PORTION RH	1.00	Ś	300.00	0.00	\$	0.00	Ċ	300.00
TO REPAIR REAR FENDER RH			180.00	0.00	\$ \$	0.00	Ş	
	1.00	۲	100.00	0.00	P	0.00	\$	180.00

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				101110			-1-	
Description	Qty		Unit Cost	Add %	<u> </u>	count)		Amount
MO DEDATA BEAD END DANE!	1.00		0.00	0.00	\$	0.00	\$	150.00
TO REPAIR REAR END PANEL		•	50.00	0.00	\$	0.00	\$	150.00
LABOUR TO REPAIR REAR FLOOR SIDE PANEL RH	1.00	\$ 15	0.00	0.00	Ş	0.00	Ą	150.00
Others								
TO RESPRAY REAR BUMPER	1.00	\$ 20	0.00	0.00	\$	0.00	\$	200.00
TO RESPRAY FLOOR CORNER PANEL RH	0.00	\$ 18	30.00	0.00	\$	0.00	\$	0.00
TO RESPRAY TAILGATE OUTSIDE GARNISH	1.00	\$ 15	50.00	0.00	\$	0.00	\$	150.00
TO RESPRAY TAIL GATE	0.00	\$ 37	78.00	0.00	\$	0.00	\$	0.00
TO RESPRAY REAR FENDER RH	0.00	\$ 37	8.00	0.00	\$	0.00	\$	0.00
TO RESPRAY REAR PANEL	0.00	\$ 18	30.00	0.00	\$	0.00	\$	0.00
TO RESPRAY BUMPER BEAM	0.00	\$ 18	30.00	0.00	\$	0.00	\$	0.00
TO RESPRAY REAR FENDER RH	1.00	\$ 20	00.00	0.00	\$	0.00	\$	200.00
TO RESPRAY REAR PANEL	1.00	\$ 15	0.00	0.00	\$	0.00	\$	150.00
TO RESPRAY REAR FLOOR SIDE PANEL RH	1.00	\$ 15	0.00	0.00	\$	0.00	\$	150.00
TO WASH AND VACUUM	0.00	\$ 6	50.00	0.00	\$	0.00	\$	0.00
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 2	20.00	0.00	\$	0.00	\$	20.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 20	00.00	0.00	\$	0.00	\$	0.00
TO TRANSFER REAR TAILGATE MECHANISM	0.00	\$ 12	0.00	0.00	\$	0.00	\$	0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$ 5	0.00	0.00	\$	0.00	\$	50.00
TO REMOVE AND REFIX REAR WINDSCREEN	0.00	\$ 12	0.00	0.00	\$	0.00	\$	0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 10	00.00	0.00	\$	0.00	\$	0.00
				GRAN	D TOTA	L	\$	3,041.24

Remark :

Make/Model : PRIUS4FL Accident Date : 08.05.2022

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Koo Yew Chung Koo Yew Chung (Jun 13, 2022 and GMT+8)

Authorised Signature

Please quote the Tax Reference Number (e.g., NRIC, FIN etc.) in full when corresponding with us. MR TEO AIK KIAT



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Income Tax - Notice of Assessment (Original)

What do you need to do?

As you are on GIRO, the tax payable will be deducted from your GIRO bank account. Please maintain sufficient funds in your bank account for the deduction(s). You may refer to your GIRO Payment Plan (Account > View/ Cancel Payment Plan) at myTax Portal for more information. If your GIRO payment plan is cancelled, please pay your taxes by the due date.

YEAR OF ASSESSMENT 2021

INCOME*	(\$)	DEDUCTIONS	(\$)	CHARGEABLE INCOME	(\$)
	30,000.00		5,463.00	,	24,537.00
TRADE	30,000.00	DONATIONS	30.00	TAX COMPUTATION	
		RELIEFS	E 422.00	First 4,537.00 @ 2%	90,74
			5,433.00	Tax Payable	
^ All income are net after	deduction of	Earned Income	1,000.00	by 05 Jun 2021	
expenses.	doddonon or	NSman-self/ wife/ parent	1,500.00	The state of the s	
O. P. D. T. D. D. T. D. D. T. D.		Provident Fund/ Life Insurance	2,933.00	\$90.74	

- Your tax assessment is based on information given by you through e-Filing on 18 Apr 2021.
- If you disagree with the assessment, Object to Assessment under 'Individuals' at myTax Portal within 30 days, i.e. by 04 Jun 2021. Your GIRO payment plan, if any, will continue even if you object to the assessment.
- Late payment penalties and other recovery actions will be imposed on any unpaid taxes or defaulted instalments.
- View Account Summary under 'Account' at myTax Portal for your latest income tax balance.

If you need help with your tax payment, please check go.gov.sg/iras-difficulty-paying-tax on how you may apply for a longer GIRO payment arrangement.

NG WAI CHOONG

gwarlhoon

COMPTROLLER OF INCOME TAX

@ \$87-19

Website: www.iras.gov.sg • myTax Portal: mytax.iras.gov.sg

Tel: 1800-356 8300

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Page 1 of 1



Laid Up Report

Accident Start Date : 06/04/2022

Date Generated: 20/05/2022

Accident End Date : 20/05/2022

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/05/22/2017	SHF35Z	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24114861	09/05/2022 12:14 PM	17/05/2022 11:45 AM



MEMORANDUM

To:

Claims Dept

Our Ref:

TAX/05/22/2017

From:

Strides Taxi Pte Ltd

Date:

17th May 2022

ACCIDENT ON 8/5/2022 INVOLVING SHF 35Z & GBL 2613G ALONG SLIP RD FROM ANG MO KIO AVE 6 TOWARDS ANG MO KIO AVE 1

This is to confirm that the daily rental rate for SHF 35Z 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



SS2722590006 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 09/05/2022 16:12 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (09/05/2022 16:12 (SGT))

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 witholding 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 16:12 (SGT) Date of Accident 08/05/2022 22:55 (SGT) **Exact Location of Accident** Ang Mo Kio Ave 1, Singapore Additional Location Information SLIP ROAD FROM ANG MO KIO AVE 6 TOWARDS AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SHF35Z

Toyota

1800

INSURED/POLICYHOLDER is company? 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

Vehicle Registration Number

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

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

CC

Name of Driver TEO AIK KIAT (ZHANG YUJIE) NRIC No SXXXX707H

Date Of Birth 07/03/1977 Occupation Outdoor Date Of Driving Pass 16/08/1999 Driving experience 22 YEARS AND 9 MONTHS Gender 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? 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 I WAS STATIONARY ALONG THE SLIP ROAD FROM ANG MO KIO AVE 6 TOWARDS ANG MO KIO AVE 1 AS I WAS LOOKING OUT FOR THE ONCOMING TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GBL2613G HAD COLLIDED ONTO THE REAR 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 GBL2613G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Name of Driver Contact Number

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E K	Tax	Ver (8) GBL 26136	
Mak Ave I	TaxiCA)SHF852) GBL 21	
	455 A	34	

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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)

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), w hich 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



Date: 9.5.202

Our Ref. No.:

Letter of Authorisation

I,_ Te	o Ank braf	(NRIC No.: _		the
registered h	irer / relief driver / taxi share	driver of Strides ta	ki registration numl	ber
SHF 35-2	hereby authorise Str	ides Automotive	Services Pte I	Ltd
("AutoSvs") to deal with all matters aris	ing out of the acci	dent between my t	axi
and	GBL 26 13 G ig Mo Kio Ave 6 an	happened	on 08/05/202	22.55HRS
along 🚣	ig Mo Kio Ave 6 an	d Any Moto	o Ave 1.	
(the "Accid	ent") on my behalf, includin	g but not limited t	o instituting and a	any
claims or pr	oceedings against such part	y or parties (as Au	toSvs deems fit in	its
absolute dis	cretion) in respect of any clai	m, demand, loss, c	ost, expense, liabil	ity,
damages or	action made against us or in	curred or suffered l	by us.	
•	judice to the foregoing, I f		=	
resolve and	settle any proceeding or clai	m arising out of the	e accidents, includ	ing
but not lim	ited to doing any act or ex	xecuting any docu	ment or signing	the
Discharge V	oucher on my behalf as may	be required.		
	A 11 11 11			
	Too Arle brat		Hod	
Name		Signature:	element -	
NRIC No.	i			
Tel No.	£ ₀			
Address			CONTRACTOR OF STREET	
	euro			

Enquire Vehicle Insurance Details

Vehicle No.

Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

GBL2613G

08 May 2022 / 22:55:00

Successful

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