

# 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. : IV220600315  
Date : 22.06.2022  
Vehicle No. : SHC4018M  
Your Ref No. : TAX/05/22/2040  
Our Ref No. : 24114960  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 2,750.00
GRAND TOTAL					\$ 2,750.00

Remark :

Make/Model : PRIUS4  
Accident Date : 16.05.2022

### 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 (Jun 22, 2022 15:38 GMT+8)

Authorised Signature  
for Strides Automotive Services Pte. Ltd.

## Laid Up Report

Accident Start Date : 23/04/2022

Date Generated : 25/05/2022

Accident End Date : 25/05/2022

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/05/22/2040	SHC4018M	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24114960	16/05/2022 11:32 AM	24/05/2022 3:26 PM

**STRIDES**

TAXI

**MEMORANDUM**

To: Claims Dept

Our Ref: TAX/05/22/2040

From: Strides Taxi Pte Ltd

Date: 23<sup>rd</sup> May 2022

**ACCIDENT ON 16/5/2022 INVOLVING SHC 4018M & SNC 8738Y ALONG  
EWE BOON RD (NEAR PALM SPRING CONDO)**

This is to confirm that the daily rental rate for SHC 4018M is \$108.61 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	17/05/2022 12:27 (SGT)
Date of Accident	16/05/2022 10:00 (SGT)
Exact Location of Accident	Ewe Boon Rd, Singapore
Additional Location Information	EWE BOON ROAD (NEAR PALM SPRING CONDO)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4018M
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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	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	NG WAN CHEONG
NRIC No	SXXXX625J



Date Of Birth	28/11/1959
Occupation	Outdoor
Date Of Driving Pass	07/03/1992
Driving experience	30 YEARS AND 2 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 - Major/Minor Rd
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

I WAS TRAVELLING STRAIGHT ALONG EWE BOON ROAD (NEAR PALM SPRING CONDO) WITH ONE PASSENGER (MALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SNC8738X CAME OUT FROM MY LEFT WITHOUT STOPPING AT THE STOP LINE AND COLLIDED ONTO THE LEFT REAR PORTION OF MY TAXI.

#### ATTACHMENT(S)

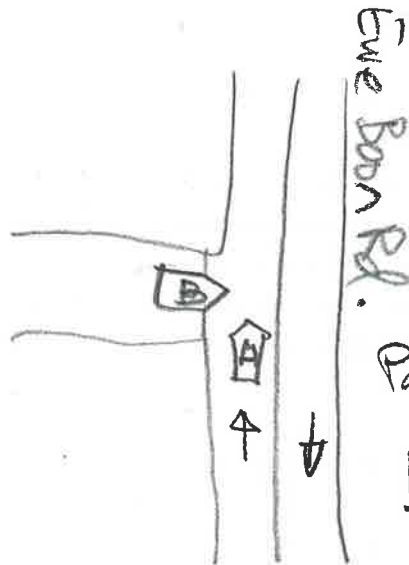
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC8738X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

**Describe Circumstances of the Accident**

Keng Chin Rd.



Palm Spring Condo

A : SHC 4018 M

B : SNC 8738 X


**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

0848 hrs. 17.5.2022

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

*[Signature]* 17.5.2022

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 **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' 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

*Doyke*

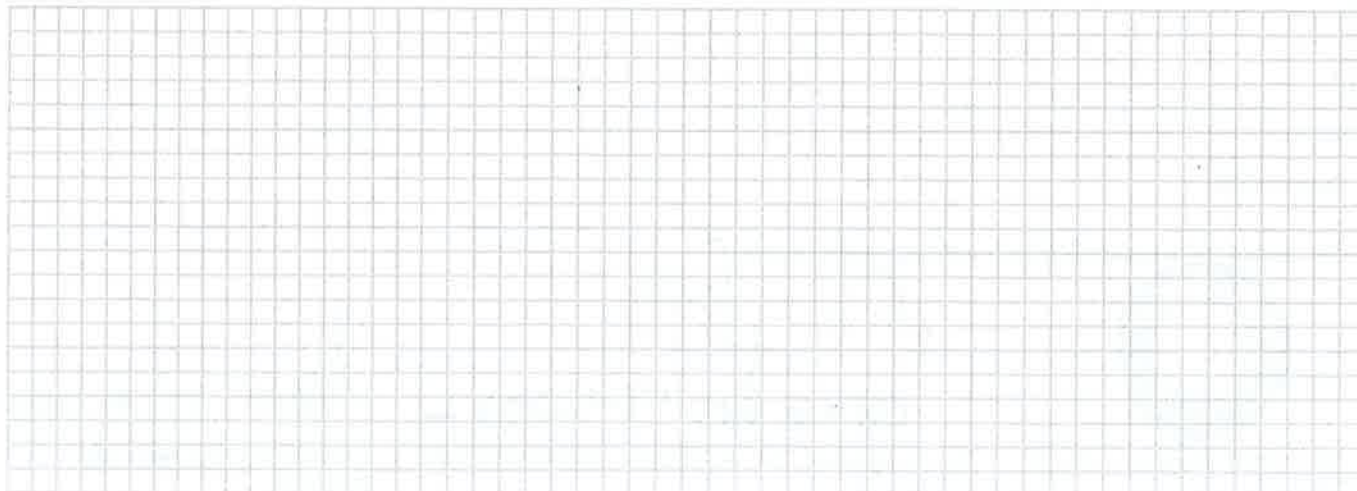
17-5-2022 0848hrs

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

*lun* 17.5.2022

Witnessed by Reporting Centre Personnel

### Sketch Plan



Date: 17.5.2022

Our Ref. No.:

Letter of Authorisation

I, NG WAN CHEONG (NRIC No.: S1871625J) the registered hirer / ~~relief driver~~ / ~~taxi share driver~~ of Strides taxi registration number SHC4018M hereby authorise **Strides Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and SNC 8738X happened on 16.5.2022 along EWEE BOON ROAD (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 : NG WAN CHEONG Signature: NRIC No. : S1871625JTel No. : 93684733Address : 56, CHOA CHU KANG NORTH 6,  
#02-36, YEW MEI GREEN,  
S'PORE 689577.



Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	17 May 2022 / 12:32:37	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	SNC8738X		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ESASBAHO - BALQISH BINTE ABDUL HALIL	Business Transaction Reference No.:	20220517123237922655

Search Date / Time: 16 May 2022 10:00:00  
Insurance Company: INDIA INT'L INS PTE LTD  
Information displayed is correct as at the log date and time.

Enquire Related Logs      OK