



Our Ref : TAX/06/22/2040/JG

Date : 15/09/2022

To : Claims Department

From : Strides Taxi

ACCIDENT INVOLVING SHB5081C AND SCN3535U ON 11/06/2022 ALONG 26 TAMAN SIGLAP

CONFIRMATION OF TAXI RENTAL

This is to confirm the daily taxi rental rate for taxi registration no. SHB5081C is \$66.00/day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.


For Manager
Strides Taxi Pte Ltd



Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705Strides 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. : IV220700332
Date : 22.07.2022
Vehicle No. : SHB5081C
Your Ref No. : TAX/06/22/2040
Our Ref No. : 24115279
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,300.00
GRAND TOTAL					\$ 1,300.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 11.06.2022**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 15:41 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

Laid Up Report

Accident Start Date : 01/06/2022
Accident End Date : 06/07/2022

Date Generated : 06/07/2022
User Name : GanKwaileng

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/06/22/2040	SHB5081C	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24115279	11/06/2022 5:00 PM	13/06/2022 8:54 AM

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.



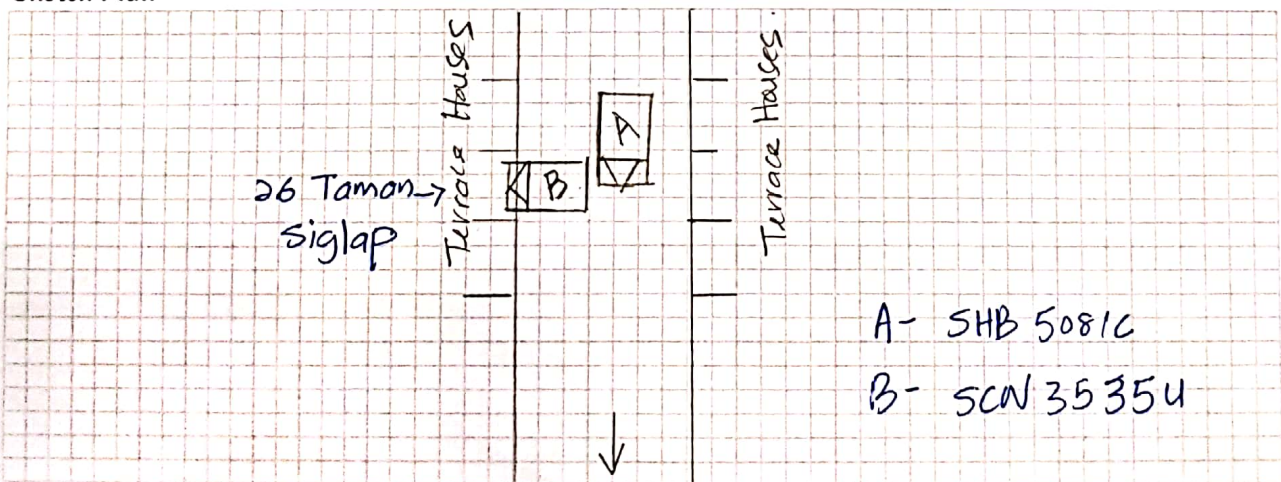
Policyholder's Signature / Date & Time

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

13.6.2022

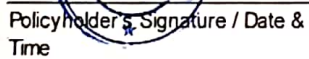
Witnessed by Reporting Centre Personnel

Sketch Plan



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel

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	13/06/2022 09:46 (SGT)
Date of Accident	11/06/2022 14:55 (SGT)
Exact Location of Accident	26 Taman Siglap, Singapore 455684
Additional Location Information	26 TAMAN SIGLAP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5081C
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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 CHEE LOONG
NRIC No	SXXXX331C

 Accident Report 5527226D0001

Date Of Birth	08/12/1967
Occupation	Outdoor
Date Of Driving Pass	25/07/1991
Driving experience	30 YEARS AND 11 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	Side Swipe
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 ALONG 26 TAMAN SIGLAP WITH ONE PASSENGER (MALE) ON BOARD. SUDDENLY A VEHICLE SCN3535U REVERSED FROM THE HOUSE WITHOUT PROPER LOOKOUT AND COLLIDED WITH THE RIGHT FRONT 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	SCN3535U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Date:

Our Ref. No.:

Letter of Authorisation

I, Ng Chee Loong (NRIC No.: S1799331C) the registered hirer / relief driver / taxi share driver of Strides taxi registration number SHB 5081C hereby authorise **Strides Automotive Services Pte Ltd** ("AutoSvs") to deal with all matters arising out of the accident between my taxi and SCN 3535 U happened on 11/6/2022 2:55pm along Taman Siglap (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 Chee Loong Signature: [Signature]
NRIC No. : S1799331C
Tel No. : 9654 2266
Address : 271C Jurong West St 24
#10-54 S643271


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SCN3535U

Date of Accident

11/06/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **22/09/2021 - 21/09/2022**Requested By **BALQISH BINTE ABDUL HALIL (...)**Requested Date **13/06/2022 11:52****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**