

To: Tan Lee Gek (StridesASvcs/FM&SuppSvcs/Claims & IA/Claims & IA) <LeeGek.Tan@strides.com.sg>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Cc: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: LOD Re: Accident on 18/6/2022 involving SHB 1700B & SJL 4357M (China Taiping's insured) Our Ref: TAX/06/22/2047/lg *** LKK REF: CC3/CTI22005814/Rea3

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

Hi Asher,

Kindly assist.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan Lee Gek (StridesASvcs/FM&SuppSvcs/Claims & IA/Claims & IA) <LeeGek.Tan@strides.com.sg>

Sent: Monday, 1 August 2022 2:38 PM

To: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: LOD Re: Accident on 18/6/2022 involving SHB 1700B & SJL 4357M (China Taiping's insured) Our Ref: TAX/06/22/2047/lg

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$1,281.60
Loss of Rental	\$376.64 (4 days x \$94.16)
Loss of Income	\$240.00 (4 days x \$60.00)
LTA Search Fee	\$2.00
Total	\$1,900.24

We enclose the following documents:-

- 1) Repair invoice
- 2) Proof of rental rate
- 3) GIA report
- 4) Accident vehicle laid-up report
- 5) Hirer's letter of authorisation
- 6) LTA search

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. : IV220700333
Date : 22.07.2022
Vehicle No. : SHB1700B
Your Ref No. : TAX/06/22/2047
Our Ref No. : 24115339
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
Parts					
MOLDING ASM-RR S/D WDO UPR RVL-RH	0.00	\$ 54.50	0.00	\$ 0.00	\$ 0.00
HANDLE ASM-FRT S/D O/S - RH	0.00	\$ 36.92	0.00	\$ 0.00	\$ 0.00
COVER-RR S/D LK CYL-RH	0.00	\$ 14.88	0.00	\$ 0.00	\$ 0.00
STRIKER-FRT S/D LK	0.00	\$ 16.74	0.00	\$ 0.00	\$ 0.00
CHECK ASM-RR S/D -RH	0.00	\$ 21.00	0.00	\$ 0.00	\$ 0.00
HINGE ASM-RR S/D UPR-RH	0.00	\$ 46.90	0.00	\$ 0.00	\$ 0.00
HINGE ASM-RR S/D LWR-RH	0.00	\$ 47.22	0.00	\$ 0.00	\$ 0.00
WINDOW ASM-QTR - RH	0.00	\$ 251.48	0.00	\$ 0.00	\$ 0.00
SEALANT SIKAFLEX	0.00	\$ 37.00	0.00	\$ 0.00	\$ 0.00
DOOR ASM-RR SI -RH	1.00	\$2185.04	(100.00)	\$2185.04	\$ 0.00
PANEL-BODY SI OTR RR FENDER - RH	1.00	\$ 977.08	(100.00)	\$ 977.08	\$ 0.00
STICKER ELECTRIC (LOGO	1.00	\$ 21.60	0.00	\$ 0.00	\$ 21.60
LINER ASM-RR W/H PNL -RH	0.00	\$ 85.48	0.00	\$ 0.00	\$ 0.00
FASCIA-RR BPR	1.00	\$ 758.48	(100.00)	\$ 758.48	\$ 0.00
BRACKET-RR BPR FASCIA SI MTG - RH	0.00	\$ 46.08	0.00	\$ 0.00	\$ 0.00
REGULATOR ASM-RR S/D WDO-RH	0.00	\$ 265.30	0.00	\$ 0.00	\$ 0.00
LATCH ASM-RR S/D -RH	0.00	\$ 139.98	0.00	\$ 0.00	\$ 0.00
LAMP ASM-TAIL(BODY SI) - RH	1.00	\$ 764.08	(100.00)	\$ 764.08	\$ 0.00
Sub-Total					\$ 21.60
Labour					
TO REPAIR REAR PORTION RH	1.00	\$ 300.00	0.00	\$ 0.00	\$ 300.00
Others					
TO RESPRAY REAR BUMPER	1.00	\$ 220.00	0.00	\$ 0.00	\$ 220.00

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 (Jul 22, 2022 15:42 GMT+8)

Authorised Signature
for Strides Automotive Services 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. : IV220700333
Date : 22.07.2022
Vehicle No. : SHB1700B
Your Ref No. : TAX/06/22/2047
Our Ref No. : 24115339
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount		Amount
TO RESPRAY RH REAR DOOR	1.00	\$ 220.00	0.00	\$	0.00	\$ 220.00
TO RESPRAY REAR FENDER RH	1.00	\$ 220.00	0.00	\$	0.00	\$ 220.00
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	0.00	\$ 125.00	0.00	\$	0.00	\$ 0.00
TO CHECK & RESET SYSTEM FUNCTION	1.00	\$ 150.00	0.00	\$	0.00	\$ 150.00
ISOLATED OF (EV) (NET)	1.00	\$ 150.00	0.00	\$	0.00	\$ 150.00
TO REMOVE & REFIT REAR QUARTER GLASS RH	0.00	\$ 120.00	0.00	\$	0.00	\$ 0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$	0.00	\$ 0.00
TO TRANSFER DOOR MECHANISM	0.00	\$ 120.00	0.00	\$	0.00	\$ 0.00
GRAND TOTAL						\$ 1,281.60

Remark :

Make/Model : MG5
Accident Date : 18.06.2022**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 15:42 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.



Laid Up Report

Accident Start Date : 01/06/2022

Date Generated : 23/06/2022

Accident End Date : 23/06/2022

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/06/22/2047	SHB1700B	Strides Taxi Pte Ltd	MORRISGARAGES	MG5	24115339	18/06/2022 11:36 AM	22/06/2022 2:10 PM



MEMORANDUM

To: Claims Dept

Our Ref: TAX/06/22/2047

From: Strides Taxi Pte Ltd

Date: 23rd June 2022

ACCIDENT ON 18/6/2022 INVOLVING SHB 1700B & SJL 4357M ALONG UPPER THOMSON RD TOWARDS SEMBAWANG RD

This is to confirm that the daily rental rate for SHB 1700B is \$94.16 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	20/06/2022 08:28 (SGT)
Date of Accident	18/06/2022 10:12 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	UPPER THOMSON ROAD TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1700B
-----------------------------	----------

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	MG
Model	MG5
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	0

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	RICHARD TAN KUAN HENG
NRIC No	SXXXX924A

Date Of Birth	17/02/1956
Occupation	Outdoor
Date Of Driving Pass	01/02/1983
Driving experience	39 YEARS AND 4 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)	1
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 TRAVELLING ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG ROAD. SUDDENLY I FELT AN IMPACT AT RIGHT REAR PORTION OF MY TAXI. A VEHICLE SJL4357M WHICH WAS TRAVELLING ON MY RIGHT LANE ENCROACHED INTO MY LANE AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI AS THERE WAS A ROAD WORK AHEAD ON THE RIGHT LANE.

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	SJL4357M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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] 29/12/12

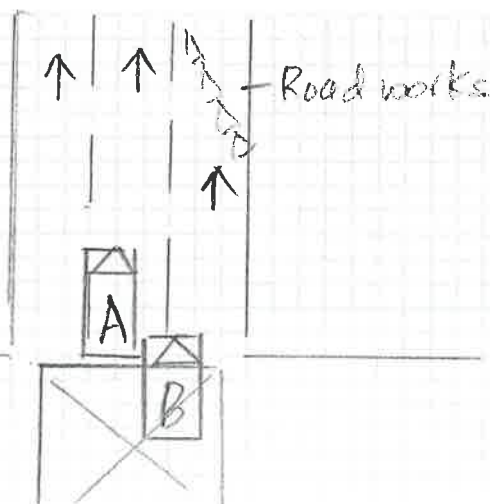
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

A- SHR 1700B
B- SJL 4357M



Date: 18/6/2022

Our Ref. No.:

Letter of Authorisation

I, Richard Tan Kuan Heng (NRIC No.:) the registered hirer / relief driver / taxi share driver of Strides taxi registration number SHB 1700B hereby authorise **Strides Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and SJL 4357M happened on 18/6 10:12 Est along Upper Thomson towards Senawang 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 : 1187924A Richard Tan Kuan Heng Signature: [Signature]

NRIC No. :

Tel No. :

Address :


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJL4357M

Date of Accident

18/06/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 27/11/2021 - 26/11/2022

Requested By BALQISH BINTE ABDUL HALIL (...)

Requested Date 20/06/2022 09:37

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**