

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. : IV220800229
Date : 18.08.2022
Vehicle No. : SHB161M

Your Ref No. : TAX/07/22/2063

Our Ref No. : 24115678
Terms : 30 Days

			Terms		30 D	ays	
Description	Qty				scount)		Amount
Parts		Cost	8		mount		
COVER, FR BUMPER	0.00	\$ 521.00	0.00	\$	0.00	ċ	0 00
SUPPORT, FR BUMPER LH	0.00	\$ 321.00	0.00	\$		\$ \$	0.00
CLIPS PIECE, FRT & RR BUMPER	0.00	\$ 4.50	0.00	ş S		\$	0.00
FENDER SUB-ASSY, FR , LH	0.00	\$ 977.80		,	0.00		0.00
		,	0.00	\$	0.00	\$	0.00
EMBLEM, SIDE PANEL (HYBRID)	0.00	\$ 54.60	0.00	\$		\$	0.00
LINER, FR FENDER, LH	0.00	\$ 210.30	0.00	\$		\$	0.00
COVER, OUTER MIRROR, LH	1.00	\$ 108.60	(100.00)		108.60	\$	0.00
MIRROR ASSY, OUTER REAR VIEW , LH	1.00	\$1339.30	(10.00)		133.93	\$	1205.37
MOULDING ASSY, BODY ROCKER PANEL , LH	0.00	\$ 594.80	0.00	\$	0.00	\$	0.00
PILLAR, FRONT BODY, LH	0.00	\$ 350.00	0.00	\$	0.00	\$	0.00
BRACKET, FRONT FENDER MOUNTING , RH & LH	0.00	\$ 9.50	0.00	\$	0.00	\$	0.00
PILLAR, CENTER BODY, OUTER LH	0.00	\$ 323.10	0.00	\$	0.00	\$	0.00
PANEL SUB-ASSY, FRONT DOOR LH	1.00	\$1300.70	(25.00)	\$	325.17	\$	975.53
CHECK ASSY, FRONT DOOR	0.00	\$ 183.80	0.00	\$	0.00	\$	0.00
WEATHERSTRIP, FRONT DOOR LH	0.00	\$ 231.30	0.00	\$	0.00	\$	0.00
MOULDING, FRONT DOOR WINDOW FRAME , REAR LH	0.00	\$ 56.50	0.00	\$	0.00	\$	0.00
COVER, FRONT DOOR SERVICE HOLE , LH	0.00	\$ 23.90	0.00	\$	0.00	\$	0.00
PROTECTOR, FRONT DOOR PANEL , LH	0.00	\$ 50.70	0.00	\$	0.00	\$	0.00
SEAL, FRONT DOOR VENT, LH	0.00	\$ 17.30	0.00	\$	0.00	\$	0.00
COVER, FRONT DOOR SERVICE HOLE , LH	0.00	\$ 188.10	0.00	\$	0.00	\$	0.00
WEATHERSTRIP, FRONT DOOR FIX WINDOW	0.00	\$ 76.40	0.00	\$	0.00	\$	0.00
FRAME SUB-ASSY, FRONT DOOR , FRONT	0.00	\$ 144.60	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 (Aug 18, 2022 H. 21 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 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. : IV220800229
Date : 18.08.2022
Vabials No. : CUR161M

Vehicle No. : SHB161M
Your Ref No. : TAX/07/22/2063

Our Ref No. : 24115678
Terms : 30 Days

			Terms		: 30 D	ays	
Description	Qty		Add %	/	scount)		Amount
LOWER LH		Cost	-8		 mount		
RUN, FRONT DOOR GLASS , LH	0.00	\$ 153.60	0.00		\$ 0.00	\$	0.00
FRAME SUB-ASSY, FRONT DOOR , REAR	0.00	,	0.00		\$ 0.00	\$	0.00
LOWER LH							
GARNISH, DOOR FRAME, LH	0.00	\$ 13.10	0.00		\$ 0.00	\$	0.00
WEATHERSTRIP, FR LH	0.00	\$ 138.00	0.00		\$ 0.00	\$	0.00
LOCK ASSY, FRONT DOOR LH	0.00	\$ 561.90	0.00		\$ 0.00	\$	0.00
DOOR LOCK STRIKER	0.00	\$ 39.30	0.00		\$ 0.00	\$	0.00
DOOR OUTER HANDLE FRONT , LH	1.00	\$ 390.60	(25.00	)	\$ 97.65	\$	292.95
DOOR FRONT CABLE ASSY, LOCK REMOTE CONTROL , RH & LH	0.00	\$ 49.90	0.00		\$ 0.00	\$	0.00
HINGE ASSY, FRONT DOOR , UPPER LH	0.00	\$ 97.50	0.00		\$ 0.00	\$	0.00
HINGE ASSY, FRONT DOOR , LOWER LH	0.00	\$ 110.60	0.00		\$ 0.00	\$	0.00
DOOR FRONT WINDOW REGULATOR SUB-ASSY, LH	0.00	\$ 238.30	0.00		\$ 0.00	\$	0.00
DOOR FRONT MOTOR ASSY, POWER WINDOW REGULATOR , LH	0.00	\$ 926.00	0.00		\$ 0.00	\$	0.00
STICKER STRIDES TAXI ( DOOR )	1.00	\$ 60.00	0.00		\$ 0.00	\$	60.00
WIRE, FRONT DOOR, LH	0.00	\$ 474.80	0.00		\$ 0.00	\$	0.00
PANEL SUB-ASSY, REAR DOOR , LH	1.00	\$1294.90	(25.00	)	\$ 323.72	\$	971.18
MEMBER SUB-ASSY, RAIL ROOT SIDE REAR LH	0.00	\$ 288.50	0.00		\$ 0.00	\$	0.00
CHECK ASSY, REAR DOOR	0.00	\$ 183.80	0.00		\$ 0.00	\$	0.00
WEATHERSTRIP, REAR DOOR LH	0.00	\$ 180.10	0.00		\$ 0.00	\$	0.00
HINGE ASSY, REAR DOOR , UPPER LH	0.00	\$ 98.90	0.00		\$ 0.00	\$	0.00
HINGE ASSY, REAR DOOR , LOWER LH	0.00	\$ 87.10	0.00		\$ 0.00	\$	0.00
DOOR REAR MOTOR ASSY, POWER WINDOW	0.00	\$ 926.00	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 (Aug 18, 2022 17:21 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 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. : IV220800229
Date : 18.08.2022
Vehicle No. : SHB161M

Your Ref No: : TAX/07/22/2063

Our Ref No. : 24115678
Terms : 30 Days

			Terms		: 30 I	Days	
Description	Qty	Unit Cost	Add %		scount)		Amount
DECLITATION III		COSC	70		illount		
REGULATOR , LH DOOR REAR WINDOW REGULATOR SUB-ASSY, LH	0.00	\$ 206.70	0.00	\$	0.00	\$	0.00
WIRE, REAR DOOR, LH	0.00	\$ 247.40	0.00	\$	0.00	\$	0.00
LOCK ASSY, FRONT DOOR LH	1.00	\$ 561.90	(10.00	) \$	56.19	\$	505.71
DOOR FRAME INNER HANDLE FRONT , LH	1.00	\$ 193.50	(25.00	) \$	48.37	\$	145.13
				Sub-To	tal	\$	4155.87
Labour							
TO REPAIR LH PORTION	1.00	\$ 400.00	0.00	\$	0.00	\$	400.00
Others							
TO RESPRAY FRONT BUMPER	0.00	\$ 378.00	0.00	\$	0.00	\$	0.00
TO RESPRAY FRONT FENDER LH	0.00	\$ 378.00	0.00	\$	0.00	\$	0.00
TO RESPRAY FRONT DOOR LH	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
CO RESPRAY VIEW MIRROR	1.00	\$ 50.00	0.00	\$	0.00	\$	50.00
O RESPRAY ROCKER PANEL MOULDING	0.00	\$ 180.00	0.00	\$	0.00	\$	0.00
O RESPRAY CENTRE PILLAR LH	0.00	\$ 180.00	0.00	\$	0.00	\$	0.00
O RESRAY REAR DOOR LH	1.00	\$ 200.00	0.00	\$	0.00	\$	200.00
O WASH AND VACUUM	0.00	\$ 60.00	0.00	\$	0.00	\$	0.00
O CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	0.00	\$	0.00	\$	20.00
O APPLY RUST-PROOFING ON AFFECTED	1.00	\$ 60.00	0.00	\$	0.00	\$	60.00
REA							
O TRANSFER DOOR MECHANISM	1.00	\$ 120.00	0.00	\$	0.00	\$	120.00
O REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$	0.00	\$	0.00
			GRAI	ND TOTA	AL	\$	5,205.8

#### Remark:

Make/Model : PRIUS4FL Accident Date : 21.07.2022

#### 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 Kaug 18, 2022 17, 23 GMT/8)

Authorised Signature

for Strides Automotive Services Pte. Ltd.



#### **MEMORANDUM**

To:

Claims Dept

Our Ref:

TAX/07/22/2063

From:

Strides Taxi Pte Ltd

Date:

3<sup>rd</sup> August 2022

## ACCIDENT ON 21/7/2022 INVOLVING SHB 161M & GBE 3460K ALONG CLAYMORE DRIVE

This is to confirm that the daily rental rate for SHB 161M is \$77.04 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





#### Laid Up Report

Accident Start Date : 21/07/2022

Date Generated: 03/08/2022

Accident End Date : 03/08/2022

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/07/22/2063	SHB161M	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24115678	21/07/2022 2:02 PM	30/07/2022 8:42 AM

SS2Y227L000A / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 21/07/2022 15:19 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (21/07/2022 15:19 (SGT))

### SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   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 21/07/2022 15:19 (SGT) Reported by Driver Date of Accident 21/07/2022 11:45 (SGT) **Exact Location of Accident** Claymore Dr, Singapore Additional Location Information **CLAMORE DRIVE** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SHB161M** 

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

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Prius 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 1800

#### INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-22099115MFSH

#### DRIVER

Name of Driver SIM BOON KUAN NRIC No SXXXX691J Date Of Birth 10/11/1959 Occupation Outdoor

Date Of Driving Pass 13/12/1979 Driving experience 42 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number **Email Address** AUTO-SVCS-TARC@SMRT.COM.SG Address 11 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **RELIEF** 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 CLAYMORE DRIVE AND SUDDENLY A VEHICLE GBE3460K REVERSED AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBE3460K** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver ABDUL LATHIFF S/O MOHAMMAD SHARIFF

3	
4"	V
PALAI	
1111	CRE
1	BK3460K
	LADESHBIBIM  Claymore Dr.
	- Clarimore Dr
and the same of th	Clay William Dr.
9	

Declaration

I/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 Personnel (Name as in NRIC/ID card)





1 of 4

Report No. T/20220721/2064

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2022 16:57			Vide Report No.:	Station Diary No.: 99		
Informant	's Particul	ars				
Name of Ir SIM BOOM			Address:			
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:			
Nationality SINGAPO		N	Email:			
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: RELIEF TAXI DRIVER			Driving Licence Information: Class: 3,4  Date of Expiry:			

Type of	Injury	Drink	Date/Time of	Type of Location:
Type of Accident:	Others	Drive: No	Accident: 21/07/2022 11:30	2 way traffic
Location:		1,333	1 = 17 017 = 0 = 17.00	
CLAYMORE   Weather:	DRIVE	Road Surface:	Ro	ad Speed Limit:
Clear		Dry		•
Traffic Flow: One Way		Traffic Control: Not Controlled	Tra   Lig	affic Volume: ht

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBE3460K	Van			Silver	Slightly Damaged	0	
SHB161M	Taxi	TOYOTA	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD	Maroon	Seriously Damaged	0	





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 2 of 4 Report No. T/20220721/2064

#### **CONTINUATION OF REPORT**

Details of Perso	n Involved			SET S	in a fine	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	n Cross	sina: NA
Driver		SECTION EN	The state of	DUTCE:	W. S	
Name	AHMAD LATHIFF S/ SHARIFF	O MOHAMM	IAD	ID No.		S6846141C
Related Vehicle	GBE3460K (Van)			Conta	ct No.	94503323
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver				31.899.0		
Name	SIM BOON KUAN			ID No		
Related Vehicle	SHB161M (Taxi)			Contact No.		
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licend Expiry	g e &	Class: 3,4 Date of Expiry: NIL
Date Treatment	21/07/2022		Date Disch		21/07	/2022
No. of Days grant	ed Medical Leave	05	Degree of		Slight	

#### **Brief Details.**

On 21/07/2022, at about 11.30am I was driving my taxi bearing Reg No: SHB 1612M along Claymore Drive. I was travelling on a one-way lane when a vehicle bearing Reg No: GBE 3460K reversed and collided onto the left portion of my taxi. The said vehicle was reversing down the slope from my left.

Driver alighted from his vehicle and claimed he did not notice my taxi from the rear.

I noticed that the front left portion and both side sides of the door were badly grazed, and the side mirror was damaged. I felt slight pain and discomfort.

Thus, I decided to seek treatment at Mount Alvernia Hospital. I realized my condition had deteriorated as I felt numb on the left side of my hand and body and felt pain on my spine area. I was given 5 days MC (dated from 21/07/2022 till 25/07/2022) Ref: M22000092474.

I am lodging a Traffic Accident Report as required.





3 of 4

Report No. T/20220721/2064

Police Station Of Origin: Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

4 of 4 Report No. T/20220721/2064

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The E /	Report:	Signature Of Informant:	
SR STAFF SGT SAHIDAH BINTE ALI	Audes		ment.
Signature Of Interpreter: Not applicable		Date/Time: 21/07/2022 16:57	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414		Classification Of Case:	· ·
NP168			



Date: 21-7-2022

Our Ref. No.:

### **Letter of Authorisation**

	1,Sim	Boon	Fuan	(NRIC No	o.:		)	the
_	17		ver / taxi share					
S	HB 1611	hereby	authorise St	ides Autom	otive Se	ervices	Pte	Ltd
	("AutoSvs"	) to deal with	all matters aris	sing out of the	e accident	t betweer	n my	taxi
	and 48	t 3460	K e Pr.	hap	pened on	21/7	20.	<u>5</u>
	along <u>C</u>	lay mor	e pr.		v			
	(the "Accide	ent") on my	behalf, includir	ng but not lim	nited to in	nstituting	and	any
	claims or pr	oceedings ag	ainst such part	y or parties (	as AutoS\	vs deems	s fit in	ı its
	absolute dis	cretion) in res	pect of any clai	m, demand, l	oss, cost,	expense	, liabi	lity,
	damages or	action made	against us or in	curred or suff	ered by us	S.		
-								
	Without pre	judice to the	foregoing, I f	urther author	ise AutoS	Svs to n	egotia	ate,
	resolve and	settle any pro	ceeding or clai	m arising out	of the ac	cidents, i	includ	ling
	but not limit	ted to doing	any act or ex	recuting any	documer	nt or sig	ning	the
	Discharge V	oucher on my	behalf as may	be required.		91		
				*				
		010	V					
	Name	. Sim Be	en Fear	Signatur	e: 3000	ew.		
	NRIC No.	1				1		
		1						
	Tel No.							
	Address	<b>:</b>						

# INSURER ENQUIRY Find insurer

Vehicle reg. no.

GBE3460K

**Date of Accident** 

21/07/2022

曲

Reset

#### % RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG Asia Pacific Insurance Pte
Period of Insurance	06/11/2021 - 05/11/2022
Requested By	SHANTI B THAIYAL NAYAGI (S
Requested Date	21/07/2022 15:24

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13** 

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**