

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. : IV221000073
Date : 13.10.2022
Vehicle No. : SHD6320X
Your Ref No. : TAX/08/22/2004
Our Ref No. : 24115813
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 6,900.00
GRAND TOTAL					\$ 6,900.00

Remark :

Make/Model : PRIUS4
Accident Date : 03.08.2022

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 (Oct 18, 2022 17:42 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.



Laid Up Report

Accident Start Date : 01/08/2022

Date Generated : 22/08/2022

Accident End Date : 22/08/2022

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/08/22/2004	SHD6320X	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24115813	03/08/2022 12:28 PM	19/08/2022 11:25 AM



TAXI

22 August 2022

Strides Taxi Pte. Ltd.

60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6477 5353
Fax : 65 6369 3639
stridesmobility.sg

Vehicle Attachment History of WU CHING HUNG (SXXXX504A)

Vehicle Num	Vehicle Make	Vehicle Model	Attachment Type	Attachment Start Date Time	Attachment End Date Time	Return Reason	Veh Reg Date
SHD6320X	TOYOTA	PRIUS4	MAIN	10/05/2022 01:15 PM			01/11/2017
SHB581J	TOYOTA	PRIUS	COURTESY	02/06/2022 04:05 PM	03/06/2022 12:30 PM		04/02/2015
SHB774U	TOYOTA	PRIUS	COURTESY	07/06/2022 04:10 PM	06/07/2022 02:20 PM		02/12/2014
SHD6177T	TOYOTA	PRIUS	COURTESY	04/08/2022 10:00 AM	19/08/2022 03:20 PM		27/07/2016



MEMORANDUM

To: Claims Dept

Our Ref: TAX/08/22/2004

From: Strides Taxi Pte Ltd

Date: 5th August 2022

ACCIDENT ON 3/8/2022 INVOLVING SHD 6320X & YP 7842K ALONG PATERSON RD

This is to confirm that the daily rental rate for SHD 6320X is \$70.00 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



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 Actual 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	03/08/2022 13:55 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 11:23 (SGT)
Exact Location of Accident	Paterson Hill, Singapore
Additional Location Information	PATERSON HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6320X
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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	

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	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	WU CHING HUNG
NRIC No	SXXXX504A
Date Of Birth	07/03/1952
Occupation	Outdoor

Date Of Driving Pass	31/07/2006
Driving experience	16 YEARS AND 1 MONTH
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	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	Cloudy
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN CHILD
Gender	Male

PASSENGER 4

Name	UNKNOWN CHILD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20220803/2079

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 YP7842K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver ADAIKALAM RAJA
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person WU CHING HUNG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD6320X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

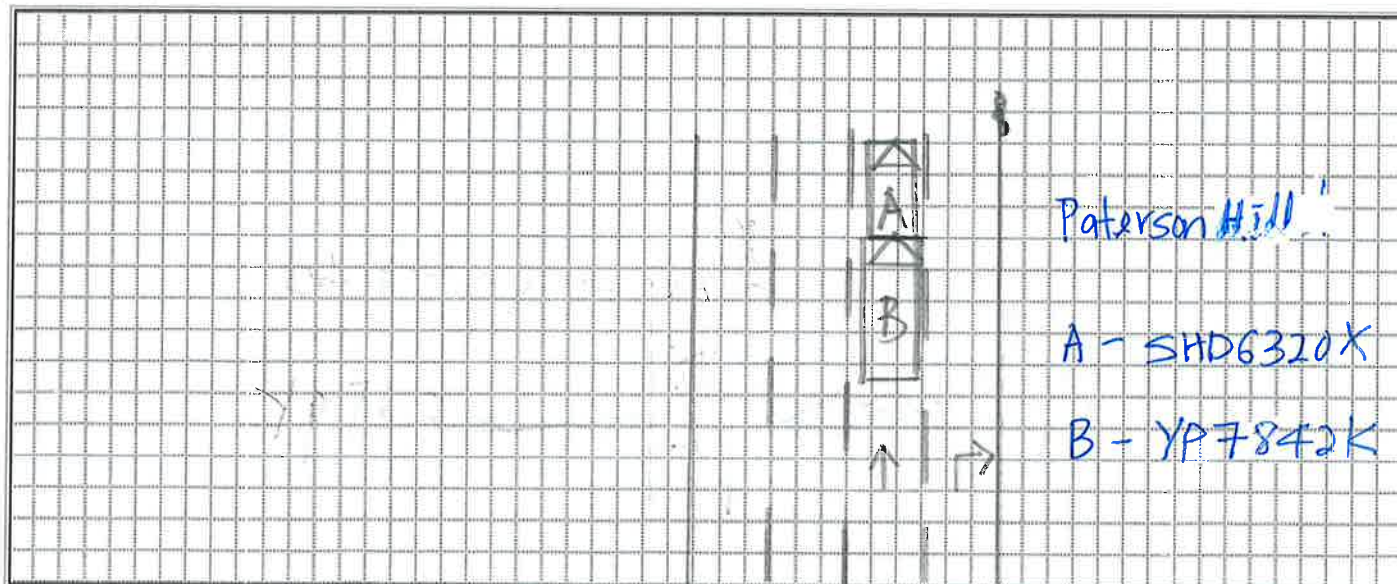


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220803/2079

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20220803/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2022 15:47	Vide Report No.:	Station Diary No.: 117
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Informant's Particulars

Name of Informant: WU CHING HUNG			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2022 11:30	Type of Location: T-Junction
Location: PATERSON HILL				
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6320X	Car				Seriously Damaged	4
YP7842K	Lorry				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220803/2079

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220803/2079

CONTINUATION OF REPORT

Brief Details.

On this day at 1123hrs, my taxi, number: SHD6320X, was stationary at a red-light traffic junction. A lorry, number: YP7842K, hit the back of my taxi. As I stepped out of my taxi, I felt light headed and I vomited. I have a total of 4 passengers, 2 kids and 2 adults in my taxi at that point of time.

I was not able to assess if the adults passengers were injured as there is no visible injury on them. The 2 kids have some redness on their forehead due to the impact with the car seat. I do not have any visible injuries on me, but I felt pain on my back area and my right thigh.

I received 5 days mc from Pow Family Clinic & Surgery.

I am making a police report as instructed from my company.



**SINGAPORE
POLICE FORCE**



T/20220803/2079

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20220803/2079

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 Report:

F /

SGT 1 MUHAMMAD RAFIQUE

BIN ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

03/08/2022 15:47

Classification Of Case:

Date: 03/08/2022

Our Ref. No.: TAX/08/22/2004/LG

Letter of Authorisation

I, Wu Ching Hau (NRIC No.: ✓) the registered hirer / relief driver / taxi share driver of Strides taxi registration number STP6320X hereby authorise **Strides Automotive Services Pte Ltd ("AutoSvs")** to deal with all matters arising out of the accident between my taxi and ✓ YP7842K happened on ✓ 3RD Aug @ 11:30 AM along ✓ PATTERSON 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

Wu Ching Hau Signature: ✓

NRIC No.

✓

Tel No.

✓

Address

✓✓