

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. : IV220800362
Date : 26.08.2022
Vehicle No. : SHB1237Y
Your Ref No. : TAX/08/22/2007
Our Ref No. : 24115838
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
STICKER ELECTRIC (LOGO	1.00	\$ 21.60	0.00	\$ 0.00	\$ 21.60
STICKER DECAL 65558888	0.00	\$ 21.60	0.00	\$ 0.00	\$ 0.00
STRIDES LOGO	0.00	\$ 7.80	0.00	\$ 0.00	\$ 0.00
EMBLEM ASM-L/GATE (MG5 SW)	0.00	\$ 21.84	0.00	\$ 0.00	\$ 0.00
SENSOR-RR PARK DIST CONT	0.00	\$ 65.00	0.00	\$ 0.00	\$ 0.00
EMBLEM ASM-L/GATE (SW EV)	0.00	\$ 33.90	0.00	\$ 0.00	\$ 0.00
EMBLEM ASM-RR LIC PLT (MG)	0.00	\$ 62.92	0.00	\$ 0.00	\$ 0.00
PLATE ASM-RR LIC PLT	0.00	\$ 96.40	0.00	\$ 0.00	\$ 0.00
COVER-RR TOW HOOK OPG	0.00	\$ 6.76	0.00	\$ 0.00	\$ 0.00
BRACKET-PARK DIST CONT	0.00	\$ 12.90	0.00	\$ 0.00	\$ 0.00
SEN(BRACKET-PARK DIST CONT SEN) - CTE					
BRACKET-RR BPR FASCIA SI MTG - LH	0.00	\$ 46.08	0.00	\$ 0.00	\$ 0.00
BRACKET-PARK DIST CONT	0.00	\$ 13.20	0.00	\$ 0.00	\$ 0.00
SEN(BRACKET-PARK DIST CONT SEN) - LH					
HINGE ASM-L/GATE - LH	0.00	\$ 30.88	0.00	\$ 0.00	\$ 0.00
BAR ASM-RR BPR IMP	0.00	\$ 339.76	0.00	\$ 0.00	\$ 0.00
BRACKET ASM-RR BPR FASCIA SI-L	0.00	\$ 29.85	0.00	\$ 0.00	\$ 0.00
BRACKET-RR BPR FASCIA LWR MTG - LH	0.00	\$ 12.80	0.00	\$ 0.00	\$ 0.00
HINGE ASM-L/GATE - RH	0.00	\$ 30.88	0.00	\$ 0.00	\$ 0.00
TAIL GATE ASM-LIFT	0.00	\$1928.26	0.00	\$ 0.00	\$ 0.00
PANEL-BODY SI OTR-L	1.00	\$1747.82	(100.00)	\$1747.82	\$ 0.00
FASCIA-RR BPR	1.00	\$ 758.48	(30.00)	\$ 227.54	\$ 530.94
FINISHER-RR BPR - LH	1.00	\$ 47.42	(30.00)	\$ 14.23	\$ 33.19
CLIP-RR BPR FASCIA	10.00	\$ 1.24	(30.00)	\$ 3.72	\$ 8.68

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 ching

Koo yew ching (Aug 29, 2022 11:32 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

AUTOMOTIVE

Strides Automotive Services Pte. Ltd.
2 Tanjong Katong Road, Tower 3, Paya
Lebar Quarter, #08-01, Singapore 437161
Tel: 65 69083530 Fax: 65 69083592

Customer Code: 3000063

STRIDES TAXI PTE. LTD.

Block Unit

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

Tax Invoice

GST Reg No. : MR-8500001-7
CRN : 1990042802
Invoice No. : IV220800362
Date : 26.08.2022
Vehicle No. : SHB1237Y
Your Ref No. : TAX/08/22/2007
Our Ref No. : 24115838
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
FASCIA-RR BPR LWR	1.00	\$ 230.68	(30.00)	\$ 69.20	\$ 161.48
LAMP ASM-TAIL(BODY SI) - LH	1.00	\$ 764.08	(10.00)	\$ 76.41	\$ 687.67
LAMP ASM-TAIL(LID SI) - LH	1.00	\$ 407.68	(10.00)	\$ 40.77	\$ 366.91
LAMP ASM-RR FOG - LH	1.00	\$ 36.30	(30.00)	\$ 10.89	\$ 25.41
				Sub-Total	\$ 1835.88

Labour

TO REPAIR REAR PORTION LH 1.00 \$ 500.00 0.00 \$ 0.00 \$ 500.00

Others

TO CHECK WIRING AND SYSTEM FUNCTION 1.00 \$ 40.00 0.00 \$ 0.00 \$ 40.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM 1.00 \$ 40.00 0.00 \$ 0.00 \$ 40.00
TO CHECK & RESET SYSTEM FUNCTION ISOLATED OF (EV) (NET) 1.00 \$ 150.00 0.00 \$ 0.00 \$ 150.00
TO RESPRAY REAR FENDER LH 1.00 \$ 220.00 0.00 \$ 0.00 \$ 220.00
TO RESPRAY REAR BUMPER 1.00 \$ 220.00 0.00 \$ 0.00 \$ 220.00
TO WASH AND VACUUM 0.00 \$ 60.00 0.00 \$ 0.00 \$ 0.00
TO REPLACE SUNDRY PARTS 0.00 \$ 100.00 0.00 \$ 0.00 \$ 0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA 0.00 \$ 100.00 0.00 \$ 0.00 \$ 0.00
TO RESPRAY REAR PANEL 0.00 \$ 230.00 0.00 \$ 0.00 \$ 0.00
TO RESPRAY REAR FLOOR SIDE PANEL LH 0.00 \$ 230.00 0.00 \$ 0.00 \$ 0.00
TO RESPRAY TAIL GATE 0.00 \$ 428.00 0.00 \$ 0.00 \$ 0.00
TO RESPRAY BUMPER BEAM 0.00 \$ 230.00 0.00 \$ 0.00 \$ 0.00

GRAND TOTAL \$ 3,155.88

Remark :

Make/Model : MG5
Accident Date : 05.08.2022

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 (Aug 25, 2022 11:32 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

MEMORANDUM

To: Claims Dept
From: Strides Taxi Pte Ltd

Our Ref: TAX/08/22/2007
Date: 8th August 2022

ACCIDENT ON 5/8/2022 INVOLVING SHB 1237Y & SHA 3398H AT 160 ROBINSON RD, SBF CENTRE

This is to confirm that the daily rental rate for SHB 1237Y is \$109.14 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

Laid Up Report

Accident Start Date : 19/07/2022

Date Generated : 15/08/2022

Accident End Date : 15/08/2022

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/08/22/2007	SHB1237Y	Strides Taxi Pte Ltd	MORRISGARAGES	MG5	24115838	05/08/2022 1:48 PM	12/08/2022 2:25 PM

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	05/08/2022 15:20 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 12:15 (SGT)
Exact Location of Accident	160 Robinson Rd, Singapore 068914
Additional Location Information	164 ROBINSON ROAD, SBA CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1237Y
-----------------------------	----------

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	MG
Model	MG 5
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	1

INSURANCE COMPANY

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

DRIVER

Name of Driver	SUNDARAMOORTHY S/O SIVASAMY
NRIC No	SXXXX068B
Date Of Birth	27/10/1973
Occupation	Outdoor

Date Of Driving Pass	16/12/2002
Driving experience	19 YEARS AND 8 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	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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

REFER TO STATEMENT

AT ABOUT 12.15PM, DROPPED OFF PAT AT SBF CENTRE, 164 ROBINSON ROAD. BEHIND ME WAS A COMFORT TAXI. AFTER DROPPING OFF, I GOT ANOTHER BOOKING FROM GRAB. ONCE THE PAX BOARDED BEFORE I MOVE OFF, I HEARD A LOUD BANG AND REALISED THAT COMFORT TAXI BEHIND ME ACCELERATED AND HIT THE REAR OF MY TAXI.
ONE PAX (CHINESE FEMALE)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3398H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



[Signature] / 05082022

[Signature] 5.8.2022

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

