

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 : 199004280Z
Invoice No. : IV220800227
Date : 18.08.2022
Vehicle No. : SHB1801T
Your Ref No. : TAX/07/22/2055
Our Ref No. : 24115702
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 1,450.00
GRAND TOTAL					\$ 1,450.00

Remark :

Make/Model : TOYOTA PRIUS
Accident Date : 19.07.2022

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 (Aug 18, 2022 17:19 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

MEMORANDUM

To: Claims Dept

Our Ref: TAX/07/22/2055

From: Strides Taxi Pte Ltd

Date: 4th August 2022

**ACCIDENT ON 19/7/2022 INVOLVING SHB 1801T & GBL 6982P ALONG
PENSURST PLACE**

This is to confirm that the daily rental rate for SHB 1801T is \$66.00 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



Laid Up Report

Accident Start Date : 19/07/2022

Date Generated : 11/08/2022

Accident End Date : 11/08/2022

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/07/22/2055	SHB1801T	Strides Taxi Pte Ltd	TOYOTA	PRIUS	24115702	25/07/2022 12:00 PM	10/08/2022 2:42 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 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	20/07/2022 13:07 (SGT)
Reported by	Driver
Date of Accident	19/07/2022 14:56 (SGT)
Exact Location of Accident	Penhurst PI, Singapore
Additional Location Information	PENHURST PLACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1801T
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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	ANG POH LEE (HONG BAOLI)
NRIC No	SXXXX039Z
Date Of Birth	20/05/1971
Occupation	Outdoor

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

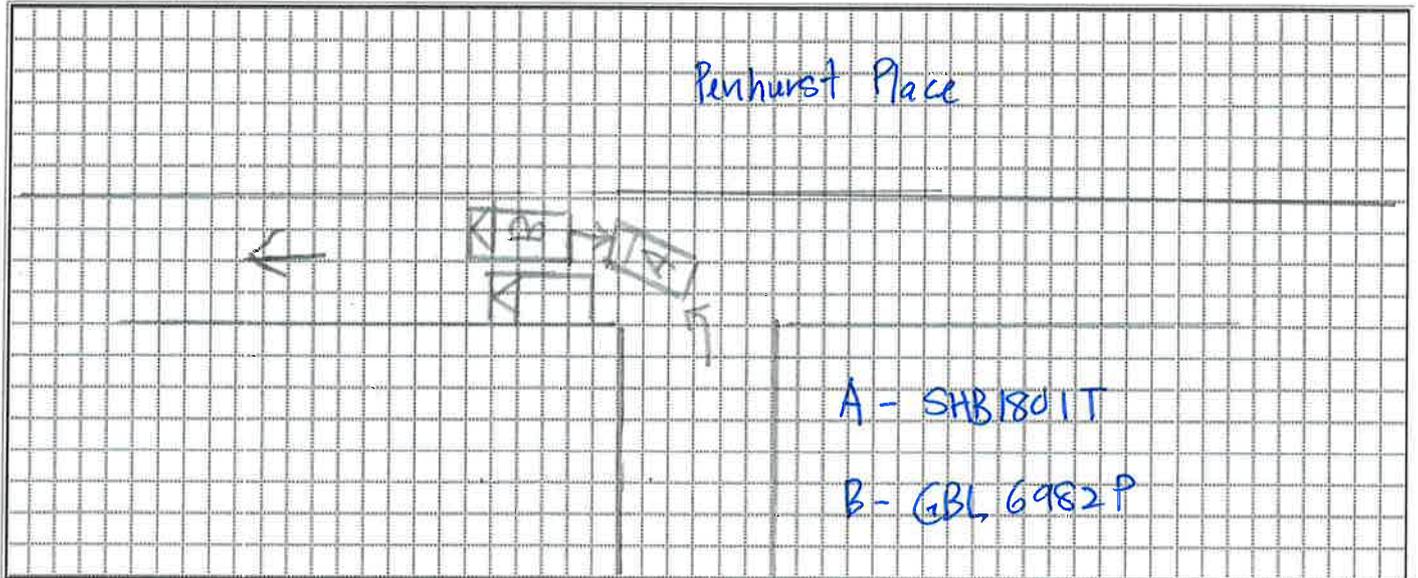
Driver's Signature (if driver is not the policyholder) / Date & Time

19/7/22

lin 19.7.2022

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

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220815/2142

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20220815/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2022 15:02	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: ANG POH LEE		Address: ,	
ID Type / ID No.: NRIC NO /		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age:	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: 19/07/2022 14:55	Type of Location: Straight Road
Location: PENSHURST PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBL6982P	Van				Slightly Damaged	1
SHB1801T	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220815/2142

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20220815/2142

CONTINUATION OF REPORT

Driver			
Name	DENG XING YING	ID No.	S9418717F
Related Vehicle	GBL6982P (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANG POH LEE	ID No.	
Related Vehicle	SHB1801T (Car)	Contact No.	
Hospital/Clinic	TOA PAYOH NORTH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/07/2022	Date Discharge	19/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 19/07/2022 at around 1455hrs, I was travelling in my vehicle SHB1801T behind of a van bearing vehicle number GBL6982P I had just turn into Peshurst place from Serangoon Gardens way and travelling on Peshurst place I then made a left turn and the front vehicle stopped in front of me. The vehicle then proceeded to reverse without checking and bumped into my vehicle. We then got off the vehicle and made a check on the damages, My vehicle suffered damages on the front left headlight area and scratches on the front left bumper, The other vehicle suffered a dent at the rear left bumper and scratches on the rear left side of the bumper.

We then exchanged particulars and agreed to claim insurance for this accident, I felt some pain at my upper back area but did not pay heed to it. I then proceeded to my company and lodge a accident report, While I was there I felt more pain at my upper back area and my colleagues there advised me to see a doctor. I then went to see a doctor and got 5 days MC, after that I continue to felt pain and went to the Bukit Merah polyclinic on the 23th of July for X ray and gotten another 3 days of MC. I return for a follow up after the 3 days MC at the polyclinic and gotten another 4 days MC. My last accident was around last year.



**SINGAPORE
POLICE FORCE**



T/20220815/2142

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20220815/2142

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: L / SGT 3 NG BOON WEE 
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: 15/08/2022 15:02
Classification Of Case:

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBL6982P

Date of Accident

19/07/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**
Period of Insurance **20/01/2022 - 19/01/2023**
Requested By **SHANTI B THAIYAL NAYAGI (S...**
Requested Date **26/07/2022 10:33**

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**