

Our Ref : TAX/08/22/2069/JG

Date : 24/11/2022

To : Claims Department

From : Strides Taxi

ACCIDENT INVOLVING SHB6000E AND GZ5489X ON 25/08/2022 ALONG PIE TOWARDS CHANGI AIRPORT (BEFORE CTE EXIT)

CONFIRMATION OF TAXI RENTAL

This is to confirm the daily taxi rental rate for taxi registration no. SHB6000E is \$90.95/day.

Kindly proceed to recover any rental loss from the third party as a result of this accident.

Thank you.

For Manager

Strides Taxi 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 Ratong Road, Tower 3, Paya Lebar Quarter, #08-01, Singapore 437161 Tel: 65 69083530 Fax: 65 69083592

Tax Invoice

GST Reg No. : MR-8500001-7 : 1990042802 Invoice No. : IV221100146 Date

: 15.11.2022 Vehicle No. : SHB6000E

Your Ref No. : TAX/08/22/2069

Our Ref No. : 24116046 : 30 Days

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.

: DBS Bank Ltd - SGD Bank Account No.: 018-008617-4 Swift Code : DBSSSGSG

Authorised Signature for Strides Automotive Services Pte. Ltd.

Page 1/3

E. & O.E



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Description			Terms		: 30 Da	λа	
	Qty	Unit	Add /	(Dis	count)		Amount
DOOR ASM-FRT SI - LH	1 00	Cost	8	Am	ount		
STICKER STRIDES TAXI (DOOR)		\$2338.76	(100.00)	\$2	338.76	\$	0.00
MODULE-FRT END	1.00	\$ 60.00	0.00	\$	0.00	\$	60.00
BRACKET ASM-HDLP UPP - LH	0.00	\$ 295.26	0.00	\$	0.00	\$	0.00
BRACKET ASM-HDLP UPP - RH	0.00	\$ 22.57	0.00	\$	0.00	\$	0.00
LINER ASM-FRT W/H - LH	0.00	, 22.37	0.00	\$	0.00	\$	0.00
FASCIA-FRT BPR	1.00	\$ 125.22	(10.00)	\$	12.52	\$	112.70
GRILLE-FRT BPR FASCIA LOWER	1.00	\$ 721.66	(10.00)	\$	72.17	\$	649.49
FINISHER-FRT BPR LOWER - LH	0.00	\$ 149.03	0.00	\$	0.00	\$	0.00
COVER-FRT FOG LP - LH	1.00	. 20.50	(10.00)	\$	2.04	\$	18.3
FINISHER-FRT FOG LP CVR - 14	1.00		(10.00)	\$	4.02	\$	36.2
BRACKET-FRT BPR FASCIA - LH	1.00		(10.00)	\$	4.73	\$	42.5
FINISHER-FRT BPR - LH	1.00	. 23.03	(10.00)	\$	2.31	\$	20.7
SUPPORT-FRT BPR FASCIA UPR	1.00	7 30.00	(10.00)	\$	9.88	\$	88.9
PANEL ASM-LEG CTHR	0.00	\$ 172.33	0.00	\$	0.00	\$	0.0
BAR ASM-FRT BPR IMP	0.00	\$ 131.04	0.00	\$	0.00	\$	0.0
GRILLE ASM-RAD	0.00		0.00	\$	0.00	\$	0.0
COVER-F/CMPT ORNA	0.00	. 3.0.02	0.00	\$	0.00	\$	0.0
BRACKET-F/CMPT TR PLT		\$ 217.67	0.00	\$	0.00	\$	
HEADLAMP ASM -LH	0.00	\$ 44.51	0.00	\$	0.00	\$	0.0
STRUT-FRT SUSP - LH	1.00	\$1098.86	(10.00)	\$	109.89	\$	0.0
MOUNT ASM-FRT SUSP STRUT	0.00	, 022.25	0.00	\$	0.00	-	988.9
ARM ASM-FRT LWR CONT - LH	0.00	\$ 184.29	0.00	\$	0.00	\$	0.0
KNUCKLE ASM-STRG - LH	0.00	\$ 400.92	0.00	\$	0.00	\$	0.0
BEARING -S/KNU	0.00	\$ 252.41	0.00	\$		\$	0.0
WHEEL	0.00	\$ 452.09	0.00	\$	0.00	\$	0.0
		\$ 618.07	(10.00)	•	0.00	\$	0.0
			(-0.00)	\$	61.81	\$	556.2

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Page 2/3

E. & O.E



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SINGAPORE 757705

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Tax Invoice

GST Reg No. : MR-8500001-7 : 199004280Z Invoice No. : IV221100146 Date : 15.11.2022 Vehicle No. : SHB6000E

Your Ref No. : TAX/08/22/2069

Our Ref No. : 24116046 Terms : 30 Days

Description				Terms		: 30 D	ays	
_	Qty		Unit	Add	/ (Di	scount)		Amount
TYRE		_	Cost		A	mount		
HORN ASM-GENERIC (HIGH NOTE)			126.74	0.00	\$	0.00	\$	0.00
MOIE)	0.00	\$	45.87	0.00	\$	0.00	\$	0.00
					Sub-To	otal	\$	7000.15
Labour								
TO REPAIR FRONT LH PORTION	1.00	\$	750.00	0.00	\$	0.00	\$	750.00
Others								
TO RESPRAY FRONT BUMPER	1 00	^	200 00					
TO RESPRAY FRONT HOOD	1.00		220.00	0.00	\$	0.00	\$	220.00
TO RESPRAY FRONT FENDER RH			220.00	0.00	\$	0.00	\$	220.0
TO RESPRAY FRONT FENDER LH	0.00		428.00	0.00	\$	0.00	\$	0.0
TO RESPRAY FRONT DOOR LH	1.00		220.00	0.00	\$	0.00	\$	220.0
TO RESPRAY APRON PANEL 1.H	1.00		220.00	0.00	\$	0.00	\$	220.0
TOWING CHARGE	0.00		230.00	0.00	\$	0.00	\$	0.0
TO WASH AND VACUUM	1.00		112.00	0.00	\$	0.00	\$	112.0
TO CHECK WIRING AND SYSTEM FUNCTION	0.00			0.00	\$	0.00	\$	0.0
TO APPLY RUST-PROOFING ON AFFECTED	1.00			0.00	\$	0.00	\$	30.0
TILLY.	1.00	\$	40.00	0.00	\$	0.00	\$	40.0
TO DO WHEEL ALIGNMENT / TYRE BALANCING TO REPLACE SUNDRY PARTS	1.00	\$	80.00	0.00	\$	0.00	\$	80.0
TO CHECK & RESET SYSTEM FUNCTION		\$	30.00	0.00	\$	0.00	c	20.
SOLATED OF (EV) (NET)	1.00		150.00	0.00	\$		\$	30.0
TO REMOVE AND REFIX UNDERCARRIAGE			150.00	0.00	\$	0.00	\$	150.0
- WID MELLA UNDERCARRIAGE	1.00	\$	150.00	0.00	\$	0.00	\$	150.0
					~	0.00	\$	150.0
Remark :				GRA	ND TO	ΓAL	\$	9,372.

Make/Model : MG5

Accident Date : 25.08.2022

Payment Instructions

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Bank Name : DBS Bank Ltd - SGD Bank Account No.: 018-008617-4

Swift Code : DBSSSGSG

Authorised Signature for Strides Automotive Services Pte. Ltd.

Page 3/3

E. & O.E

STRIDES

Laid Up Report

6

Accident Start Date: 01/08/2022

Accident End Date : 27/09/2022

Date Generated: 01/11/2022

GanKwaiLeng

User Name

Date and Time (Repair Completed) 10/09/2022 8:36 AM 25/08/2022 1:32 PM Date and Time (Accident Repair) Job Card Number 24116046 Vehicle Model MG5 MORRISGARAGES Vehicle Make Strides Taxi Pte Ltd Company Type Case Reference Number Vehicle Registration SHB6000E TAX/08/22/2069

Page 1 of 1

SKETCHPLAN

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
- Information provided must be as <u>truthful</u> 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
- (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.

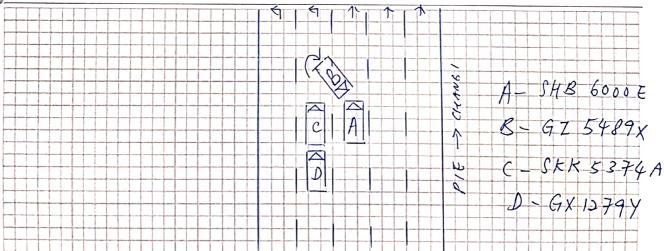
Policyholder's Signature / Date & Time

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

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

In 25/8/27

Sketch Plan



Describe Circumstance of the Accident	
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	()
	-

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)

2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
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 7. By the ledgement 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

Reported by

Date of Accident

Exact Location of Accident

ditional Location Information

Country/State of Loss

26/08/2022 08:52 (SGT)

Driver

25/08/2022 13:17 (SGT)

No - Claiming third party

Near 63 Jln Ma'mor, Singapore 320063

PIE TOWARDS CHANGI AIRPORT (BEFORE CTE EXIT)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB6000E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner STRIDES TAXI PTE LTD

Company Reg No 1XXXXX369K

Email Address Auto-Svcs-TARC@smrt.com.sq Mobile Phone No

(Phone) +65-68662671 Alternative Phone No

VEHICLE PARTICULARS

manufacturer MG Model

MG5 Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Taxi Transmission

Auto CC

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd

Policy Number / Cover Note Number D-22099115MFSH

DRIVER

Name of Driver RAYMOND YEO MUI CHONG NRIC No SXXXX466E Date Of Birth 20/06/1963 Occupation Outdoor

M varidant sanat convenence

Page 1 of 11

Date Of Driving Pass 07/07/1983 Driving experience 39 YEARS AND I MONTH Gender Mata Mobile Number (Phone) +65-68662672 All Phone Number **Email Address** Auto-Svcs-TARC@smrt.com.sg Address 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION 17 Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 I WAS TRAVELLING ALONG PIE AT THE THIRD LANE WITH A PASSENGER ON BOARD WHEN SUDDENLY THE LORRY GZ5489X FROM THE LEFT LANE LOST CONTROL, SPIN TOWARDS IN FRONT OF ME AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI. THE WERE OTHER TWO VEHICLES WHICH ON THE LEFT LANE BEHIND THE LORRY ALSO INVOLVED IN THIS ACCIDENT. POLICE AND AMBULANCE CAME TO THE SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL. MY PASSENGER WAS SHOCKED AFTER THE ACCIDENT AND I FELT CHEST PAIN. 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 GZ5489X M v --: ---- CONVOURDOON Page 2 of 11



Date: 35 8 3133

Our Ref. No.:

Letter of Authorisation

1, Raymond Lev Min Chang (NRIC No.: \$1625466-E) the						
registered hirer / relief driver / taxi share driver of Strides taxi registration number						
SHB 6000 E hereby authorise Strides Automotive Services Pte Ltd 75 P						
("AutoSvs") to deal with all matters arising out of the accident between my taxi @ 1317						
and GZ 5489X happened on PIR TO Ward Chagi Airpor						
along Before CTE Flyover Bidlell Exit in front chinese Temple						
(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	Raymond Jeo Mi Chang Signature: UK
NRIC No.	. S 1625466 E
Tel No.	98630777
Address	. BIK 476 A upper Serangoon view
	S 531476

FR-AS-CLM-03 REV 4

INSURER ENQUIRY Find insurer Vehicle reg. no.

GZ5489X

Date of Accident

25/08/2022

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Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	Lonpac Insurance Bhd
Period of Insurance	10/06/2022 - 09/06/2023
Requested By SHANTI	B THAIYAL NAYAGI (S
Requested Date	26/08/2022 08:54

Payment details Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): 5\$2

General Insurance Association

Records Management Centre GST Registration No: M400017735