

EzLyna (LKKAUTO)

From: Mei Kwan (LKKAUTO)
Sent: Sunday, 29 January 2023 12:13 pm
To: Tan Lee Gek (Strides Automotive Services Pte Ltd); EzLyna (LKKAUTO)
Cc: CS A Team; Admin A
Subject: RE: LOD Re: Accident on 15/12/2022 involving SHF 279L & SMK 7441C (China Taiping's insured) Our Ref: TAX/12/22/2035/lg *** LKK REF: CC3/CTI22012659/Kpa3

Attachments: 12 22 2035 - document.pdf; vlc-record-2023-01-27-14h55m57s.mp4

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

Hi Lyna,

Kindly assist.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan Lee Gek (Strides Automotive Services Pte Ltd) <LeeGek.Tan@strides.com.sg>
Sent: Friday, January 27, 2023 3:01 PM
To: CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: LOD Re: Accident on 15/12/2022 involving SHF 279L & SMK 7441C (China Taiping's insured) Our Ref: TAX/12/22/2035/lg

Dear All,

We quantify our claim as follows:-

Cost of Repair	\$644.33
Loss of Rental	\$132.00 (1.5 days x \$88.00)
Loss of Income	\$90.00 (1.5 days x \$60.00)
LTA Search Fee	\$2.00
Total	\$868.33

We enclose the following documents:-

- 1) Repair invoice

- 2) Proof of rental rate
- 3) GIA report
- 4) Accident vehicle laid-up report
- 5) Hirer's letter of authorisation
- 6) LTA search
- 7) Video footage

Please acknowledge receipt within 14 days from the date hereof and let us have your offer soon. Thanks.

Regards

Tan Lee Gek (DID: 6556 3548)

Claims Department

STRIDES Automotive Services Pte Ltd



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. : IV230100250
Date : 19.01.2023
Vehicle No. : SHF279L
Your Ref No. : TAX/12/22/2035
Our Ref No. : 24117156
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
Parts					
COVER, FR BUMPER	1.00	\$ 565.60	(100.00)	\$ 565.60	\$ 0.00
SUPPORT, FR BUMPER RH	0.00	\$ 86.20	0.00	\$ 0.00	\$ 0.00
CLIPS PIECE, FRT & RR BUMPER	0.00	\$ 4.80	0.00	\$ 0.00	\$ 0.00
UNIT , HEADLAMP , RH	0.00	\$2852.40	0.00	\$ 0.00	\$ 0.00
FENDER SUB-ASSY, FR , RH	1.00	\$1060.70	(100.00)	\$1060.70	\$ 0.00
EMBLEM, SIDE PANEL (HYBRID)	1.00	\$ 59.10	(25.00)	\$ 14.77	\$ 44.33
LINER, FR FENDER, RH	0.00	\$ 219.10	0.00	\$ 0.00	\$ 0.00
Sub-Total					\$ 44.33
Labour					
TO REPAIR RH FRONT PORTION	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
Others					
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
TO CHECK WIRING AND SYSTEM FUNCTION	0.00	\$ 120.00	0.00	\$ 0.00	\$ 0.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY FRONT BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY FRONT FENDER RH	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
GRAND TOTAL					\$ 644.33

Remark :

Make/Model : PRIUS4FL
Accident Date : 15.12.2022

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 (Jan 25, 2023 17:20 GMT+8)

Authorised Signature
for Strides Automotive Services Pte. Ltd.



MEMORANDUM

To: Claims Dept

Our Ref: TAX/12/22/2035

From: Strides Taxi Pte Ltd

Date: 16th December 2022

ACCIDENT ON 15/12/2022 INVOLVING SHF 279L & SMK 7441C ALONG CTE TOWARDS BRADDELL

This is to confirm that the daily rental rate for SHF 79L is \$88.00 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 : 01/12/2022

Date Generated : 21/12/2022

Accident End Date : 21/12/2022

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/12/22/2035	SHF279L	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24117156	15/12/2022 9:47 AM	16/12/2022 1:45 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	15/12/2022 10:51 (SGT)
Reported by	Driver
Date of Accident	15/12/2022 08:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF279L
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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	NG THIAN CHYE
NRIC No	SXXXX123I
Date Of Birth	23/04/1970
Occupation	Outdoor

Date Of Driving Pass	27/12/2019
Driving experience	3 YEARS
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	Raining
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?	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	Male

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 MOVING SLOWLY ALONG CTE TOWARDS BRADDELL ON THE EXTREME LEFT LANE WITH ONE PASSENGER (FEMALE CAUCASIAN) ON BOARD. SUDDENLY A VEHICLE SMK7441C CUT TOWARDS MY LANE ABRUPTLY FROM THE RIGHT AND GRAZED ONTO THE RIGHT FRONT PORTION OF MY TAXI.

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	SMK7441C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.



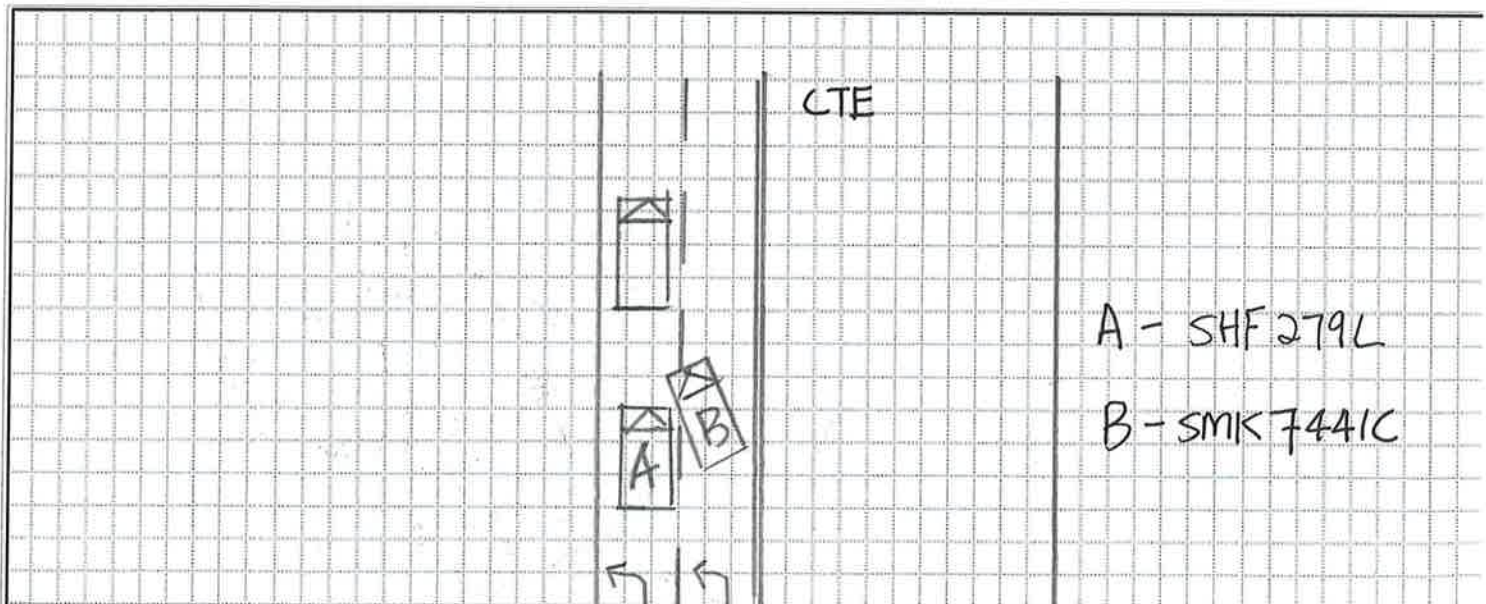
Policyholder's Signature / Date & Time

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

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

15.12.2022

Sketch Plan



Date: 15.12.2022

Our Ref. No.:

Letter of Authorisation

I, NG THIAN CHYE (NRIC No.: _____) the
registered hirer / relief driver / taxi share driver of Strides taxi registration number
SHF 2792 hereby authorise **Strides Automotive Services Pte Ltd**

("AutoSvs") to deal with all matters arising out of the accident between my taxi
and SMK 7441C happened on 15.12.2022
along Central Express Way

(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 : NG THIAN CHYE Signature: [Signature]

NRIC No. :

Tel No. :

Address :

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMK7441C

Date of Accident

15/12/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...
Period of Insurance 08/11/2022 - 07/11/2023
Requested By SHANTI B THAIYAL NAYAGI (S...
Requested Date 15/12/2022 10:52

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**