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**From:** Claims Banca (Allianz Insurance Singapore) <[claims@allianz.com.sg](mailto:claims@allianz.com.sg)>  
**Sent:** Wednesday, 15 February 2023 9:38 AM  
**To:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Cc:** admin-d <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Subject:** FW: Our Ref: TAX/12/22/2039/JG - Accident involving SHB5887U and SLV937P on 15.12.22 along ALIWAL STREET

Internal

Dear LKK

Kindly assist

Thanks

Shanti

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**From:** Gan Kwai Leng (Strides Automotive Services Pte Ltd) <[KwaiLeng.Gan@strides.com.sg](mailto:KwaiLeng.Gan@strides.com.sg)>  
**Sent:** Tuesday, February 14, 2023 4:32 PM  
**To:** Claims Banca (Allianz Insurance Singapore) <[claims@allianz.com.sg](mailto:claims@allianz.com.sg)>  
**Subject:** [EXT] Our Ref: TAX/12/22/2039/JG - Accident involving SHB5887U and SLV937P on 15.12.22 along ALIWAL STREET

**WITHOUT PREJUDICE**

Dear Sirs,

We claim on behalf of Strides Taxi Pte Ltd, owner of the vehicle registration number SHB5887U. Your client's negligent driving has caused the above accident. As a result, my client has suffered the following losses.

Cost of Repair	\$ 3,163.69
Loss of Rental	\$ 704.00 ( 8.0 days x \$88.00 )
Loss of Income	\$ 480.00 ( 8.0 days x \$60.00 )
LTA Search Fee	\$ 2.00
<b>Total</b>	<b>\$ 4,349.69</b>

We enclose the following documents:

- Repair Invoice
- GIA report
- Proof of Rental Rate Letter
- Letter of Authorisation
- Laid Up Report

We look forward to your confirmation to settle our claims within 15 days from the date of this email. Payment by cheque shall be crossed and made payable to STRIDES TAXI PTE LTD.

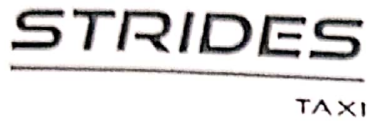
Thanks & Regards,

*Joey Gan*

Claims and Insurance Agency

Direct line +65 6455 0166 | Email: [KwaiLeng.Gan@strides.com.sg](mailto:KwaiLeng.Gan@strides.com.sg)





Our Ref : TAX/12/22/2039/JG

Date : 14/02/2023

To : Claims Department

From : Strides Taxi

**ACCIDENT INVOLVING SHB5887U AND SLV937P ON 15/12/2022 ALONG ALIWAL STREET**

**CONFIRMATION OF TAXI RENTAL**

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This is to confirm the daily taxi rental rate for taxi registration no. SHB5887U is \$88.00/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

# 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. : IV230200073  
Date : 06.02.2023  
Vehicle No. : SHB5887U  
Your Ref No. : TAX/12/22/2039  
Our Ref No. : 24117167  
Terms : 30 Days

Description	Qty	Unit Cost	Add / (Discount) %	Amount	Amount
<b>Parts</b>					
LENS & BODY, REAR COMBINATION LAMP, LH	0.00	\$ 367.30	0.00	\$ 0.00	\$ 0.00
REAR BUMPER REINFORCEMENT COVER, RR BUMPER ASSY	0.00	\$ 360.10	0.00	\$ 0.00	\$ 0.00
PAD, RR BUMPER, RH & LH, 3	1.00	\$ 525.40	(25.00 )	\$ 131.35	\$ 394.05
PAD, RR BUMPER, RH & LH, 2	2.00	\$ 12.00	(25.00 )	\$ 6.00	\$ 18.00
PAD, RR BUMPER, RH & LH, 2	2.00	\$ 4.30	(25.00 )	\$ 2.15	\$ 6.45
PAD, RR BUMPER, RH & LH, 1	2.00	\$ 4.30	(25.00 )	\$ 2.15	\$ 6.45
PAD, RR BUMPER, CTR	3.00	\$ 12.00	(25.00 )	\$ 9.00	\$ 27.00
SEAL, RR BUMPER ARM, RH & LH	0.00	\$ 12.30	0.00	\$ 0.00	\$ 0.00
STOPPER, RR BUMPER, RH & LH	0.00	\$ 4.80	0.00	\$ 0.00	\$ 0.00
RETAINER, RR BUMPER, RH	0.00	\$ 143.60	0.00	\$ 0.00	\$ 0.00
RETAINER, RR BUMPER, LH	0.00	\$ 143.60	0.00	\$ 0.00	\$ 0.00
SEAL, RR BUMPER, LH	0.00	\$ 128.00	0.00	\$ 0.00	\$ 0.00
CLIPS PIECE, FRT & RR BUMPER	10.00	\$ 4.80	(25.00 )	\$ 12.00	\$ 36.00
GUARD, RR BUMPER, LOWER	1.00	\$ 405.00	(25.00 )	\$ 101.25	\$ 303.75
COVER, GUARD RR BUMPER LOWER	0.00	\$ 23.90	0.00	\$ 0.00	\$ 0.00
REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1.00	\$ 42.20	(25.00 )	\$ 10.55	\$ 31.65
REAR BUMPER REFLECTOR ASSY, REFLEX, RH	0.00	\$ 42.20	0.00	\$ 0.00	\$ 0.00
REAR BUMPER GROMMET SCREW	0.00	\$ 2.20	0.00	\$ 0.00	\$ 0.00
COVER, REAR FLOOR UNDER, LH	0.00	\$ 261.60	0.00	\$ 0.00	\$ 0.00
COVER, REAR FLOOR UNDER CENTER	0.00	\$ 249.10	0.00	\$ 0.00	\$ 0.00
COVER, REAR FLOOR UNDER, RH	0.00	\$ 189.20	0.00	\$ 0.00	\$ 0.00
LENS & BODY, REAR COMBINATION LAMP, LH	0.00	\$ 367.30	0.00	\$ 0.00	\$ 0.00

### 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 - SCD  
Bank Account No.: 018-008617-4  
Swift Code : DBSSSGSG

*Koo Yew Chung*

Koo Yew Chung (Feb 6, 2023) 14:48 (GMT+8)

Authorised Signature  
for Strides Automotive Services Pte. Ltd.

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. : IV230200073  
Date : 06.02.2023  
Vehicle No. : SHB5887U  
Your Ref No. : TAX/12/22/2039  
Our Ref No. : 24117167  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
LENS & BODY, REAR COMBINATION LAMP, NO.2 LH	0.00	\$ 282.70	0.00	\$ 0.00	\$ 0.00
LAMP ASSY, REAR, LH	0.00	\$ 317.80	0.00	\$ 0.00	\$ 0.00
SENSOR REVERSE	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
ANTENNA, ELECTRICAL KEY	0.00	\$ 78.00	0.00	\$ 0.00	\$ 0.00
END PANEL SUB-ASSY, BODY LOWER BACK	0.00	\$ 707.10	0.00	\$ 0.00	\$ 0.00
SEALANT SIKAFLEX	0.00	\$ 37.00	0.00	\$ 0.00	\$ 0.00
TAIL GATE PANEL SUB-ASSY, BACK DOOR	1.00	\$1238.40	(100.00)	\$1238.40	\$ 0.00
TAIL GATE CUSHION, BACK DOOR LOWER STOPPER	0.00	\$ 26.50	0.00	\$ 0.00	\$ 0.00
TAIL GATE WEATHERSTRIP, BACK DOOR	0.00	\$ 402.50	0.00	\$ 0.00	\$ 0.00
TAIL GATE DAM, BACK DOOR GLASS UPPER ADHESIVE	0.00	\$ 31.30	0.00	\$ 0.00	\$ 0.00
TAIL GATE GLASS SUB-ASSY, BACK DOOR	0.00	\$1795.00	0.00	\$ 0.00	\$ 0.00
TAIL GATE MOULDING GLASS, BACK DOOR	0.00	\$ 38.50	0.00	\$ 0.00	\$ 0.00
TAIL GATE LOWER GLASS SUB-ASSY, BACK DOOR	0.00	\$ 821.20	0.00	\$ 0.00	\$ 0.00
TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1.00	\$ 992.30	(25.00 )	\$ 248.07	\$ 744.23
EMBLEM SUB-ASSY REAR	1.00	\$ 77.40	(25.00 )	\$ 19.35	\$ 58.05
NAME PLATE (HYBRID) , LUGGAGE COMPARTMENT DOOR	1.00	\$ 59.10	(25.00 )	\$ 14.77	\$ 44.33
NAME PLATE (PRIUS) , LUGGAGE COMPARTMENT DOOR	1.00	\$ 59.10	(25.00 )	\$ 14.77	\$ 44.33
STRIDES LOGO	1.00	\$ 7.80	0.00	\$ 0.00	\$ 7.80
STICKER DECAL 65558888	1.00	\$ 21.60	0.00	\$ 0.00	\$ 21.60
Sub-Total					\$ 1743.69

**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 (Feb 6, 2023 14:48 GMT+8)

Authorised Signature  
for 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. : IV230200073  
Date : 06.02.2023  
Vehicle No. : SHB5887U  
Your Ref No. : TAX/12/22/2039  
Our Ref No. : 24117167  
Terms : 30 Days

Description	Qty	Unit Cost	Add %	/ (Discount) Amount	Amount
<b>Labour</b>					
TO REPAIR REAR PORTION LH	1.00	\$ 400.00	0.00	\$ 0.00	\$ 400.00
TO REPAIR REAR END PANEL	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
<b>Others</b>					
TO WASH AND VACUUM	0.00	\$ 60.00	0.00	\$ 0.00	\$ 0.00
TO CHECK WIRING AND SYSTEM FUNCTION	1.00	\$ 20.00	0.00	\$ 0.00	\$ 20.00
TO APPLY RUST-PROOFING ON AFFECTED AREA	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	0.00	\$ 475.00	0.00	\$ 0.00	\$ 0.00
TO TRANSFER REAR TAILGATE MECHANISM	0.00	\$ 120.00	0.00	\$ 0.00	\$ 0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	1.00	\$ 50.00	0.00	\$ 0.00	\$ 50.00
TO REMOVE AND REFIX REAR WINDSCREEN	0.00	\$ 240.00	0.00	\$ 0.00	\$ 0.00
TO REPLACE SUNDRY PARTS	0.00	\$ 100.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY REAR BUMPER	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY REAR PANEL	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY BUMPER BEAM	0.00	\$ 180.00	0.00	\$ 0.00	\$ 0.00
TO RESPRAY TAIL GATE	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
TO RESPRAY TAILGATE OUTSIDE GARNISH	1.00	\$ 150.00	0.00	\$ 0.00	\$ 150.00
TO RESPRAY REAR PANEL	1.00	\$ 200.00	0.00	\$ 0.00	\$ 200.00
GRAND TOTAL					\$ 3,163.69

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 (Feb 6, 2023 14:48 GMT+8)

Authorized Signature  
for Strides Automotive Services Pte. Ltd.



Laid Up Report

Accident Start Date : 01/12/2022  
Accident End Date : 14/02/2023

Date Generated : 14/02/2023  
User Name : GanKwaiLeng

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/12/22/2039	SHB5887U	Strides Taxi Pte Ltd	TOYOTA	PRIUS4FL	24117167	16/12/2022 9:54 AM	24/12/2022 8:24 AM

## 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.

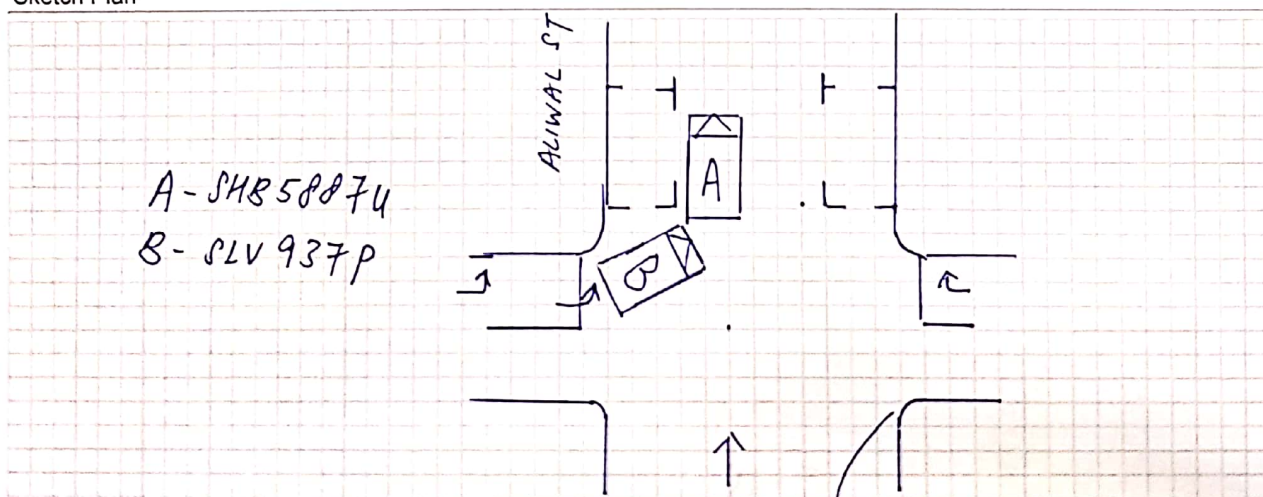


Policyholder's Signature / Date & Time

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

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

### Sketch Plan





Describe Circumstance of the Accident

Declaration

I/We declare the following particulars are true in every respect.



Policyholder's Signature / Date & Time

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

*Ch* 16/12/2022

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

## 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	16/12/2022 16:52 (SGT)
Reported by	Driver
Date of Accident	15/12/2022 15:40 (SGT)
Exact Location of Accident	Near 3 Aliwal St, Singapore 199896
Additional Location Information	ALIWAL STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5887U
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	1798

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	TAN KIAN GUAN
NRIC No	SXXXX536E
Date Of Birth	09/07/1967
Occupation	Outdoor

Date Of Driving Pass	25/09/1987
Driving experience	35 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
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	DRIZZLING
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)	1
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	-

#### 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 AT THE LEFT SIDE OF THE ROAD OF ALIWAL STREET WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR, THE VEHICLE SLV937P CAME OUT FROM THE MINOR ROAD DID NOT STOP AT THE STOP LINE AND HIT ONTO THE REAR LEFT PORTION OF MY TAXI.

#### 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	SLV937P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

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)	-

Date: 16/12/22

Our Ref. No.:

Letter of Authorisation

I, Tan Kian Guan (NRIC No.: S1821536-12) the registered hirer / relief driver / taxi share driver of Strides taxi registration number SWB58874 hereby authorise **Strides Automotive Services Pte Ltd** ("**AutoSvs**") to deal with all matters arising out of the accident between my taxi and SLV 937 P happened on Alimal along 15/12/2022 @ 1540h (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: Tan Kian Guan Signature: [Signature]  
NRIC No.: S1821536-12  
Tel No.: 98989855  
Address: Blk 275 #04-528 Pasir Ris St 21



INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SLV937P

Date of Accident

15/12/2022



Reset

## RESULT & RECEIPT

### TP Insurer Enquiry

Insurance \_\_\_\_\_ Allianz Insurance Singapore P...  
Period of Insurance \_\_\_\_\_ 20/06/2022 - 19/06/2023  
Requested By \_\_\_\_\_ SHANTI B THAIYAL NAYAGI (S...  
Requested Date \_\_\_\_\_ 17/12/2022 08:36

#### 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