

EzLyna (LKKAuto)

From: Ashlene Lee Bee Gan (Strides Automotive Services Pte Ltd)
<BeeGan.Lee@stridespremier.com.sg>
Sent: Thursday, 3 August 2023 12:17 pm
To: III (Letter of Demand)
Cc: CS A Team; Admin A
Subject: LOD - ACCIDENT INVOLVING SHB5424Y & GBM2673C ON 21/5/2023 ALONG TOA
PAYOH LOR 2 TO LOR 6
Attachments: LOD DOCUMENTS.pdf

Our Ref: TAX/05/23/2061/AL

Dear Sir / Madam,

We claim on behalf of STRIDES TAXI PTE LTD, owner of the vehicle Reg. No.: SHB5424Y. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-

Cost of Repair	\$3,000.00
Loss of Rental	\$1,065.96 (10.5 days x \$101.52)
Loss of Income	\$630.00 (10.5 days x \$60.00)
Total	\$4,695.96

We enclose the following documents:

- 1) Repair Invoice
- 2) Proof of Rental Rate
- 3) SAS report
- 4) Laid up report

We look forward to your confirmation to settle our claims within 15 days from the date of this email.
Kindly issue payment in favour to STRIDES TAXI PTE LTD.

Regards,

ashlene

Ashlene Lee
Claim Department

Strides Automotive Services Pte Ltd | 60 Woodlands Industrial Park E4 Singapore 757705
DID: 6866 2615 | Fax: 6368 7421 | Email: BeeGan.Lee@stridespremier.com.sg | www.stridesmobility.com.sg
<https://www.smrt.com.sg/Compliment>



DISCLAIMER This electronic mail message and any files transmitted with it are intended exclusively for the individual or entity to which it is addressed. The message, together with any attachment, may contain confidential and/or privileged

information. Any unauthorized review, use, printing, saving, copying, disclosure or distribution is strictly prohibited. If you, the reader are not the intended recipient, please do not disclose, disseminate, circulate, copy or use any of the information contained in this email. Please notify us immediately and delete the email and destroy any printed copy.

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. : IV230600115
Date : 16.06.2023
Vehicle No. : SHB5424Y
Your Ref No. : TAX/05/23/2061
Our Ref No. : 24118472
Terms : 30 Days

Description	Qty	Unit Cost	Add %	(Discount) Amount	Amount
LUMP SUM AMOUNT FOR REPAIR AS PER SURVEYOR'S RECOMMENDATION	1.00				\$ 3,000.00
GRAND TOTAL					\$ 3,000.00

Remark :

Make/Model : PRIUS4
Accident Date : 21.05.2023

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 (Jun 16, 2023 19:44 GMT+8)

Authorized Signature
for Strides Automotive Services Pte. Ltd.

STRIDES

TAXI

Our Ref : TAX/05/23/2061/AL

Date : 21/5/2023

To : Claims Department

From : Strides Taxi Pte Ltd

**ACCIDENT INVOLVING SHB5424Y & GBM2673C ON 21/5/2023 ALONG
TOA PAYOH AVE 2**

CONFIRMATION OF TAXI RENTAL

This is to confirm the daily taxi rental rate for taxi registration no. SHB5424Y is
\$101.52 / day (Inclusive of 8% GST).

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

Thank you



For Manager
Strides Taxi Pte Ltd

Laid Up Report

Accident Start Date : 21/05/2023

Date Generated : 27/06/2023

Accident End Date : 16/06/2023

User Name : LeeBeeGan

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/05/23/2061	SHB5424Y	Strides Taxi Pte Ltd	TOYOTA	PRIUS4	24118472	21/05/2023 5:05 PM	01/06/2023 4:22 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	22/05/2023 11:01 (SGT)
Reported by	Actual Driver
Date of Accident	21/05/2023 11:55 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	TOA PAYOH LOR 2 TOWARDS TOA PAYOH AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5424Y
-----------------------------------	----------

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-23100854MFSH

DRIVER

Name of Driver	FARALI KHAN BIN BABU KHAN
NRIC No	SXXXX851G
Date Of Birth	26/07/1953
Occupation	Outdoor

Date Of Driving Pass	23/08/1990
Driving experience	32 YEARS AND 9 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	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	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?	No
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 TOA PAYOH LOR 2 TOWARDS TOA PAYOH LOR 6 WITH ONE PASSENGER (FEMALE MALAY) ON BOARD. I SLOWED DOWN TO A STOP AS I WAS GIVING WAY TO A BUS COMING OUT FROM THE BUS STOP. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GBM2673C COLLIDED ONTO THE REAR 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

WITNESS DETAILS

WITNESS 1

Name UNKNOWN
Phone -
Email -

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] 22-05-2023

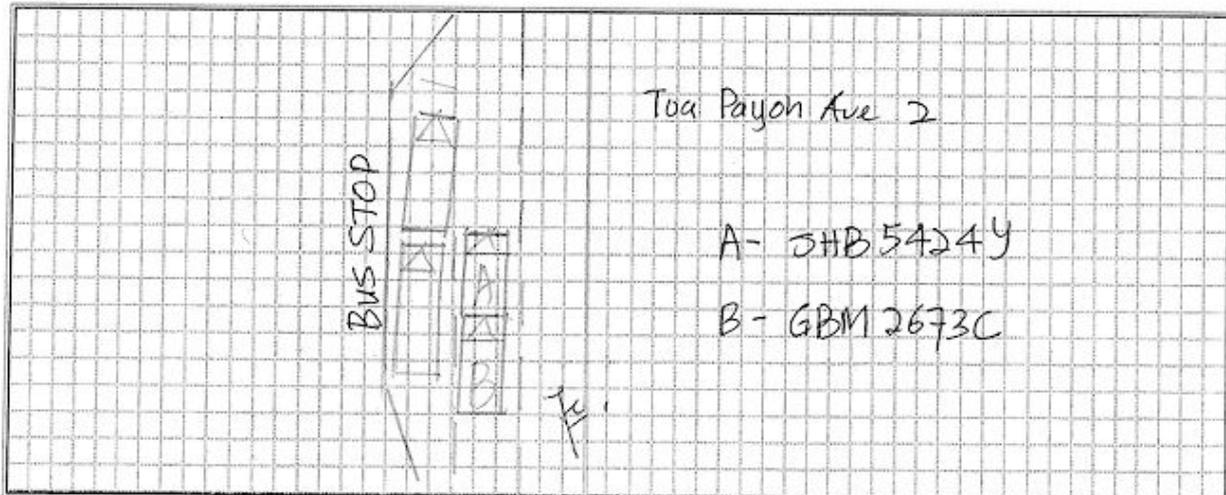
[Signature] 22.5.2023

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)

Sketch Plan



vJun2022



TOYOTA MOTOR CORPORATION

JTDKB3FU203575570

1790 kg
2515 kg
1-1020kg
2-975kg

MODEL ZVW50R-AHXEBW

218 /FB20
PLANTA42

722 7















