FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date:

23.04.2019

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SJQ 161K / SJQ 8968Y ON 24.03.2019

We are the authorized repair workshop for the owner of motor vehicle no: SJQ 161K , which was involved in the captioned accident with your insured vehicle no: SJQ 8968Y . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1)	Cost of Repair (inclusive of GST)	\$	1,926.00
2)	Loss of Rental	\$	180.00
3)	GIA Search Fee	\$	2.00
		S	2.106.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) Car Rental Invoice / Agreement

c) GIA Search Result

d) Letter of Authorisation, etc...

e) GIA Report

f) I/C & Driving Licence

g) Insurance Certificate

h) Vehicle Registration Log Card

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,

Jason Tang (jason@fasteclfauto.com.sg)

For Fastech Auto Pte Ltd

DATE :	25.03. 2019
то :	china Taiping Insurance (Singapore) Pte 14d.
RE :	ACCIDENT INVOLVING VEHICLE NO. STO 1616 STO 8968Y
	ALONG Before Two checkpoint Twds sipore. ON 24.03.2019
of BIK owner of ve PTE LTD re authorise M amount settle proceedings etc. and to the	o./ROC No.) S0495739 C. 626 Hougang Avenue & # 12-168 Singapore 530626 hicle no. S10 161 K in consideration of M/s FASTECH AUTO epairing my/our vehicle S10 161 K at my/our instruction and hereby /s FASTECH AUTO PTE LTD to demand claim settlement whatever led/payable by the Insurance Company and/or third party or to commence legal , if necessary, under my name, for the cost of repairs, car rental and/or loss of use, heir appointing solicitor to act for me/us in respect of the said accident/claim and and/or settled shall belong to them absolutely.
	agree and undertake to indemnify them against the above-mentioned claim cost arisen therewith.
Signature of Name of Ow	

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Tax Invoice: 20989

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Date

:23.04.2019

Vehicle No : SJQ 161K

Make/Model : HONDA SHUTTLE

Chassis/Eng# :

Accident Date : 24.03.2019

.

7

Claim No

Reference

:0319 -20989

Policy No

Amount

To proceed on lump sum repair

S\$

1800.00

E. & O. E.

Total: S\$

1800.00

GST @ 7% : S\$

126.00

Amount Due : SS

1926.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: LIM YEW CHYE

Invoice : DCR-2019-03-32

Date: 26.03.2019

Agreement No: 20569 Payment Term: LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle: SGZ 6121A (0319-20989)

180.00

Rental Period from 25.03.2019

to

26.03.2019

E. & O. E.

Total \$

180.00

LINA PANG

for Dynamic Car Rental

Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS

No. 20569

Name Lim Yow	Chye (S04957	39C).	REG. No.	MAKE	MODEL:	
ADDRESS	011		562612114	DIES	EL PETROL	E 1/4 1/2 3/4 F
			KM IN		26 -03 -2019	@ 4.150M1
			KM OUT		DATE & TIME OUT	(A) HINM
			KM		25.03.2019 TIME USED	0 2 72 1111
NAMED DRIVER 1'	M	Victoria	DRIVEN			
rim		lyin		S. Piller State		
28/13/15/2 T	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	ess	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	1	DAYS	ess 180.00	# 180.00
ADD NAMED DRIVER			1	WEEKS	@SS	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	M	ONTHS	@S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, RI AGREES TO PAY AL	DD FEE	SUB-TOTAL	# 180.00.
IMPORTANT NOTES:	coodi assassassas ta com		FOR COLLISION DAI WAIVER (C.D.W.)	MAGES		
This vehicle is licenced to carry No refund will be given for vehi No refund will be given for peri	icle returns early.				TOTAL RENTAL	
. Hirer is liable to pay first \$4000 is under repair.	under section I & II in any accident p	lus loss of earnings while damaged vehicle			DELIVERY FEE	
Hirer is liable to pay all parking Vehicle return during office hou			1200		COLLECTION FEE	
No Service on Public Holiday a EXCESS: "Sec 1 - Used in Sippre Only :S "Sec II - Used in Sippre Only :S "Sec I - Used Outside Sippre Only :S	and Sunday. IGD2000 IGD2000		PER DAY PER W	/EEK	PER MONTH S	
"Sec II - Dand Outside S'pore (Wiscreen Excess In S'pore: St Wiscreen Excess Outside S'por ADDITIONAL CONDITIONS: "Geographical areas. Singapor	3D100 pre: SGD200		BY INITIALLING, RI AGREES TO PAY AL FOR PERSONAL ACC INSURANCE (P.A.I.)	D FEE		
Driver must be: a) 18 years old and above; b) holding a valid relevant cla	ass of driving license.		X			
a) age 22 to 23 years old; b) age 66 to 70 years old;	sess of S\$1,000 is applicable for any	named/unnamed drivers who:	PER DAY PER W	VEEK	PER MONTH \$	
license.			PREPAYMENT		TOTAL CHARGE	
a) is 18 years old to 21 years b) is 71 years old and above			CHECK		DEPOSIT	
* Upon returning the replacer	nent vehicle, you must ensure that	all expensive and important items to be	CASH			
		sponsible for any reporting of such losses. I plus loss of earning while damage vehicle	RECEIPT NO.		NETT CHARGE	
Hirer is responsible for Adr to the THIRD PARTY DAN			AMOUNT DUE / REF	FUND		
	MS AND CONDITIONS ON BO					
SIGNED BY THE PARTIE	SHERETO ON THE		DAY OF .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
x E			x /	M	/	
D	YNAMIC CAR RENTAL	S. Contraction of the Contractio	RENT	TER'S	DRIVER'S SIGNA	ATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-19-046119

Date of Request:

25/03/2019

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

25/03/2019

equiry By

Tang Kok Wee, Allan

. → Vehicle No.

SJQ8968Y

Accident Date

24/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJQ8968Y	China Taiping Insurance (Singapore) Pte. Ltd.	22/02/2018-28/05/2019	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-046119

Date of Request:

25/03/2019

Your Ref No:

Online Purchase

Kim Chwee Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48 AutoBay@Kaki Bukit Singapore 417883

Dear Sir/Madam,

Enquiry Date

25/03/2019

—quiry By

Tang Kok Wee, Allan

, ≥ Vehicle No.

SJQ8968Y

Accident Date

24/03/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



TION) ACT (CHAPTER 189) TION) RULES, 1960 ALAYSIA)
Cover : drivo CLASSIC
: SJQ161K : GP72001781 : LIM YEW CHYE : 15 Jan 2019 : 14 Jan 2020 Ider's order or with his/her permission. accordance with the licensing or other laws or regulations to drive it is not disqualified by order of a Court of Law or by reason of any ring the Motor Vehicle. In and in connection with the Policyholder's or Hirer's business. In connection with any trade or business. In the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
ansport Acc, 1907 (Malaysia), are not to be included under these
: \$\$2,000
: \$\$1,500
: S\$100
: N/A
: PLEASE REFER OVERLEAF
: NO
: YES
: YES
: NO
: NO
: LIM YEW CHYE
: N/A

Authorised Officer

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	5739C
Vehicle No.:	SJQ161K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Mar 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	LEB7102470
Chassis No.:	GP72001781
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$22,230.00
Original Registration Date:	15 Jan 2019
First Registration Date:	15 Jan 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$13,122.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2029
PARF Rebate Amount: Intended COE Rebate Details	\$9,841.00
COE Expiry Date:	14 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,200.00
COE Rebate Amount:	\$25,760.00
Total Rebate Amount:	\$35,601.00

The information contained herein is correct as at 25 Mar 2019

ОК

Som

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0495739C



Name

LIM YEW CHYE



Race

Date of Birth 22-06-1946











13-07-1994 Blood Group Date of issue

APT BLK 626 HOUGANG AVENUE 8 SINGAPORE 1953

530626





SINGAPORE





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 witholding 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.
- 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 Report	25/03/2019 16:11
Date Of Accident	24/03/2019 16:00
Exact Location Of Accident	BEFORE TUAS CHECKPOINT TWRDS S'PORE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ161K
"nsured/Policyholder	
Name Of Registered Owner	LIM YEW CHYE
NRIC No	S0495739C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96822528
Alternative Phone No	OTHERS-96822528
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106955869
Cover Note Number	
Driver	
Name of Driver	LIM WEI JIE KELVIN
NRIC No	S0495739C

 NRIC No
 S0495739C

 Date Of Birth
 19/04/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 08/08/2003

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96208185

Fax Number

Contact Number OTHERS-96208185

EMail Address NOEMAIL

Address

BLK 269A PUNGGOL FIELD #12-177

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LIEW YAN NI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ8968Y

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS 1.6 AUTO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 10

DETAILS OF INJURED PERSON 1

Name LIM WEI JIE KELVIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJQ161K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

BLK 269A PUNGGOL FIELD #12-177

Postcode

659921

SKETCH PLAN

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- 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.
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 facts may allow insurance companies to repudiate policy liability.
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- By the lodgment 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.
- 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

2 5 MAR 2019

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Data & Time: IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Reporting Certing Reported's Signature

Name: Tel: 67416697 NRIC/FIN No.: Fax: 67492305 Email: vackb@singnet.com.sg

TUOS	A:53@16
Checkgourt.	
CASCAGONA	
	831089
DESCRIPE CIRCURACE AND	
DESCRIBE CIRCUMSTANCE	Carlo
00 24/02/19	at about 4 pm. I was along Tuas
	m pm , l was along Tuas
Consensy, below	c Tucis checkpoint Towards towards Singapone.
	3-60-
CLARATION	
	culars are true in every respect. 2 5 MAR 2010
	2 3 MAR ZUI9
	IDAC KAKI BUKIT(VA
Ve declare the foregoing partic	IDAC KAKI BUKIT (VAI 23 KAKI BUKIT AVE 4
e declare the foregoing partic	IDAC KAKI BUKIT (VA 23 KAKI BUKIT AVE 4