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: 29.01.2019

ERGO Insurance Pte Ltd 5 Temasek Boulevard, #04-01 Suntec Tower Five, Singapore 038985

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SJG 4724M / GBF 8562L ON 22.01.2019

We are the authorized repair workshop for the owner of motor vehicle no: SJG 4724M , which was involved in the captioned accident with your insured vehicle no: GBF 8562L . 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 Re	pair (incl	usive	of	GST)
-			Preserve A		MOT I C	-	

- Loss of Use (3 days x S\$60)
- 3) GIA Search Fee

S	3,178.00
\$	2.00
\$	180.00
\$	2,996.00

We enclosed herewith the following documents to support the claims:

- a) Final Repair Invoice
- c) Letter of Authorisation, etc...
- e) I/C & Driving Licence
- g) Vehicle Registration Log Card

- b) GIA Search Result
- d) GIA Report
- f) Insurance Certificate

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@fastechauto.com.sg)

For Fastech Auto Pte Ltd

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

ERGO Insurance Pte Ltd 5 Temasek Boulevard,

#04-01 Suntec Tower Five,

Singapore 038985

Attn: Motor Claim Department

Tax Invoice: 20836

Date

:29.01.2019

Vehicle No : SJG 4724M

Make/Model : HONDA AIRWAVE

Chassis/Eng# :

Accident Date :22.01.2019

Claim No Reference

:0119 -20836

Policy No

Amount

To proceed on lump sum repair

SS

2800.00

Total: S\$ 2800.00 E. & O. E. GST @ 7% : S\$ 196.00

2996.00 Amount Due : S\$

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



RECORDS MANAGEMENT CENTRE

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-19-012708

Date of Request:

22/01/2019

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,

...quiry Date

22/01/2019

Enquiry By

Tang Kok Wee, Allan

TP Vehicle No.

GBF8562L

Accident Date

22/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF8562L	ERGO Insurance Pte. Ltd.	28/03/2018-27/03/2019	6829 9199

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 or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature,



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

TAX INVOICE

Our Ref No:

GR-19-012708

Date of Request:

22/01/2019

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,

inquiry Date

22/01/2019

Enquiry By

Tang Kok Wee, Allan

TP Vehicle No.

GBF8562L

Accident Date

22/01/2019

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:

.te:

[X] GIRO [] Cash [] Cheque

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.
- 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

ACCIDENT STATEMENT	
22/01/2019 12:07	A STATE OF THE STA
22/01/2019 09:30	
AT BLK 59 STRATHMORE AVENUE LOADING	
SINGAPORE	
DETAILS OF OWN VEHICLE	
	22/01/2019 12:07 22/01/2019 09:30 AT BLK 59 STRATHMORE AVENUE LOADING SINGAPORE



SJG4724M Vehicle Registration Number

Insured/Policyholder

SHR CONSULTANCY SERVICE Name Of Registered Owner

52861207K Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-93838098 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

AIRWAVE 1.5M A Model

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

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

5101677084 Policy Number

Cover Note Number

Driver

CHEE TET SHIN Name of Driver NRIC No S1686694F 29/05/1965 Date Of Birth OUTDOOR Occupation 22/06/1987 Date Of Driving Pass

31 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93838098 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

BLK 14 UPPER BOON KENG ROAD #08-959 Address 380014 Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - SOLE-PROPIETOR Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) Details of Police Action NO Was the accident reported to the police? 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 YES Was there any video captured by Car Camera? WITH DRIVER Remarks/ Reasons: Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF8562L

NISSAN NV350 PANEL VAN 2.5 5AT 5DR EURO V Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

ERGO INSURANCE PTE, LTD. Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the ladgment 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:
 - processing, hendling 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators flav, enforcement and government agencies as reasonably required for the purposes stated, or

requirements under any regulations, laws or court orders.

2 2 JAN 2013

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder)

Date & Time:

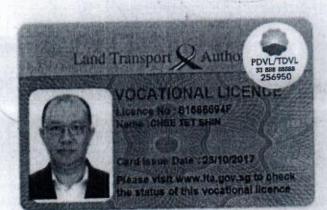
1DAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4

Reporting Centre Personnel 19933 Name: Tel: 67416697

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

Guarmic SketchPlanForm_V3

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# 03') is	Driver's Signa	ature ot the policyfic	older)		Reporting Name:	C KAK	I BUKI BUKIT A 018 4159	T(VAC) VE 4



This cerd is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Bingapore 575701.

Туре

Description

Issue Date

13

PRIVATE HIRE CAR VL

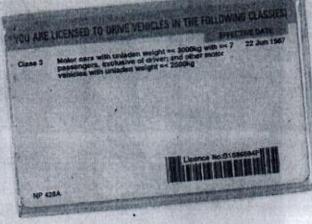
23/10/2017













Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101677084

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

: GJ11208939

2. Name of Policyholder

SHR CONSULTANCY SERVICE

IT M KO MAR

100000

ASSET REED

3. Effective Date of Insurance

: 28 Aug 2018

4. Expiry Date of Insurance

30 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6 Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section B of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$52,000

EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	; NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

: 28 Jun 2018 10:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Office

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for	r Registered Vehicle
-----------------------------	----------------------

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	1207K
Vehicle No.:	SJG4724M
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	L15A5160630 ·
Chassis No.:	GJ11208939
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$14,168.00
Original Registration Date:	01 Jul 2008
First Registration Date:	01 Jul 2008
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$14,168.00
PARF Eligibility:	Forfeited
PARF Eligibility Explry Date:	*
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	30 Jun 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,107.00
COE Rebate Amount:	\$16,962.00
Total Rebate Amount: Message	\$16,962.00

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Jan 2019

DATE	: 22 01 2019
то	: Ergo Insuranu Pte Hd
RE	: ACCIDENT INVOLVING VEHICLE NO STG 4724M / GBF 8562L
	ALONG At BIK 59 Strathmore Avenue Loading
	ON 22.01 2019
I/We	SHR Consultancy Service.
of (NRIC	No./ROC No.) 51861107 k.
	Upper Boon king Road #08-959 Singapore 380014.
owner of	vehicle no. SIG 4724M in consideration of M/s FASTECH AUTO
	repairing my/our vehicle SIG 472YM at my/our instruction and hereby
	M/s FASTECH AUTO PTE LTD to demand claim settlement whatever
	ettled/payable by the Insurance Company and/or third party or to commence legal
	ngs, if necessary, under my name, for the cost of repairs, car rental and/or loss of use
	o their appointing solicitor to act for me/us in respect of the said accident/claim and
	ed and/or settled shall belong to them absolutely.
I/We furtl	her agree and undertake to indemnify them against the above-mentioned claim cost
which ma	ay arisen therewith.
	onaura,
	H. A. COND.
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	of Owner: