

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 : 06.10.2020

QBE Insurance Singapore Pte Ltd

1 Raffles Quay #29-10

South Tower

Singapore 048583

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SJA 5611E / GBF 8614X ON 14.09.2020

We are the authorized repair workshop for the owner of motor vehicle no: **SJA 5611E**, which was involved in the captioned accident with your insured vehicle no: **GBF 8614X**. The vehicle owner 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)	\$	7,704.00
2) Loss of Use (14 Days + 2 Sunday x S\$60)	\$	960.00
3) Towing Fee	\$	120.00
4) GIA Search Fee	\$	2.00
	\$	8,786.00

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Towing Bill |
| c) GIA Search Result | d) Letter of Authorisation, etc... |
| e) GIA Report | f) Police Report |
| g) I/C & Driving Licence | 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@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

QBE Insurance Singapore Pte Ltd
1 Raffles Quay #29-10
South Tower
Singapore 048583

Attn : Motor Claim Department

Tax Invoice : 21981

Date : 06.10.2020
Vehicle No : SJA 5611E
Make/Model : TOYOTA ALTIS
Chassis/Eng# :
Accident Date : 14.09.2020
Claim No :
Reference : 0920 -21981
Policy No :

	Amount
To proceed on lump sum repair	S\$ 7200.00

E. & O. E.

Total : S\$	7200.00
GST @ 7% : S\$	504.00
Amount Due : S\$	7704.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



24 HOUR RECOVERY SERVICES

Co.Reg No: 53333929D

24 HRS HOTLINE: 8455 5669 Fax: 6741 1981

8 Kaki Bukit Road 2 #02-04 Ruby Warehouse Complex Singapore 417841

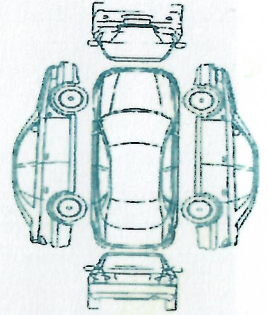
Email: 24hoursrecovery@gmail.com



No. **24813**

Date : 14-9-20

M/S : CASH
Vehicle No : SJA 5611 E Model : ALTIS
From : CTE => City Call Time : 1505
To : 53 Ubi Ave 1 Time Arrival : 1525
Remarks : Arrival Workshop : 1520



- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Change Tyres / Patch Tyre | <input checked="" type="checkbox"/> Accident | <input type="checkbox"/> Use Car Carrier | <input type="checkbox"/> Loaded |
| <input type="checkbox"/> Basement / Multi Carpark | <input type="checkbox"/> Low Body Kit / Low Spoiler | <input type="checkbox"/> Open Door | <input type="checkbox"/> Jump Start |
| <input checked="" type="checkbox"/> Using King Drolley | <input type="checkbox"/> Dismantle Brake / Shaft | <input type="checkbox"/> Crane Up / Winch Out | |

AMOUNT S\$ 120k

WLL

Received By

for 24 hour Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

**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-20-110317

Date of Request: 15/09/2020

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 15/09/2020
Enquiry By Tang Kok Wee, Allan
Vehicle No. GBF8614X
Accident Date 14/09/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF8614X	QBE Insurance (Singapore) Pte Ltd	28/03/2020-27/03/2021	62246633

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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**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-20-110317

Date of Request: 15/09/2020

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 15/09/2020
Enquiry By Tang Kok Wee, Allan
Vehicle No. GBF8614X
Accident Date 14/09/2020

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:

☒ GIRO ☐ Cash ☐ Cheque

DATE : 15.09.2020

TO : QBE Insurance (Singapore) Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. SJA 5611E / GBF 8614X

ALONG CTE Towards City Before Biaddell Road Exit

ON 14.09.2020

I/We, Leo Jee lan MRS. Lee Kok Hua

of (NRIC No./ROC No.) S0030168Z

of Blk 319 Serangoon Avenue 2 #11-346 Singapore 550319

owner of vehicle no. SJA 5611E in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SJA 5611E at my/our instruction and hereby
authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever
amount settled/payable by the Insurance Company and/or third party or to commence legal
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and
all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost
which may arisen therewith.

Signature of Owner :



K

Name of Owner :

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 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 Report	15/09/2020 11:18
Date Of Accident	14/09/2020 14:50
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5611E
Insured/Policyholder	
Name Of Registered Owner	LEO JEE LAN MRS LEE KOK HUA
NRIC No	SXXXX168Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97913171
Alternative Phone No	OFFICE-97913171

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	5062688327-06
Cover Note Number	

Driver

Name of Driver	LEO JEE LAN MRS LEE KOK HUA
NRIC No	SXXXX168Z
Date Of Birth	11/10/1946
Occupation	INDOOR
Date Of Driving Pass	23/03/1970
Driving Experience	50 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97913171
Fax Number	
Contact Number	OFFICE-97913171
Email Address	NOEMAIL

Address	BLK 319 SERANGOON AVENUE 2 #11-346
Postcode	550319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : LEE KOK HUA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200914/7048.

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	GBF8614X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLU8425C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEO JEE LAN MRS LEE KOK HUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJA5611E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE KOK HUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJA5611E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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 Authorized 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. 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.
7. 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.


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.
- (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:
 - (i) 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.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

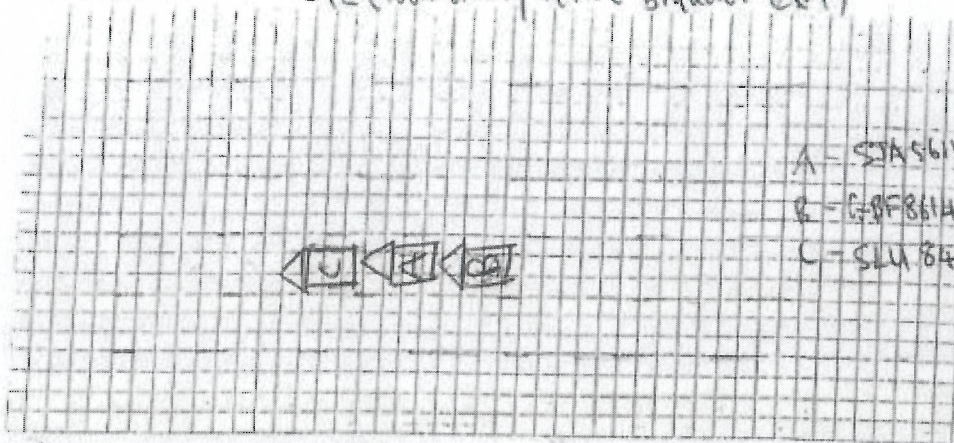


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CTE (toward city before bridge) Exit



A - STAS61E
B - GDF8614X
C - SLU 8425C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report

DECLARATION

We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:
Date/Time:

WHS/ST/14/0001/1/0001/0001/0001

Police Report



**SINGAPORE
POLICE FORCE**



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No. T/20200914/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 17:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEO JEE LAN			Address: 319 SERANGOON AVENUE 2 #11-346 SINGAPORE 550319		
ID Type / ID No.: NRIC NO / S0030168Z			Contact No.: Home/Office: Mobile: 97913171		
Nationality: SINGAPORE CITIZEN			Email: LEOJEE LAN@YAHOO.COM.SG		
Sex: Female	Age: 73	Date of Birth: 11/10/1946	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2020 14:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

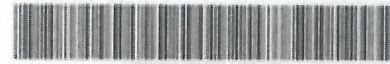
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF8614X	Van					1
SJA5611E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		1
SLU8425C	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4
Report No. T/20200914/7048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA5611E	NTUC Income Insurance Co-Operative Limited	5062688327-06	13/12/2019	12/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEE KOK HUA	ID No.	S0712974B
Related Vehicle	SJA5611E (Car)	Contact No.	97913171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/09/2020	Date	14/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LEO JEE LAN	ID No.	S0030168Z
Related Vehicle	SJA5611E (Car)	Contact No.	97913171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/09/2020	Date	14/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details

On the above mentioned date time and location I was travelling straight. While the car in front stopped I follow suit seconds later I feel a huge impact from my rear and when I alighted I realised it was vehicle (B) that had collided onto the rear portion of my vehicle (A) pushing my vehicle (A) to hit onto the rear of vehicle (C)

I would like to state that I have 1 passenger on board.

Passenger name Lee Kok Hua (S0712974B).

We went to the medical 24hr clinic to seek consultation and was both given 3 day medical leaves.

Vehicle (A) SJA5611E

Vehicle (B) GBF8614X

Vehicle (C) SLU8425C

Police Report



**SINGAPORE
POLICE FORCE**



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200914/7048

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200914/7048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200914/7048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/09/2020 17:41

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0030168Z



NAME
LEO JEE LAN
MRS. LEE KOK HUA
梁瑜兰

RACE
CHINESE

Date of Birth 11-10-1946 Sex F

Country of Birth
SINGAPORE



1679839



NRC No. S0030168Z



Height Group 8 Date of issue 14-02-1994

Address
APT BLK 319 SERANGOON AVENUE 2
#11-346
SINGAPORE 1955

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0030168Z
Name: LEO JEE LAN

Birth Date: 11 Oct 1946
Issue Date: 06 Jan 2004



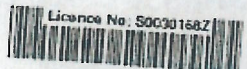
001076624D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 23 Mar 1970

NP 428A



Licence No. S0030168Z

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	168Z
Vehicle Details	
Vehicle No.:	SJA5611E
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	3ZZ4702509
Chassis No.:	MR053ZEC107156206
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$14,757.00
Original Registration Date:	13 Dec 2007
First Registration Date:	13 Dec 2007
Transfer Count:	0
Actual ARF Paid:	\$16,233.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$20,997.00
COE Rebate Amount:	\$9,273.00
Total Rebate Amount:	\$9,273.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 15 Sep 2020

OK