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

Date: 27.10.2020

AIG Asia Pacific Insurance Pte Ltd Chartis Building 78 Shenton Way #07-16 Singapore 079120

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SMG 1792A / SKX 2246M AND OTHER ON 26.09.2020

We are the authorized repair workshop for the owner of motor vehicle no: SMG 1792A, which was involved in the captioned accident with your insured vehicle no: SKX 2246M. 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.

		\$ 12,813.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Use (10 days + 2 Sunday X \$60)	\$ 720.00
1)	Cost of Repair (inclusive of GST)	\$ 12,091.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) GIA Search Result

c) Letter of Authorisation, etc...

d) GIA Report

e) Police 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@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

Tax Invoice: 22004

AIG Asia Pacific Insurance Pte Ltd

Chartis Building Date :27.10.2020 78 Shenton Way #07-16 Vehicle No :SMG 1792A

Singapore 079120 Make/Model : MITSUBISHI ATTRAGE 1.2

Chassis/Eng# :

Attn: Motor Claim Department Accident Date : 26.09.2020

Claim No :

Reference : 0920 -22004

Policy No :

Amount

To proceed on lump sum repair S\$ 11300.00

E. & O. E. Total: S\$ 11300.00

GST @ 7%: S\$ 791.00

Amount Due : \$\$ 12091.00

for FASTECH AUTO PTE LTD



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-20-116182

Date of Request:

26/09/2020

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

26/09/2020

Enquiry By

Tang Kok Wee, Allan

Vehicle No.

SKX2246M

Accident Date

26/09/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKX2246M	AIG Asia Pacific Insurance Pte. Ltd.	30/11/2019-29/11/2020	65-6419-3000

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.

is is a computer generated document and requires no signature.

26/09/2020



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Invoice

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-20-116182

Date of Request:

26/09/2020

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

26/09/2020

Enquiry By

Tang Kok Wee, Allan

P Vehicle No.

SKX2246M

Accident Date

26/09/2020

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:

[X] GIRO [] Cash [] Cheque



AUTHORIZATION TO ACT (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

1, Khaut Teik Boon	("the third party claimant")
of Blk 716 Woodlands Drive 70 # (05-136 <u>Singapore 730 716</u> (address),
	_(vehicle no.) hereby authorize
Fostech Auto P	
rental and/or loss of use ("claim") for n damaged pursuant to the accident whi <u>Jln Eunos Twds Sims Ave</u>	spect to my claim for repair costs and/or my vehicle no. SMG 1792A that was ch occurred on 26.09.2020 (date) along (location)
manner that they deem fit and the wo	settle the above mentioned claim in a orkshop is further authorized to receive m with payment cheque/s being made in
further acknowledge that any settled behalf is on a without prejudice and without as the driver/owner/insurers of the other	ment the workshop may reach on my thout admission of liability basis insofar vehicle/s is concerned.
Date thisday of	<u>Sep(month) 20_20(year)</u>
	E STATE OF THE STA
Signed by "the third party claimant"	Signed by "the workshop"

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.
- 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.

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(A)	ACCIDENT STATEMENT
Date Of Report	28/09/2020 09:12
Date Of Accident	26/09/2020 09:40
Exact Location Of Accident	JLN EUNOS TWDS SIMS AVE
Country/State of Loss	SINGAPORE
AMERICAN SERVICE BUILDING	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1792A
Insured/Policyholder	

Name Of Registered Owner KHUAT TEIK BOON

NRIC No SXXXX243E
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96512409
Alternative Phone No OFFICE-96512409

Vehicle Particulars

Manufacturer MITSUBISHI
Model ATTRAGE

Exact Purpose for which vehicle was being used at time of accident

time of accident

NO

WORK

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number PNCV2019-00001647

Cover Note Number

Driver

Name of Driver KHUAT TEIK BOON

NRIC No SXXXX243E
Date Of Birth 23/07/1961
Occupation OUTDOOR
Date Of Driving Pass 24/10/1992

Driving Experience 27 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96512409

Fax Number

Contact Number OFFICE-96512409

EMail Address NOEMAIL

Address BLK 716 WOODLANDS DR 70 #05-136

Postcode 730716

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 AFTER RAIN

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 YES

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

NO

ambulance?

YES

Was any other material or property damaged?

....

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

NO

Number of Passengers (Including Driver)

2

NAME:

Passenger 1

: SHOANNA TAN

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX2246M

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMH265G

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

KHUAT TEIK BOON

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG1792A

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 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 flability.
- 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.
- 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 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:
 - 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.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

NRIC/FIN No.:	Sant & sted	the west contributions reported
:puraN	(if driver is not the policyholder)	:smiT & steQ
Reporting Centre Personnel's Signature	Driver's Signature	Policyholder's Signature
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1 of 4

Report No. T/20200926/2069

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2020 14:45		ade:	Vide Report No.:		Station Diary No.: 81	
Informant	's Particul	ars				
Name of Ir			Address:			
KHUAT TE	EIK BOON		APT BLK 716 WOODLANDS 730716	DRIVE 70 #0	05-136 SINGAPORE	
ID Type / I	D Type / ID No.:		Contact No.:			
NRIC NO	RIC NO / S2622243E Home/Offic		Home/Office:	ne/Office: Mobile: 96512409		
Nationality SINGAPO		N	Email:			
Sex: Male	Age: 59	Date of Birth: 23/07/1961	Type of Informant: Driver			
Race: Chinese			Language:	Institution /	/ School Name:	
Occupation GRAB DR			Driving Licence Information: Class: 2B,3	Date of Ex	piry:	

General Inform	ation of the Accide	nt			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/T Accide 26/09/2		Type of Location: Straight Road
Location:					
JALAN EUNOS	}				
Weather: Clear		Road Surface: Wet		Ros	ad Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Tra: Hea	ffic Volume: avy
Type of Collisio Between Movin	n: g Vehicles - Head To	Rear			one conveyed by bulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKX2246M				00.01	Slightly Damaged	2
SMG1792A	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly Damaged	1
SMH265G	Car				Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





T/20200926/2069

2 of 4

Report No. T/20200926/2069

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1792A	FWD Singapore Pte. Ltd	PNCV2019- 00001647	07/12/2019	06/12/2020

Details of Perso						
Any Pedestrian II					0	1
No. of Pedestrian	s Injured: NIL	SPESS WHEN HE WAS A STANSON	Use of Peo	destrian	Cross	sing: NA
Driver						074000475
Name	LEE TAK CHOU			ID No		S7460817E
Related Vehicle	SKX2246M (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	KHUAT TEIK BOON			ID No		S2622243E
Related Vehicle	SMG1792A (Car)			Conta	ct No.	96512409
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver Driver						
Name	LEE KWANG JOO			ID No		S7800903I
Related Vehicle	SMH265G (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL		ATC.	Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 4 Report No. T/20200926/2069

CONTINUATION OF REPORT

Brief Details.

On 26/09/2020 at about 0940hrs, I was driving on my car, SMG1792A along Jalan Eunos towards Sim Avenue on Lane 01. There was one passenger seating behind my rear seat. The floor was wet and the traffic heavy.

The traffic was moving slowly. While driving, I felt an impact from the rear of my car. Due to the impact, my car shifted forward and collided onto the rear of SMH265G. Upon alighting, I made a check and discovered that a car, SKX2246M had collided onto the rear of my car.

We exchanged particulars and left the scene. No one was injured. There is an in car camera installed at the front of my car. No police or ambulance came down to scene. I am lodging this report for insurance claims.





4 of 4 Report No. T/20200926/2069

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sr Staff Sgt MUHAMMAD SYAZWAN BIN SHAMSUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2020 14:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

ROUTE AUBLIC OF SINGAPORE

Nume

KHUAT TEIK BOON

KHUAT TEIK BOON

CHINESE

Data at birth

Sax

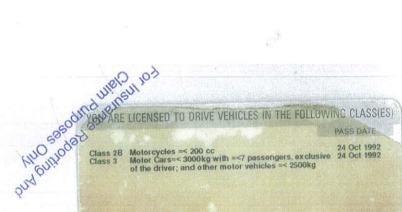
23-07-1961 M.

Country of birth

MALAYSIA







NP 428A

Licence No: S2622243E

For Insurance Reporting And



Licence No : \$2622243E Name : KHUAT TEIK BOON

Card Issue Date : 08/01/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

or Insurance Reporting And

Authority (LTA). It must be surrendered to LTA on request. If found please return to LTA, 10 Sin Ming Drive.

Type 13

Description

PRIVATE HIRE CAR VL

Issue Date

08/01/2018





CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2019-00001647

Car plate number : SMG1792A

Coverage start date: 07/12/2019 Coverage end date: 06/12/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: KHUAT TEIK BOON NRIC/FIN: S2622243E

Address: 716 Woodlands Drive 70 05-136 Singapore 730716

Email: teikboon.khuat@gmail.com Mobile Number: 96512409

Date of Birth: 23/07/1961 Gender: Male

Marital status: Married Certificate of Merit: Yes

Current no claims discount: 10% Years of driving experience: Three or more

About your car and policy

Car make and model: MITSUBISHI ATTRAGE 1.2

Year of first registration: 2018

Plan type: Comprehensive Standard Excess: \$\$2,000

NCD protector: Not Applicable Your preferred workshop: Not Applicable

Overseas Booster: Not Applicable Premium paid (Inclusive of GST): S\$2,528.35

Finance company: Standard Chartered Bank (Singapore) Limited

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 26 Sep 2020

Singapore NRIC

243E

SMG1792A

No

26 Sep 2020

MITSUBISHI

ATTRAGE 1.2 CVT

Red 2018

3A92UHK0323

MMBSTA13AJH004354

59.0 kW (79 bhp)

\$13,264.00

07 Dec 2018

07 Dec 2018

\$5,000.00

Yes

06 Dec 2028

\$3,750.00

06 Dec 2028

A - Car up to 1600cc & 97kW (130bhp)

\$25,000.00

\$20,484.00

\$24,234.00