#### **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: 02.11.2020

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

Attn: Motor Claim Department

Dear Sir/Madam,

#### ACCIDENT INVOLVING VEHICLES: AV 7297L / SMA 5868X AND OTHER ON 28.09.2020

We are the authorized repair workshop for the owner of motor vehicle no: AV 7297L , which was involved in the captioned accident with your insured vehicle no: SMA 5868X . 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.

		\$ 5,017.00
4)	GIA Search Fee	\$ 2.00
3)	Loss of Use (3 Days x \$50)	\$ 150.00
2)	Towing Fee	\$ 50.00
1)	Cost of Repair (inclusive of GST)	\$ 4,815.00

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) Insurance Certificate

i) 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 Sinagpore Pte Ltd

1 Raffles Quay #29-10

South Tower

Singapore 048583

Attn: Motor Claim Department

Tax Invoice: 22019

Date

:02.11.2020

Vehicle No : AV 7297L

Make/Model : HONDA NC750X

Chassis/Eng# :

Accident Date : 28.09.2020

Claim No

Reference

: 1020 -22019

Policy No

Amount

To proceed on lump sum repair

S\$

4500.00

E. & O. E.

Total: S\$ GST @ 7% : S\$

4500.00

315.00

Amount Due: \$\$

4815.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



## PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717 TEL: 6743 1987 (3 LINES) FAX: 6743 0013 Email: peoplevehicle@gmail.com Reg No: 200415052W



Date: CASH SALE/WORK O	RDER No:PB 2132
賽號 Cagh Messrs:	Accident/Breakdown Multi/Basement
单 號 Vehicle No: AV 7297 1	Jump Start
From: FA SIT Airport Rod	Changing of Battery Tyre Replacement/ Patching
To: Allo Day	Crane Up/Winch Out With Load/Cargo Box
其他 Remark:	Flat Bed King Dolly to lift up
## # (9:00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Low Body Kit
注意:本公司對所拖之車輌,在進行中加有任何指失或破壞,一概由非主自行貨 NOTE:Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other mission earnour to your vehicle whilst being towed.	Door Opening Service Collect Document/Key
差手人 Authorised by: 単貴人 Received by:	Jurong Island/Cargo Complex Woodlands/Tuas Checkpoint Cancellation Charge (Reach Location) Cancellation Charge (After 15 minutes)



## 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-20-116959

Date of Request:

28/09/2020

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** 

28/09/2020

Thquiry By

Tang Kok Wee, Allan

רץ Vehicle No.

SMA5868X

Accident Date

28/09/2020

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMA5868X	QBE Insurance (Singapore) Pte Ltd	01/11/2019-31/10/2020	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.

is 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-20-116959

Date of Request:

28/09/2020

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** 

28/09/2020

quiry By

Tang Kok Wee, Allan

TP Vehicle No.

SMA5868X

Accident Date

28/09/2020

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

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	05/10/2020 19:56
Date Of Accident	28/09/2020 18:05
Exact Location Of Accident	AYE TOWARDS CITY (BEFORE CLEMENTI AVE 6)
Country/State of Loss	SINGAPORE
of the state of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	AV7297L
Insured/Policyholder	
Name Of Registered Owner	NURAZLAN BIN SINEN
NRIC No	SXXXX894C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93654567
Alternative Phone No	OFFICE-93654567
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750XA-745CC
Exact Purpose for which vehicle was being used at time of accident	PTE USED
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109831688-01
Cover Note Number	
Driver	
Name of Driver	NURAZLAN BIN SINEN
NRIC No	SXXXX894C
Date Of Birth	03/10/1981
Occupation	INDOOR
Date Of Driving Pass	28/04/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93654567

OFFICE-93654567

NOEMAIL

Address BLK 112 EDGEFIELD PLAINS #13-388

Postcode 820112

Was driver an employee of the Insured's Company NO

**OWNER** If No, Relationship of the Driver with the Insured

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 CLEAR Road Surface DRY

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?

YES

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

1

NO

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

10 UBI AVENUE 3

TEL NO: - FAX NO:

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA5868X

Vehicle Make/Model/Colour

VOLVO XC60

**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 YP3938U

Vehicle Make/Model/Colour MITSUBISHI FIGHTER

**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 INJURED PERSON 1**

Name NURAZLAN BIN SINEN

Approximate Age 39

Injuries Sustain

Injured person in which vehicle? AV7297L Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

**BLK 112 EDGEFIELD PLAINS** 

#13-388

YES

Postcode S820112

#### Sketch Plan

ETCH PLAN			
		A)	AV 7297 L
S. S		8.)	SMA 5868X
8		c)	YP 3938U .
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT		
* Neter the o	attached Police Report	: T/20201	. 200F / 200
			1
ECLARATION			
ECLARATION  Ve declare the foregoing particu	uters are true in every respect.		B

#### Sketch Plan #2

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- 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 Control 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
  exercisted 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)

Lunderstand, arknowledge, 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 purposely) 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 finduding 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")
- 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

iii) for complying with requirements under any regulations, laws or court orders.

Policyholder Signature Date & Time: Dover's Signature

(Arther in not the policyholder)

Date & Time:

Reporting Contre Personnal's Signature

Mames

NEIC/PIN No.:

#### Police Report





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. 7/20201002/7006

REPORT	OF A TRAFFI	G ACCIDENT			
	ne Report I 020 10:47	dade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulors			
Name of Informant: NURAZLAN BIN SINEN			Address: APT BLK 112 EDGEFIELD PLAINS #13-388 SINGAPORE 820112		
ID Type / ID No.: NRIC NO / S8132894C			Contact No.: Home/Office: Mobile: 93654567		
National SINGAP	ily: ORE CITIZ	EN	Email: nurazian.sinen@outlook.com		
Sex: Male	Age: 38	Date of Birth: 03/10/1981	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Project Manager			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/09/2020 18:05	Type of Location Straight Road
Location:				
AYER RAJAH	EXPRESSWAY			
17.4				
Manthae		I Dood Curtage		Back Connect to the
C. T. SECRETARY STATE OF THE SECRETARY STATE		Road Surface: Dry		Road Speed Limit: 90 Km/h
Weather: Clear Traffic Flow: One Way				

Vehicle No.	Type	Make	Model	Color	Conditio	No of
AV7297L	Motorcycle	HONDA	NC750X	Silver		0
SMA5868X	Car	VOLVO	XC60	Silver	1	0
YP3938U	Lony	MITSUBISHI	Fighter	White		0

#### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. 1/20201002/1006

#### CONTINUATION OF REPORT

Details of V	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
AV7297L	NTUC Income Insurance Co-Operative Limited	5109831688-01	28/05/2020	The second second second

Details of Perso	in Involved			THE STATE			
Any Pedestrian I	nvolved: No	THE STATE OF	November 1				
No. of Pedestrians Injured: NIL Use of					f Pedestrian Crossing: NA		
Rider			TO KIND OF STREET		4 60 20		
Name	NURAZLAN BIN SINEN			ID No.		S8132894C	
Related Vehicle	AV7297L (Motorcycle)			Contact No.		93654567	
Hospital/Clinic NATIONAL UNIVERSITY HOS		SPITAL	Class Drivir Licen Expir	ng oe &	Class: NIL Date of Expiry: NIL		
Date	28/09/2020		Date		-	/2020	
No. of Days gran	ted Medical Leave	14	Degrae o	1	Seno	THE RESERVE OF THE PARTY OF THE	

#### Brief Details

On the 28th of Sept 2020, at about 6.05pm, I was riding my motorcycle AV7297L along Ayer Rajah Expressway (AYE) before Clementi Ave 6. I was travelling on Lane 3 of the 3 Lane expressway.

I was about to exit AYE to enter Clementi Ave 6 and slowed down because of heavy traffic in front of me. All of a sudden, I was violently hit by a motorcar SMA5868X. I was flung off and suffered serious injuries.

I later realised that there was a white lorry YP3938U which also hit the motorcar SMA5868X which hit my motorcycle.

I was later conveyed by ambulance to National University Hospital (NUH),

#### Police Report



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



7/20201002/7006

3 0 3

Report No. 1/2020 1002/1006

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Of Not applicable	ficer Recording The Report:
Signature Of Inte Not applicable	arpreter:
Officer In Charge	e Of Case:
TAN JUN YAN Contact No.: 854	176311

**Authentication Stamp** 

NP168

The k	ure Of Informant entity of the person making this report he suthenticated by SingPass. No signature ad.
Date/ 02/10	Inte: 2020 10:47
Class	ication Of Case:









#### 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number : 5109831688-01

1. Index mark and Registration Number of Vehicle

: AV7297L

Chassis Number

2. Name of Policyholder

: JH2RC72AXEK001303

Cover : Third Party, Fire & Theft

: NURAZLAN BIN SINEN

3. Effective Date of Insurance

: 28 May 2020

4. Expiry Date of Insurance

: 27 May 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 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.

**EXCESS (SECTION 1)** 

N/A

**EXCESS (SECTION 2)** 

N/A

**EXCESS (THEFT OUTSIDE SINGAPORE)** 

PLEASE REFER OVERLEAF

**INSURE WITH COE** 

NAMED DRIVER (1)

**NURAZLAN BIN SINEN** 

NAMED DRIVER (2)

**ROSLAN BIN SINEN** 

HIRE PURCHASE COMPANY

SUM INSURED

N/A

MARKET VALUE OF INSURED VEHICLE 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)

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 18 May 2020 22:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	en de Owner Partind are
Owner ID Type:	Singapore NRIC
Owner ID:	894C
Vehicle Details	
Vehicle No.:	AV7297L
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	NC750X
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	RC70E5016214
Chassis No.:	JH2RC72AXEK001303
Maximum Power Output:	
Open Market Value:	\$5,614.00
Original Registration Date:	28 May 2015
First Registration Date:	28 May 2015
Transfer Count:	2
Actual ARF Paid:	\$843.00
Intended PARF Rebate Details	10.00mm,10.00mm。在10.00mm,在10.00mm,10.00mm。
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	2714 2005
COE Expiry Date:	27 May 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,800.00
COE Rebate Amount:	\$2,692.00
Total Rebate Amount:	\$2,692.00

The information contained herein is correct as at 05 Oct 2020

OK