## **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: 30.11.2020

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

Attn: Motor Claim Department

Dear Sir/Madam,

#### ACCIDENT INVOLVING VEHICLES: SLS 1577D / GX 7716M ON 19.10.2020

We are the authorized repair workshop for the owner of motor vehicle no: SLS~1577D, which was involved in the captioned accident with your insured vehicle no: GX~7716M. 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)
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- 2) Loss of Use (4 Days x S\$100)
- 3) GIA Search Fee

\$	10,246.00
\$	2.00
\$	400.00
2	9,844.00

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) I/C & Driving Licence

f) Insurance Certificate

g) 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: 22043

Date

:30.11.2020

Vehicle No

:SLS 1577D

Make/Model : MERCEDES C180K

Chassis/Eng# :

Accident Date : 19.10.2020

Claim No

Reference

: 1020 -22043

Policy No

Amount

To proceed on lump sum repair

S\$

9200.00

E. & O. E.

GST @ 7% :\_S\$

Total: S\$

9200.00

644.00

Amount Due: \$\$

9844.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



### 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-20-127553

Date of Request:

20/10/2020

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** 

20/10/2020

Fnquiry By

Tang Kok Wee, Allan

. Vehicle No.

GX7716M

**Accident Date** 

19/10/2020

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GX7716M	QBE Insurance (Singapore) Pte Ltd	01/02/2020-31/01/2021	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.

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-20-127553

Date of Request:

20/10/2020

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** 

20/10/2020

Enquiry By

Tang Kok Wee, Allan

. Vehicle No.

GX7716M

Accident Date

19/10/2020

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

DATE : 10 · 10 · 10 L0	
TO: QBE Insurance (Singapore) Pte Ltd	
RE : ACCIDENT INVOLVING VEHICLE NO. SLS 1577D / GX 7716N	1
ALONG Woodlands Avenue 12 Towards Yishun	
ON 19. 10. 2020	
I/We, Chua Yao Hin	
of (NRIC No./ROC No.) \$ 17  55% E	
of Blk 726 Vishun Street 71 #02-55 Singapore 760726	
owner of vehicle no. SLS 1577 in consideration of M/s FASTECH AUTO	
PTE LTD repairing my/our vehicle 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.	a
acsolutely.	
I/We further agree and undertake to indemnify them against the above-mentioned claim cos	t
which may arisen therewith.	
Signature of Owner:	
Name of Owner:	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**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 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

	ACCIDENT STATEMENT
Date Of Report	20/10/2020 16:45
Date Of Accident	19/10/2020 21:45
Exact Location Of Accident	WOODLANDS AVE 12 TOWARDS YISHUN
Country/State of Loss	SINGAPORE
CONTRACTOR SHAPE TO A SHAPE SHAPE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1577D
Insured/Policyholder	
Name Of Registered Owner	CHAN YAO HIN
NRIC No	SXXXX586E
Email Address	JIMMYCHANYH65@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90628379
Alternative Phone No	OFFICE-90628379
Vehicle Particulars	511162 00020010
Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used a time of accident	t
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG20006371
Cover Note Number	
Driver	
Name of Driver	CHAN YAO HIN
NRIC No	SXXXX586E
Date Of Birth	21/06/1965
Occupation	INDOOR
Date Of Driving Pass	27/03/1987
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90628379
ax Number	
Contact Number	OFFICE-90628379

JIMMYCHANYH65@GMAIL.COM

Address BLK 726 YISHUN ST 71 #02-55

Postcode 760726

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 SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

4

: YANG XIAN QIONG

GENDER:

: FEMALE

Passenger 2

NAME:

: JIA JIA

**GENDER:** 

: FEMALE

Passenger 3

NAME:

: ZHANG YU AN

**GENDER:** 

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GX7716M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number NA
Address NA
NA
Postcode NA
Insurance Company Name
Nature Of Damage NA

No. Of Passenger (Including Driver)

#### Accident Sketch Plan Pg. 1

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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.:

## Individual Statement Pg. 1

SKETCH PLAN		
	A) SLS 1577 D	
	B) 6x 7716 m.	
	AR	
SCRIBE CIRCUMSTANCES		
09 19 10 2020	1 at about 21.45 pm. I was travelling along Woodland	ls
Avenue 12 Towards	Yishum, I was driving straight, Suddenly Vehicle	D
THETHE IZ TOTALIST	Trander, 1 Ard anyther straight, middlette remide	Ь.
(ut to in my lana	and hit my Vehicle A	
(u) 10 lb my jarja	and hit my Vehicle A	
		_
A	1	
	ulars are true in every respect a fig. 2	,
CLARATION e declare the foregoing particul	ulars are true in every respect. 16 – 43 pm.	`
		,

Date & Time:

GIARMO Sketch@lanForm\_VS

NRIC/FIN No.:

Page 5 of 14



din



ERGO

24-Hour Motor Accident Reporting and Assistance Helpline

#### 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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMPG20006371

Vehicle Registration Number

SLS1577D

Cover Type

Superior Comprehensive

Policy Type

Private Car

Name of Policyholder/Insured

CHAN YAO HIN

Commencement Date of Insurance **Expiry Date of Insurance** 

16/06/2020 15/06/2021

Excess

EXCESS: (SECTION I).....ADD'L EXCESS: UNNAMED DRIVERS (SECTION I).. ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)

S\$ S\$

500.00 500.00 300.00 100.00

3,000.00

Finance Company/Hire Purchase Owner:

**B-T-S-C AGENCY** 

EXCESS: WINDSCREEN

YOUNG & INEXP DRIVERS (SECTION I)

#### \*Persons or Classes of Persons entitled to drive:

1. The Policyholder

2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### \* Limitations as to Use:

- Use only for social domestic and pleasure purposes
   Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business

3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd. Approved Insurer

avl-lleint

Authorized Signature

A100058 SONA INSURANCE AGENCIES PTE LTD Vehicle Chassis Number: WDD2040452A276810, Vehicle Engine Number: 27191031209589 PC1, 01/06/2020 10:28

## > Back to OneMotoring

Enquire PARE COE Repate for Registered Vehicle
enice Cycle Participant
Singapore NRIC
586E
SLS1577D
No
21 Oct 2020
MERCEDES BENZ
C180K
White
2009
27191031209589
WDD2040452A276810
115.0 kW (154 bhp)
\$36,376.00
16 Jun 2009
16 Jun 2009
3
\$36,376.00
Forfeited
\$0.00
30 Apr 2029
A - Car (1600cc & below)
10
\$26,175.00
\$22,314.00
\$22,314.00

The information contained herein is correct as at 21 Oct 2020