

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 : 01.02.2021

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBF 1254Y / XB 8429A ON.16.01.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBF 1254Y**, which was involved in the captioned accident with your insured vehicle no: **XB 8429A**. 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)	\$ 14,980.00
2) Loss of Use (8 day + 1 Sunday X \$ 280)	\$ 2,520.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 17,502.00</u>

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

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn : Motor Claim Department

Tax Invoice : 22198

Date 01.02.2021

Vehicle No GBF 1254Y

Make/Model Nissan Cabstar

Chassis/Eng# :

Accident Date 16.01.2021

Claim No :

Reference 0121 -22198

Policy No

	Amount
To proceed on lump sum repair	S\$ 14000.00

E. & O. E.

Total : S\$ 14000.00

GST @ 7% : S\$ 980.00

Amount Due : **S\$ 14980.00**



for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

XB8429A

Date of Accident

16/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Axa

Period of Insurance 01/10/2020 - 30/09/2021

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 16/01/2021 12:31

Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

AUTHORISATION TO ACT

I/We, East Sparkle Trading (the third party claimant") of 688C Choa Chu
Kang Crescent #07-118(S) 683688 (address), owner of GBE 1254 Y (vehicle no.) hereby
authorize Fastech Auto Pte Ltd ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.
GBE 1254 Y that was damaged pursuant to the accident which occurred on 16.01.2021 (date)
along PTE Towards Changi (Before Larnie Exit) (location) involving
vehicle no/s XB8429A ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 16 (day) of 01 (month) 2021 (year)

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Signed by "the third party claimant"
(with company stamp if applicable)



[Signature]
Signed by "the workshop"
(with company stamp)

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 Submission	18/01/2021 15:02 (SGT)
Date of Accident	16/01/2021 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWRDS CHANGI(BEFORE LORNIE EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1254Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EAST SPARKLE TRADING
Company Reg No	5XXXX284C
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-92716646
Alternative Phone No	+65-92716646

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5081578551-04
Cover Note Number	-

DRIVER

Name of Driver	TOH THIAN TENG
NRIC No	SXXXX048C
Date Of Birth	17/02/1950
Occupation	Outdoor

Date Of Driving Pass	27/02/1975
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92716646
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 217 PETIR ROAD #08-387
Address complement	-
Postcode	670217
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHOONG SOEI YONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

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	XB8429A
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / CKB45ABTN2
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGJ3074G
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / WISH 1.8 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH THIAN TENG
Address	BLK 217 PETIR ROAD #08-387
Address Complement	-
Post Code	670217
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF1254Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

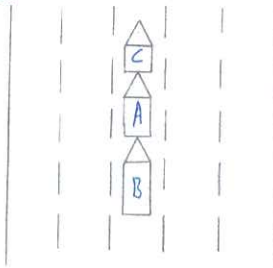
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacbk@vicom.com.sg

Witnessed by Reporting Centre Personnel

18 JAN 2021

Sketch Plan



- A) 68F 1254Y
- B) XB 8429A
- C) SGJ 3074G


Describe Circumstances of the Accident

On 16.01.2021 at about 11.15am. I was travelling along PIE Towards Changi (Before Lorie Road). I was stationary due to front traffic. Suddenly I felt an impact from my rear and my car moved forward hit the front vehicle. I was involved in a 3 vehicles chain collision.

Declaration

I/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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackh@idac.com.sg

Witnessed by Reporting Centre Personnel

18 JAN 2021


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0989048C**
 Name: **TOH THIAN TENG**
 Birth Date: **17 Feb 1950**
 Issue Date: **03 Mar 2003**

Barcode: 1000252874C

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0989048C**



Name: **TOH THIAN TENG**
 卓添丁
 Race: **CHINESE**
 Date of Birth: **17-02-1950** Sex: **M**
 Country of Birth: **SINGAPORE**

HUI HUA CREDIT PTE LTD • TEL 6469 6611

Handwritten: 5089358

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 For Insurance Reporting And
 Claim Purposes Only

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


	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	06 Feb 1975
Class 2A Motorcycles between 201 cc and 400 cc	06 Feb 1975
Class 2 Motorcycles exceeding 400 cc	06 Feb 1975
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Feb 1975

Licence No: S0989048C

NP 428A

Barcode: 2235381

NRIC No: **S0989048C**



Blood Group: **A+** Date of issue: **02-08-1994**

Address:
APT BLK 217 PETIR ROAD
#08-387
SINGAPORE 2367

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 : 5081578551-04

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBF1254Y**
Chassis Number : JN1SC2F24Z0858774
2. Name of Policyholder : EAST SPARKLE TRADING
3. Effective Date of Insurance : 30 Jun 2020
4. Expiry Date of Insurance : 29 Jun 2021
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 business or profession.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ETHOZ CAPITAL LTD
SUM INSURED	: 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 : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 04 Jun 2020 17:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 284C

Vehicle Details

Vehicle No.: GBF1254Y
Vehicle to be Exported: No
Intended Deregistration Date: 16 Jan 2021
Vehicle Make: NISSAN
Vehicle Model: CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour: Silver
Manufacturing Year: 2016
Engine No.: ZD30012574N
Chassis No.: JN1SC2F24Z0858774
Maximum Power Output: -
Open Market Value: \$24,942.00
Original Registration Date: 30 Jun 2016
First Registration Date: 30 Jun 2016
Transfer Count: 0
Actual ARF Paid: \$1,248.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 29 Jun 2026
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$18,302.00
COE Rebate Amount: \$9,979.00
Total Rebate Amount: \$9,979.00

The information contained herein is correct as at 16 Jan 2021

OK