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:

16.03.2021

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

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SME 3570X / SC

SME 3570X / SCG 28Z ON.06.02.2021

We are the authorized repair workshop for the owner of motor vehicle no: SME 3570X , which was involved in the captioned accident with your insured vehicle no: SCG 28Z . The vehicle owr \ 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.

		\$ 3,546.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Use (2 days X \$ 60)	\$ 120.00
1)	Cost of Repair (inclusive of GST)	\$ 3,424.00

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

Tax Invoice: 22242

QBE Insurance Sinagpore Pte Ltd

1 Raffles Quay #29-10

South Tower

Singapore 048583

Attn: Motor Claim Department

Date 16.03.2021/ Vehicle No SME 3570X

Make/Model Mercedes C180

Chassis/Eng# :

Accident Date 06.02.2021

Claim No

Reference 0221 -22242/

Policy No

Amount

To proceed on lump sum repair S\$ 3200.00

E. & O. E. Total: S\$ 3200.00

GST @ 7%: S\$ 224.00

Amount Due : S\$ 3424.00

for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SCG28Z

Date of Accident

06/02/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance QBE Period of Insurance 08/09/2020 - 07/09/2021 Requested By ALLAN TANG (KIM CHWEE AUT... Requested Date 06/02/2021 16:03

Payment details

Request Amount: \$\$1.87

GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

	DATE : 08.03, 2021							
	TO : QBE Insurance Singapore Pte Hol							
	RE : ACCIDENT INVOLVING VEHICLE NO. SME 3570x / SCG 282							
	ALONG PIE Twods Changi CBefore Paya Lebar Exit)							
	ON 06.03.202							
	I/We, Sim Hee Ann (Shen Xi An)							
	of (NRIC No./ROC No.) S 7243948A							
	of BIK 264 Jurong East Street 24 #05-529 Singapore 600264							
	owner of vehicle no. SME 3.570 X in consideration of M/s FASTECH AUTO							
	PTE LTD repairing my/our vehicle SME 3570 t 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:							
	Name of Owner: Sim Hee An (Shen Xi An)							

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed</u> 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.

4. The issue and acceptance of this Form by instraince companies is not all admission of policy flability of the part of the instraince 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

08/02/2021 11:30 (SGT) Date of Submission 06/02/2021 15:45 (SGT) Date of Accident **Exact Location of Accident** Singapore PIE TWRDS CHANGI(BEFORE PAYA LEBAR EXIT) dditional Location Information Singapore Country/State of Loss

DETAILS (OF OWN VEHICLE	
Vehicle Registration Number	SME3570X	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No SIM HEE ANN(SHEN XI'AN) SXXXX948A ieclighting@hotmail.com (Phone) +65-97561899 +65-97561899	
VEHICLE PARTICULARS		
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category INSURANCE COMPANY	Mercedes MERCEDES BENZ / C 180 BLUEEFFICIENCY - Private use No - Claiming third party Private car	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Comprehensive No 5106056245-01	

Indoor

Occupation

Accident report SV0L21280005

Name of Driver

Date Of Birth

NRIC No

SIM HEE ANN(SHEN XI'AN) SXXXX948A 01/12/1972

Date Of Driving Pass	12/11/1998
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97561899
Alt. Phone Number	+65-97561899
Email Address	ieclighting@hotmail.com
Address	BLK 264 #05-529 JURONG EAST STREET 24
Address complement	
Postcode	600264
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
21. D. RANGONITONICO - MINISTERIO DE LO DESCRICTO	멸
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	· ·
11 1 15 17 17 17 17 17 17 17 17 17 17 17 17 17	Yes
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
Soliciting/offering accident claims assistance:	NO
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	200207
Vehicle Manufacturer	SCG28Z
Vehicle Model	Toyota
Vehicle Variant	TOYOTA / LEXUS RX270 AUTO STD

Vehicle Registration Number	SCG28Z
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / LEXUS RX270 AUTO STD
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	The state of the s
Contact Number	
Address	~
Address complement	-
Postcode	-
Insurance Company Name	QBE



Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 yers/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 yers/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 yers/law firms), which may be safed outside of Singapore, for one or more of the above Purposes IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg Policyholder's Si ature Y Date & Driver's Signature (If driver not the policyholder) / Date Witnessed by Reporting Centre & Time Personnel 0 8 FEB 2021 Sketch Plan SME 3570X SCG 28 Z

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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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 4 15933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre

0 8 FEB 2021



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7243948A



SIM HEE ANN (SHEN XI'AN)

沈 喜 安 CHINESE

Date of birth Sex 01-12-1972 M
Country of birth SINGAPORE

5720000BA

4069653

For Insurance Reporting And Claim Purposes Only

Made



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIST Purposes Only

PASS DATE

Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg



Date of tasue
22-06-2007

APT BLK 264 JURONG EAST STREET 24 #05-529
SINGAPORE 600264
NRIC No. S7243948A
Date: 16/05/2016

NP 428A



### 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: 5106056245-01

1. Index mark and Registration Number of Vehicle

Chassis Number

3. Effective Date of Insurance

2. Name of Policyholder

4. Expiry Date of Insurance 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.

Cover : drivo CLASSIC

SMF3570X WDD2040312A888587

SIM HEE ANN

29 Feb 2020

28 Feb 2021

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.

55500 EXCESS (SECTION 1) EXCESS (SECTION 2) N/A 5\$100 WINDSCREEN EXCESS N/A ADDITIONAL EXCESS

PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NO YES INSURE WITH COE YES NCD PROTECTION NO TRANSPORT ALLOWANCE EXCESS WAIVER NO PRIMARY DRIVER SIM HEE ANN N/A NAMED DRIVER (1)

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: TAN KIM TECK (00000311045) Date of Issue : 28 Feb 2020 18:02 hrs 28 Feb 2020 18:04 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: Singapore NRIC

Owner ID: 948A

Vehicle Details

Vehicle No.: SME3570X

Vehicle to be Exported: No

Intended Deregistration Date: 06 Feb 2021

MERCEDES BENZ Vehicle Make:

Vehicle Model: C 180 BLUEEFFICIENCY

Primary Colour: Black Manufacturing Year: 2013

27491030081271 Engine No.:

WDD2040312A888587 Chassis No.:

115.0 kW (154 bhp) Maximum Power Output: Open Market Value: \$29,334.00

Original Registration Date: 30 Aug 2013 30 Aug 2013 First Registration Date:

Transfer Count:

\$28,068.00 Actual ARF Paid:

Intended PARF Rebate Details PARF Eligibility: Yes

PARF Eligibility Expiry Date:

29 Aug 2023 PARF Rebate Amount: \$16,840.00

**Intended COE Rebate Details** 

29 Aug 2023 COE Expiry Date:

COE Category: A - Car (1600cc & below)

10 COE Period(Years): QP Paid: \$75,556.00

\$19,356.00 COE Rebate Amount: \$36,196.00 Total Rebate Amount:

The information contained herein is correct as at 06 Feb 2021

OK