

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 : 07.04.2021

Lonpac Insurance BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBC 2615Z / XA 8988H ON 19.02.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBC 2615Z**, which was involved in the captioned accident with your insured vehicle no: **XA 8988H**. 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)	\$	14,445.00
2) Loss of Use (8 Days x S\$100)	\$	800.00
3) Towing Fee	\$	60.00
4) GIA Search Fee	\$	2.00
	<u>\$</u>	<u>15,307.00</u>

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) 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

Lonpac Insurance BHD
300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attn : Motor Claim Department

Tax Invoice : 22263

Date 07.04.2021
Vehicle No GBC 2615Z
Make/Model NISSAN URVAN 3.0
Chassis/Eng# :
Accident Date 19.02.2021
Claim No :
Reference 0221 -22263
Policy No :

	Amount
To proceed on lump sum repair	S\$ 13500.00

E. & O. E.

Total : S\$	13500.00
GST @ 7% : S\$	945.00
Amount Due : S\$	14445.00


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: 19/2/21

CASH SALE/WORK ORDER No: PF 6950

實號

Messrs:

車號

Vehicle No:

由

From:

到

To:

他

mark:

間

AMOUNT:

本公司對所拖之車輛，在進行中如有任何損失或破壞，一概由車主自行負責。

Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misadventure to your vehicle whilst being towed.

手人

authorised by:

收貨人

Received by:

- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☐ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

XA8988H

Date of Accident

19/02/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac**Period of Insurance **16/07/2020 - 15/07/2021**Requested By **ALLAN TANG (KIM CHWEE AUT...**Requested Date **19/02/2021 12:50****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**

DATE : 19.02.2021

TO : Lonpac Insurance BHD

RE : ACCIDENT INVOLVING VEHICLE NO. GBC 2615Z/XA 8988H

ALONG TWDS AYE (TUAS) AFTER BUONA VISTA EXIT
ON 19.02.2021

I/We, Ace Fruit Culture
of (NRIC No./ROC No.) 53104676A
of 653A Jurong West Street 62 #14-428 Singapore (641653)
owner of vehicle no. GBC 2615Z in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle GBC 2615Z 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 :

Kumaran Rajanduran

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	20/02/2021 12:12 (SGT)
Date of Accident	19/02/2021 08:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS AYE(TUAS) AFTER BUONA VISTA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2615Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE FRUIT CULTURE
Company Reg No	5XXXX676A
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-93222968
Alternative Phone No	+65-93222968

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V11206/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	KUMARAN S/O RAJANDEERAN
NRIC No	SXXXX849G
Date Of Birth	07/03/1989
Occupation	Outdoor

Date Of Driving Pass	24/12/2020
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87540237
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 273A JURONG WEST AVE 3 #10-37
Address complement	-
Postcode	641273
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) 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 TO STATEMENT.

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	XA8988H
Vehicle Manufacturer	-
Vehicle Model	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUMARAN S/O RAJANDEERAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBC2615Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

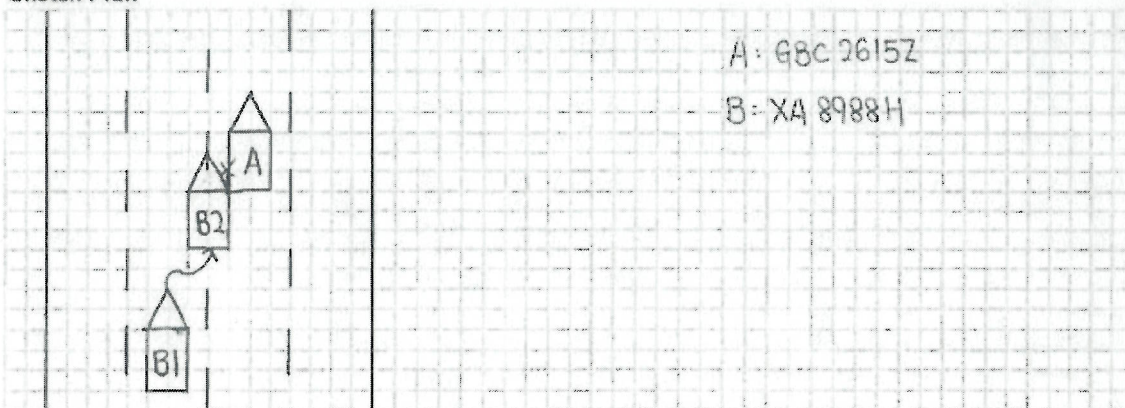
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 19.02.2021 at about 08:30 am I was travelling along AYE towards AYE (TUAS) after Buena Vista Exit. I was travelling straight. Suddenly, vehicle B (XA 8988H) cut into my lane and hit my vehicle.

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S8910849G**

Name: **KUMARAN S/O RAJANDEERAN**

Birth Date: **07 Mar 1989**
Issue Date: **24 Dec 2020**

003105676K

**For Insurance Reporting And
Claim Purposes Only**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8910849G**

Name: **KUMARAN S/O RAJANDEERAN**

Race: **INDIAN**
Date of birth: **07-03-1989** Sex: **M**
Country of birth: **SINGAPORE**

**For Insurance Reporting And
Claim Purposes Only**

[Handwritten signature]

**For Insurance Reporting And
Claim Purposes Only**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

EFFECTIVE DATE: **24 Dec 2020**

NP 428A

Licence No: **S8910849G**

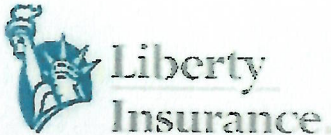
4020531

**For Insurance Reporting And
Claim Purposes Only**

S8910849G

Date of issue: **07-03-2007**


Address: **APT BLK 273A JURONG WEST AVENUE 3
#10-37
SINGAPORE 641273**



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SD20V11206 /VCV /R00
Form	MZ300A
Date Of Issue	21-SEP-2020
1.Index Mark and Registration No. of Vehicle:	GBC2615Z
2.Chassis number of Vehicle:	JN1MG4E25Z0795931
3.Name of Policyholder:	ACE FRUIT CULTURE
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-AUG-2020 00:00 AM
5.Date of Expiry of Insurance:	27-AUG-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their 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.	
7.Limitations as to use*:	
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover:	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.	
*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 are not to be included under these headings.	
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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	NET LINK COMMERCIAL PTE LTD

CSMT/CSMT/21-SEP-20

S1_Cl_T1_T3_OE_Template2-Ver1.

21-SEP-20

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 676A

Vehicle Details

Vehicle No.: GBC2615Z
Vehicle to be Exported: No
Intended Deregistration Date: 19 Feb 2021
Vehicle Make: NISSAN
Vehicle Model: URVAN 3.0 5MT ABS AB 5DR LWB PANEL
Primary Colour: Silver
Manufacturing Year: 2011
Engine No.: ZD30286486K
Chassis No.: JN1MG4E25Z0795931
Maximum Power Output: -
Open Market Value: \$28,737.00
Original Registration Date: 26 Sep 2011
First Registration Date: 26 Sep 2011
Transfer Count: 3
Actual ARF Paid: \$1,437.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 30 Sep 2025
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
PQP Paid: \$11,975.00
COE Rebate Amount: \$11,050.00
Total Rebate Amount: \$11,050.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 19 Feb 2021

OK