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: 11.03.2021

AIG Asia Pacific Insurance Pte Ltd Chartis Building 78 Shenton Way #07-16 Singapore 079120

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SKQ 6623T / SMW 1682A ON 23.02.2021

We are the authorized repair workshop for the owner of motor vehicle no: SKQ 6623T , which was involved in the captioned accident with your insured vehicle no: SMW 1682A . 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.

		\$ 4,047.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Rental	\$ 300.00
1)	Cost of Repair (inclusive of GST)	\$ 3,745.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) GIA Search Result

e) GIA Report

g) Insurance Certificate

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) I/C & Driving Licence

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

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn: Motor Claim Department

Tax Invoice: 22267

Date

:11.03.2021

Vehicle No

:SKQ 6623T

Make/Model : SUBARU FORESTER 2.0

Chassis/Eng#

Accident Date : 23.02.2021

Claim No

Reference

: 0221 -22267

Policy No

Amount

To proceed on lump sum repair

S\$

3500.00

E. & O. E.

Total: S\$

3500.00

GST @ 7% : S\$

245.00

Amount Due: \$\$

3745.00

for FASTECH AUTO PTE LTD

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: SIM LIN XI

Invoice : DCR-2021-02-17

Date : 26.02.2021

Agreement No: 21697 Payment Terms: LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle: SMM 5332L (0221-22267)

300.00

Rental Period from 24.02.2021 to

26.02.2021

E. & O. E.

Total

300.00

ASHLEY CHIA

for Dynamic Car Rental

Dynamic Car Rental

1 KAKI BUKIT AVENUE 6, #01-46/48/50 AUTOBAY, SINGAPORE 417883.

TEL: (+65) 6741 7244, 6746 5405 FAX: (+65) 6745 8520, 6746 5786

Co. Reg. No. 52928467K

RENTAL TERMS AND CONDITIONS

No. 21697

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INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMW1682A

Date of Accident

23/02/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	AIG
Period of Insurance	05/11/2020 - 04/11/2021
Requested By	ALLAN TANG (KIM CHWEE AUT
Requested Date	24/02/2021 10:02

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**



AUTHORIZATION TO ACT (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

of BIK 138 Simer Street 1 # 07-38 Singapor	("the third party claimant") <u>9 500138</u> (address), cle no.) hereby authorize
("the workshop") to act for me with respect to rental and/or loss of use ("claim") for my vehicle damaged pursuant to the accident which occupied Towards KPE	icle no. <u>SKQ 6623T</u> that was
I further authorize the workshop to settle manner that they deem fit and the workshop payment furtherto settlement of my claim with favour of the workshop.	the above mentioned claim in a op is further authorized to receive
I further acknowledge that any settlement behalf is on a without prejudice and without as the driver/owner/insurers of the other vehicle. Date this	admission of liability basis insofar
Signed by "the third party claimant"	Signed by "the workshop"



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 Submission	24/02/2021 11:04 (SGT)
Date of Accident	23/02/2021 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS KPE
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SKQ6623T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No SIM LIN XI SXXXX566H nancysim83@gmail.com (Phone) +65-92298564 +65-92298564
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	Subaru Forester - Private use No - Claiming third party Private car
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Allianz Comprehensive No SP2000078579-01
Name of Driver NRIC No Date Of Birth	SIM LIN XI SXXXX566H 15/05/1983

Indoor

Occupation

Date Of Driving Pass	05/03/2004
Driving experience	16 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92298564
Alt. Phone Number	+65-92298564
Email Address	nancysim83@gmail.com
Address	BLK 138 SIMEI STREET 1 #07-38
Address complement	*
Postcode	520138
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	
Insurance Company of Other Vehicle Owned by Driver	-
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Diy
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?	No
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)	1
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	
PLEASE SEE ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
rad alore any dudie recorded.	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SMW1682A
Vehicle Manufacturer	GIVIVY (UOZA
Vehicle Model	□ = 1
Vehicle Variant	_
Vehicle Colour	

Private car

-m/s				
(6)	Accident	report	SK0521	200001

Insurance Company Name

Address

Postcode

Vehicle Colour
Vehicle Category

Name of Driver Contact Number

Address complement

Nature Of Damage	
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.policylliability.
- 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.
- 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)

Lunderstand, 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 sited outside of Singapore, for one or more of the above Purposes.

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

A) SKQ 6613T

B-) SMW 1682A

Describ	e Circ	ums	tance	s of t	he Ac	cident									
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel REPUTING AND SINGAPORE
FOR INSURANCE CARD NO. S8314566H

Name

SIM LIN XI
(SHEN LINXI)

沈 琳 茜

Rese
CHINESE
Date of birth
15-05-1983 F

Country/Place of birth
SINGAPORE

DUN







Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C GST Registration No.: 201903913C

Address: 12 Marina View #14-01 Asia Square Tower 2 Singapore 018961

Tel: +65 6714 3369 Website: www.allianz.sg Allianz Contact Centre Tel: 1800 222 1818 (Local) +65 6222 1919 (Overseas)

Email: customerservice@allianz.com.sg



MX1

CERTIFICATE OF INSURANCE

FORM

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number

: SP2000078579-01

Coverage

: COMPREHENSIVE

Policyholder Name

: SIM LIN XI

Registration No.

: SKQ6623T

Period of Insurance

: 18 DECEMBER 2020 to 17 DECEMBER 2021

Persons or Classes of Persons Entitled to Drive*:

- The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with the his/her permission

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- use for hire or reward (a)
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of 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.

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) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

27 NOVEMBER 2020

Issued Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Account Code: 0000045

Excess:

OWN DAMAGE EXCESS

SGD

600

WINDSCREEN EXCESS

SGD

100

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make: Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 24 Feb 2021

Singapore NRIC

566H

SKQ6623T

No

24 Feb 2021

SUBARU

FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R

White

2014

FB201488364

JF1SJ5KC5EG038710

110.0 kW (147 bhp)

\$14,441.00

18 Dec 2014

18 Dec 2014

0

\$14,441.00

Yes

17 Dec 2024

\$9,386.00

17 Dec 2024

E - Open Category

10

\$73,900.00

\$27,788.00

\$37,174.00