

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 : 04.06.2021

AXA Insurance Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : YP 7937X / SHD 6616T ON.11.05.2021

We are the authorized repair workshop for the owner of motor vehicle no: **YP 7937X**, which was involved in the captioned accident with your insured vehicle no: **SHD 6616T**. 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)	\$	34,240.00
2) Loss of Use (17 day 2 Sunday + 1 public Holiday X \$ 200)	\$	4,000.00
3) Towing Fee	\$	180.00
	<u>\$</u>	<u>38,420.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|-----------------------------------|--------------------------|
| a) Final Repair Invoice | b) Towing Bill |
| c) Letter of Authorisation ,etc.. | d) GIA Report |
| e) I/C & Driving License | 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 : 22402

Date 04.06.2021

Vehicle No YP 7937X

Make/Model Mitsubishi Canter

Chassis/Eng# :

Accident Date 11.05.2021

Claim No 0521 -22402

Reference :

Policy No

	Amount
To proceed on lump sum repair	S\$ 32000.00

E. & O. E.

Total : S\$

32000.00

GST @ 7% : S\$

2240.00

Amount Due : S\$

34240.00



for FASTECH AUTO PTE LTD



TOWING SERVICES

BTS TOWING SERVICES

BLK 200A SENGKANG EAST ROAD #04-20 SINGAPORE 541200

H/P: 96311733 FAX: 6384 1950

Reg. No: 52879605D

CASH / WORK ORDER

NO. 21809

Date: 11/05/21

Messrs: Cash

Vehicle no: YP7937X Model: KLT MIT Lowry Cover Truck

From: Tuas South Ave 4 To: Autobay #01-49 Ah Boy

Remarks: Midnight. Waiting for Instans.

Time rec'd: 23.55pm 1.10am Time completed: 02.10am

Driver: KLT Andy Tow truck no: _____

Order by: Mike Total amount: \$180/-

Received by: _____ Issued by: [Signature]

- | | | |
|---|---|--|
| <input type="checkbox"/> Change tyres & towing | <input type="checkbox"/> Using King Dolly | <input type="checkbox"/> Use Car Carrier |
| <input type="checkbox"/> Basement / Multi carpark | <input type="checkbox"/> Low Spoiler / Jump Start | <input checked="" type="checkbox"/> Crane Up / Winch-out |
| <input type="checkbox"/> Causeway / 2nd Link | <input type="checkbox"/> Accident / Over-turn | <input type="checkbox"/> Loaded / Transport Charge |

Note: The receipt of service or his presentative is required to follow along to the towing destination, failing which the tow operator shall not be liable for any alleged damage(s) to the car nor missing item(s) from the same.

AUTHORISATION TO ACT

I/We, Horse Power Engineering & General Services Pte Ltd (the third party claimant) of 36 Caspmaet
Road #01-01 (S) 429814 (address), owner of YP7937X (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.
YP 7937 that was damaged pursuant to the accident which occurred on 11.05.2021 (date)
along Tuas South Ave 4 (location) involving
vehicle no/s SHD6616T ("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 19 (day) of 05 (month) 2021 (year)



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



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	14/05/2021 14:39 (SGT)
Date of Accident	11/05/2021 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7937X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD
Company Reg No	2XXXXX081R
Email Address	ENQUIRYHPE@GMAIL.COM
Mobile Phone No	(Phone) +65-69097560
Alternative Phone No	(Office) +65-69097560

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096311666-03
Cover Note Number	-

DRIVER

Passport No/FIN	GXXXX043M
Date Of Birth	03/06/1983
Occupation	Outdoor
Date Of Driving Pass	20/09/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-95523498
Alt. Phone Number	-
Email Address	ENQUIRYHPE@GMAIL.COM
Address	-
Address complement	-
Postcode	-
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Solai
Gender	Male

PASSENGER 2

Name	Tamil
Gender	Male

PASSENGER 3

Name	Kalidass
Gender	Male

PASSENGER 4

Name	Selvaraj
Gender	Male

PASSENGER 5

Name	Vangdash
Gender	Male

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 REPORT 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 SHD6166T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -



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;

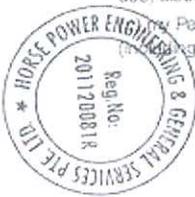
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

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.



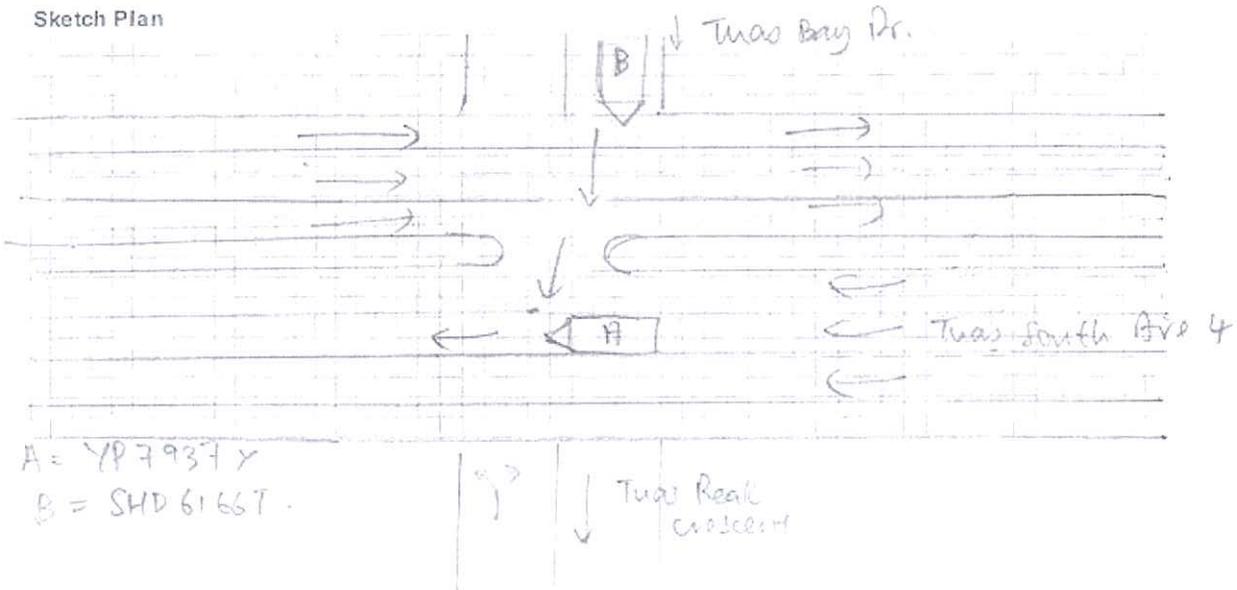
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature] 12/05/2021 12 noon

Sketch Plan



Describe Circumstances of the Accident

I was driving along Tuas South Ave 4 toward junction of Tuas Peak crescent to (PIE/RPE) Tuas Bay Drive. As I was going towards a taxi vehicle no. SHD 6166T moved forward and I could not stop in time, and bumped into ~~its~~ its side. I came out and know that he was not supposed to come into my lane. :-

Insurance Co. NTUC inland
Vehicle No. YF797X Date of Accident 11/5/2021
 Reporting Only
 Own Damage Claim
 Third Party Claim

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 1A 105/2021 12.01

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



Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G6810043M

Name: DURAIRAJ ASHOKKUMAR



Birth Date: 03 Jun 1983
Issue Date: 10 May 2021
Valid Till 26/05/2026



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: HORSE POWER ENGINEERING & GENERAL SERVICES PTE. LTD.



Name: DURAIRAJ ASHOKKUMAR
Work Permit No. 035210008
Sector: CONSTRUCTION



K1926355

For Insurance Reporting And
Claim Purposes Only

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

Class	Description	EFFECTIVE DATE
Class 3	Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	20 Sep 2019



NP 428A

For Insurance Reporting And
Claim Purposes Only

VISIT PASS

Immigration Regulations

19-11-2019

Name: DURAIRAJ ASHOKKUMAR



FIN: G6810043M
Date of Birth: 03-06-1983
Sex: M
Nationality: INDIAN

Download SGWorkPass App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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 : 5096311666-03

Cover : Comprehensive

- | | |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : YP7937X |
| Chassis Number | : FEB21EA21637 |
| 2. Name of Policyholder | : HORSE POWER ENGINEERING & GENERAL SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 05 Dec 2020 |
| 4. Expiry Date of Insurance | : 04 Dec 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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 27 Nov 2020 14:44 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:

Company

Owner ID:

081R

Vehicle Details

Vehicle No.:

YP7937X

Vehicle to be Exported:

No

Intended Deregistration Date:

14 May 2021

Vehicle Make:

MINIBUS

Vehicle Model:

CANTER FEB21ER4SDEB (CBU)

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

4P10C61593

Chassis No.:

FEB21EA21637

Maximum Power Output:

-

Open Market Value:

\$32,903.00

Original Registration Date:

05 Dec 2017

First Registration Date:

05 Dec 2017

Transfer Count:

0

Actual ARF Paid:

\$1,646.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

04 Dec 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$48,902.00

COE Rebate Amount:

\$32,056.00

Total Rebate Amount:

\$32,056.00

The information contained herein is correct as at 14 May 2021

OK