

# 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 : 30.08.2021

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : GBE 6247R / SHC 5136Z ON 21.05.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBE 6247R**, which was involved in the captioned accident with your insured vehicle no: **SHC 5136Z**. 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)	\$ 2,889.00
2) Loss of Rental	\$ 480.00
	<u>\$ 3,369.00</u>

We enclosed herewith the following documents to support the claims:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| a) Final Repair Invoice            | b) Car Rental Invoice / Agreement |
| 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@fastechnauto.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 : 22446

Date : 30.08.2021

Vehicle No : GBE 6247R

Make/Model : TOYOTA HIACE 3.0

Chassis/Eng# :

Accident Date : 21.05.2021

Claim No :

Reference : 0621 -22446

Policy No :

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		Amount
To proceed on lump sum repair	S\$	2700.00

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E. & O. E.

Total : S\$ 2700.00

GST @ 7% : S\$ 189.00

*Amount Due* : S\$ 2889.00

  
for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



# 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. 21846

Name <b>Home WorkZ (53083670W)</b>			REG. No. <b>GBJ4966K</b>	MAKE MODEL:						
ADDRESS <b>129 Bukit Batok West Ave 6</b>				DIESEL	PETROL	E	1/4	1/2	3/4	F
#05-366			KM IN	DATE & TIME IN <b>25.06.2021 @ 13:25PM</b>						
S(650129)			KM OUT	DATE & TIME OUT <b>21.06.2021 @ 15:35PM</b>						
			KM DRIVEN	TIME USED						
NAMED DRIVER <b>Ng Seow Hoon</b>										
DRIVING LICENCE NO <b>S1615366D</b>	DATE OF EXPIRY	PLACE OF ISSUE	HOURS		@SS					
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	<b>4 DAYS</b>		@SS <b>120.00</b>		<b>\$480.00</b>			
ADD NAMED DRIVER			WEEKS		@SS					
			MONTHS		@SS					
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	BY INITIALLING, RENTER AGREES TO PAY ADD FEE FOR COLLISION DAMAGES WAIVER (C.D.W.)		SUB-TOTAL					
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE			TOTAL RENTAL <b>\$480.00</b>					
					DELIVERY FEE					
					COLLECTION FEE					
<b>IMPORTANT NOTES:</b> This vehicle is licenced to carry 04 passengers only. No refund will be given for vehicle returns early. No refund will be given for period left in vehicle. Hirer is liable to pay loss of earnings while damaged vehicle is under repair. Hirer is liable to pay all parking fee and traffic summonses. Vehicle return during office hour only. No service on Public Holiday and Sunday. Geographical areas: Singapore & West Malaysia. Driver must be: a) 18 years old and above. b) Holding a valid relevant class of driving license. The vehicle is strictly to be driven by the person to whom it is hired to and the additional driver named in the agreement. The hirer is not allowed to sub-let the vehicle to another party and subletting is not covered.			<b>X</b> PER DAY \$ PER WEEK \$ PER MONTH \$							
<b>ADDITIONAL CONDITIONS:</b> <b>COMPREHENSIVE COVERED EXCESS:</b> *Section I - Used in S'pore Only : SGD 2000.00 *Section I - Used Outside S'pore : SGD 4000.00 *Section II - Used in S'pore Only : SGD 1500.00 *Section II - Used Outside S'pore : SGD 3000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 <b>THIRD PARTY COVERED EXCESS:</b> *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used in S'pore Only : SGD 1500.00 *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used Outside S'pore : SGD 3000.00 <b>YOUNG AND INEXPERIENCE DRIVER:</b> Hirer or any authorised driver who is age 22 years old (on the date accident) and below or possess 18 month or less driving experience. <b>COMPREHENSIVE COVERED EXCESS:</b> *Section I - Used in S'pore Only : SGD 6000.00 *Section I - Used Outside S'pore : SGD 12,000.00 *Section II - Used in S'pore Only : SGD 6000.00 *Section II - Used Outside S'pore : SGD 12,000.00 *W/screen Excess In S'pore : SGD 100.00 *W/screen Excess Outside S'pore : SGD 100.00 <b>THIRD PARTY COVERED EXCESS:</b> *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used in S'pore Only : SGD 6000.00 *Hirer must bear all costs to the damages of the return vehicle. *Section II - Used Outside S'pore : SGD 12,000.00  Hirer is responsible for any costs to the THIRD PARTY DAMAGE / INJURY claims.			<b>X</b> PER DAY \$ PER WEEK \$ PER MONTH \$							
			PREPAYMENT		TOTAL CHARGE					
			CHECK		DEPOSIT					
			CASH							
			RECEIPT NO.		NETT CHARGE					
			AMOUNT DUE / REFUND							

I HAVE READ THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS RENTAL AGREEMENT AND AGREE THEREOF.

SIGNED BY THE PARTIES HERETO ON THE ..... DAY OF .....

X

DYNAMIC CAR RENTAL

X

**HOME WORKZ**  
BLK 129 #06-366  
BUKIT BATOK WEST AVE 6  
SINGAPORE 650129  
HP: 9119 4485



# 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: HOME WORKZ

Invoice : DCR-2021-06-22

Date : 25.06.2021

Agreement No : 21846

Payment Terms : LOD

DESCRIPTION	AMOUNT
Rental charges for vehicle : <u>GBJ 4966K</u> ( 0621-22446 )	\$ 480.00
Rental Period from <u>21.06.2021</u> to <u>25.06.2021</u> .	

E. & O. E.

Total \$ 480.00

ASHLEY CHIA  
for Dynamic Car Rental

## AUTHORISATION TO ACT

I/We, Home Workz (the third party claimant") of 129 Bukit Batok West Ave 6 #05-366 S(650129) (address), owner of GBE 6247R (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 6247R that was damaged pursuant to the accident which occurred on 21.05.2021 (date) along Lower Delta Road Towards Alexandra Road (location) involving vehicle no/s SHC 5136Z ("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 21<sup>st</sup> (day) of June (month) 2021 (year)

**HOME WORKZ**  
BLK 129 #06-366  
BUKIT BATOK WEST AVE 6  
SINGAPORE 650129  
HP: 9119 4485

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	24/05/2021 13:11 (SGT)
Date of Accident	21/05/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6247R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOME WORKZ
Company Reg No	5XXXX670W
Email Address	falcoe.lee@mtmperformancegroup.com
Mobile Phone No	(Phone) +65-91194465
Alternative Phone No	(Office) +65-91194465

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116016762-01
Cover Note Number	-

#### DRIVER

Name of Driver	NG SEOW HOON
NRIC No	SXXXX366D



Date Of Birth .....	19/09/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	13/05/1983
Driving experience .....	38 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-91194465
Alt. Phone Number .....	-
Email Address .....	falcoe.lee@mtmperformancegroup.com
Address .....	APT BLK 42 BUKIT PANJANG RING ROAD #13-703
Address complement .....	-
Postcode .....	670427
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BAINAH BINTI AHMAD
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SHC5136Z
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SIVAKUMAH S/O MADASAMY
Contact Number .....	(Phone) +65-90026825
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 .....	NG SEOW HOON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBE6247R
Were seat belts worn? .....	-
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 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.

## HOME WORKZ

BLK 129 #06-366  
BUKIT BATOK WEST AVE 6  
SINGAPORE 650129  
HP: 9119 4485

Policyholder's Signature / Date & Time

Sketch Plan

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

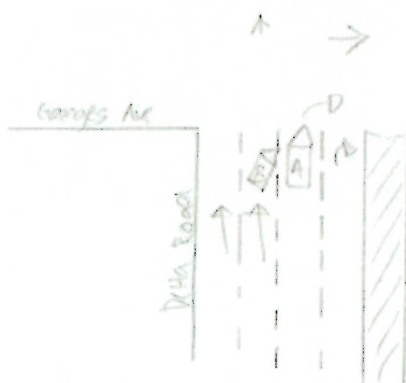
## IDAC BUKIT BATOK (PAC)

511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: yachh@singnet.com.sg

Witnessed by Reporting Centre Personnel

Veh A - G8E 6247R

Veh B - SHC 5136 Z





Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

**HOME WORKZ**  
BLK 129 #06-366  
BUKIT BATOK WEST AVE/6  
SINGAPORE 650120  
HP: 9110 1457

Policyholder's Signature / Date  
Time

*[Signature]*

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

**IDAC BUREAU (P) 003**  
511 Bukit Batok Street 23  
Singapore 658545  
Tel: 6569 3312 Fax: 6569 0722  
Email: vncbb@singnet.com.sg

Witnessed by Reporting Centre  
Personnel



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1615366D



Name  
NG SEOW HOON

黄小云

Race  
CHINESE

Date of birth  
19-09-1963

Sex  
F

Country/Place of birth  
SINGAPORE

S1615366D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1615366D

Name  
NG SEOW HOON

Birth Date 19 Sep 1963

Issue Date 12 Aug 2014

002333264E

For Insurance Reporting And  
Claim Purposes Only

*[Handwritten Signature]*

For Insurance Reporting And  
Claim Purposes Only

6271555



NRIC No S1615366D



Date of issue  
26-08-2019

Address  
APT BLK 427 BUKIT PANJANG RING ROAD #13-703  
SINGAPORE 670427

NRIC No: S1615366D Date: 08/09/2020

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 13 May 1983

NP 428A

Licence No: S1615366D



## 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 : 5116016762-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBE6247R**  
Chassis Number : KDH2015020844
2. Name of Policyholder : HOME WORKZ
3. Effective Date of Insurance : 18 Feb 2021
4. Expiry Date of Insurance : 17 Feb 2022
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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue : 08 Feb 2021 12:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	670W
<b>Vehicle Details</b>	
Vehicle No.:	GBE6247R
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2580746
Chassis No.:	KDH2015020844
Maximum Power Output:	-
Open Market Value:	\$30,817.00
Original Registration Date:	18 Feb 2016
First Registration Date:	18 Feb 2016
Transfer Count:	1
Actual ARF Paid:	\$1,541.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	17 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,776.00
COE Rebate Amount:	\$2,226.00
<b>Total Rebate Amount:</b>	<b>\$2,226.00</b>

The information contained herein is correct as at 21 Jun 2021

OK