

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 : 30.07.2021

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBD 8940P / SHA 4505J ON 18.07.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBD 8940P**, which was involved in the captioned accident with your insured vehicle no: **SHA 4505J**. 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)	\$ 4,815.00
2) Loss of Use (4 days + 1 Sunday + 1 Holiday X S\$100)	\$ 600.00
	<u>\$ 5,415.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Letter of Authorisation, etc... |
| c) GIA Report | d) I/C & Driving Licence |
| e) Insurance Certificate | f) 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 : 22494

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn : Motor Claim Department

Date : 30.07.2021

Vehicle No : GBD 8940P

Make/Model : TOYOTA HIACE VAN

Chassis/Eng# :

Accident Date : 18.07.2021

Claim No :

Reference : 0721 -22494

Policy No :

	Amount
To proceed on lump sum repair	S\$ 4500.00

E. & O. E.

Total : S\$ 4500.00

GST @ 7% : S\$ 315.00

Amount Due : **S\$ 4815.00**


for FASTECH AUTO PTE LTD

AUTHORISATION TO ACT

I/We, Talonz Technologies Pte Ltd (the third party claimant") of 375 Bukit Batok Street 31 # 02-128 S (650375) (address), owner of GBD 8940P (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. GBD 8940P that was damaged pursuant to the accident which occurred on 18.07.2021 (date) along Sengkang West Road (location) involving vehicle no/s SHA 4505J ("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 18 (day) of July (month) 2021 (year)



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



[Signature]
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	19/07/2021 16:59 (SGT)
Date of Accident	18/07/2021 17:00 (SGT)
Exact Location of Accident	Sengkang W Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8940P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TALONZ TECHNOLOGIES PTE LTD
Company Reg No	2XXXXX032K
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-94476311
Alternative Phone No	(Home) +65-94476311

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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111734247-02
Cover Note Number	-

DRIVER

Name of Driver	ISLAM MOHAMMAD SHOHIDUL
Passport No/FIN	GXXXX626P

Date Of Birth	10/02/1993
Occupation	Outdoor
Date Of Driving Pass	04/03/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94476311
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	375 BUKIT BATOK ST 31 #02-128
Address complement	-
Postcode	650375
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAS ROSLI BIN RAMLI
Gender	Male

PASSENGER 2

Name	WONG JIAN PIN
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 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4505J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ISLAM MOHAMMAD SHOHIDUL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8940P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MAS ROSLI BIN RAMLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8940P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	WONG JIAN PIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8940P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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.



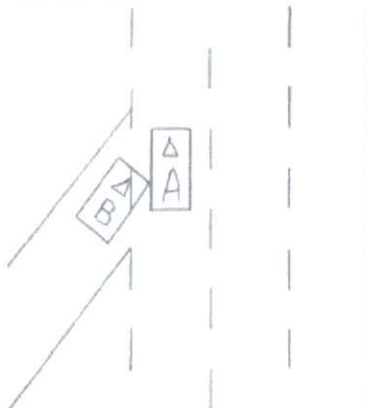
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MACF

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: 6808940P

B: SHA 4505J

Describe Circumstances of the Accident

Date: 18/07/2021 Time: 1700 hrs

I was traveling along Senkung West Road towards Yio Chu Kang Road. Suddenly a Taxi came out from the Slip Road of Senkung West Ave and collided onto the side of my Van.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

4

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

MAC

Witnessed by Reporting Centre
Personnel



For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G2570626P**
Name: **ISLAM MOHAMMAD SHOHIDUL**

Birth Date: **10 Feb 1993**
Issue Date: **04 Mar 2020**
Valid Till: **03/03/2025**

003033578C



For Insurance Reporting And
Claim Purposes Only

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

Employer:
TALONZ TECHNOLOGIES PTE. LTD.




Name:
ISLAM MOHAMMAD SHOHIDUL

Work Permit No:
0 64312588

Sector:
CONSTRUCTION

0 64312588

K2479209



For Insurance Reporting And
Claim Purposes Only

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

EFFECTIVE DATE

Class

Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

04 Mar 2020

NP 428A



Licence No:G2570626P

For Insurance Reporting And
Claim Purposes Only

VISIT PASS

Immigration Regulations

19-03-2021

ISLAM MOHAMMAD SHOHIDUL

FIN
G2570626P

Date of Birth
10-02-1993

Sex
M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



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 : 5111734247-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBD8940P**
Chassis Number : JTFHT02P300155489
2. Name of Policyholder : TALONZ TECHNOLOGIES PTE LTD
3. Effective Date of Insurance : 03 Jul 2020
4. Expiry Date of Insurance : 02 Jul 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 04 Jun 2020 19:56 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:

032K

Vehicle Details

Vehicle No.:

GBD8940P

Vehicle to be Exported:

No

Intended Deregistration Date:

19 Jul 2021

Vehicle Make:

TOYOTA

Vehicle Model:

TOYOTA HIACE VAN TURBO 5 DR MANUAL

Primary Colour:

White

Manufacturing Year:

2014

Engine No.:

1KD2453414

Chassis No.:

JTFHT02P300155489

Maximum Power Output:

-

Open Market Value:

\$27,502.00

Original Registration Date:

03 Jul 2015

First Registration Date:

03 Jul 2015

Transfer Count:

0

Actual ARF Paid:

\$1,376.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

02 Jul 2025

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$27,678.00

COE Rebate Amount:

\$10,940.00

Total Rebate Amount:

\$10,940.00

The information contained herein is correct as at 19 Jul 2021

OK