

# 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 : 23.08.2021

China Taiping Insurance Singapore Pte Ltd  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : SMP 1210R / GBJ 6147U ON 03.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: **SMP 1210R** , which was involved in the captioned accident with your insured vehicle no: **GBJ 6147U** . 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)	\$	2,782.00
2) Loss of Use (2 days X S\$60)	\$	120.00
3) GIA Search Fee	\$	2.00
	\$	<u>2,904.00</u>

We enclosed herewith the following documents to support the claims:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice            | b) GIA Search Result             |
| c) Letter of Authorisation, etc... | d) GIA Report                    |
| e) Police 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

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 22514

Date : 23.08.2021

Vehicle No : SMP 1210R

Make/Model : RENAULT FLUENCE 1.5

Chassis/Eng# :

Accident Date : 03.08.2021

Claim No :

Reference : 0821 -22514

Policy No :

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		Amount
To proceed on lump sum repair	S\$	2600.00

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E. & O. E.

Total : S\$ 2600.00

GST @ 7% : S\$ 182.00

*Amount Due* : **S\$ 2782.00**



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for FASTECH AUTO PTE LTD

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

GBJ6147U

Date of Accident

03/08/2021

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Period of Insurance ..... 19/06/2021 - 18/06/2022  
Requested By ..... ALLAN TANG (KIM CHWEE AUTO PTE LTD)  
Requested Date ..... 03/08/2021 18:09

#### 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**

Print as receipt

*Or directly use your browser print function.*



DATE : 04.08.2021

TO : China Taiping (Singapore) Pte. Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. SMP 1210R / 9BJ 6147U

ALONG 107 Clementi St 12 Carpark

ON 03.08.2021

I/We, Go - Drive Car Rental  
of (NRIC No./ROC No.) 53385400L  
of 200 Jalan Sultan Textile Centre #02-38 Singapore 199018  
owner of vehicle no. SMP 1210R in consideration of M/s FASTECH AUTO  
PTE LTD repairing my/our vehicle SMP 1210R 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 : \_\_\_\_\_



# 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 .....	04/08/2021 18:40 (SGT)
Date of Accident .....	03/08/2021 17:45 (SGT)
Exact Location of Accident .....	107 Clementi Street 12, Singapore 120107
Additional Location Information .....	107 CLEMENTI ST 12 SINGAPOR CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP1210R

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GO-DRIVE CAR RENTAL
Company Reg No .....	5XXXX400L
Email Address .....	JASONKCAPL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81575918
Alternative Phone No .....	(Home) +65-81575918

### VEHICLE PARTICULARS

Manufacturer .....	Renault
Model .....	Fluence
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
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 .....	5122812458
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LEE CHEE WEI
NRIC No .....	SXXXX980H

Date Of Birth	31/08/1978
Occupation	Indoor
Date Of Driving Pass	19/05/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81575918
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	451A SENGKANG WEST WAY #22-369
Address complement	-
Postcode	791451
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARUN KUMAR
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6147U
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 ..... LEE CHEE WEI  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMP1210R  
 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 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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

The above mention date and time I was driving vehicle A. I was stationary.  
Suddenly the on coming vehicle B serve into my lane and hit my vehicle A.

Note : This rental car is private usage.

Declaration

I We declare the foregoing particulars are true in every respect



*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

Driver			
Name	HUSAINI	ID No.	NIL
Related Vehicle	GBJ6147U (Lorry)	Contact No.	98968673
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE CHEE WEI	ID No.	S7823980H
Related Vehicle	SMP1210R (Car)	Contact No.	81575918
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/08/2021	Date Discharge	04/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the 03/08/2021 at about 1728hrs, I was driving my vehicle SMP1210R with my friend seated in the front passenger seat and I stopped my vehicle at the open space carpark of Blk 107 Clementi St 12 as I saw a lorry GBJ6147U coming out from the opposite direction. The lorry is big and while passing by my vehicle, I felt an impact from my vehicle and as such I went down to make a check. My vehicle's front right side bumper was scratched and damaged. Initially the driver seems like he is not stopping and as such I called out to the driver.

The driver of GBJ6147U stopped and told me that there was a trolley in front of his passage way and as such to avoid the trolley, he travelled closer to his right and hit onto my vehicle as a result. No one was injured at the point of incident and we left after exchanging out particulars. It was only later in the night, I felt pain on my neck and I was unable to sleep well and as such seek medical attention on the next day and was given 3 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20210805/2006

3 of 3

Report No. T/20210805/2006

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 3 LEOW CHONG WAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/08/2021 06:48

Classification Of Case:

SIGNATURE

For Insurance Reports And  
Claims Purposes Only

# REPUBLIC OF SINGAPORE

## NATIONAL DIGITAL IDENTITY CARD



**NAME**

LEE CHEE WEI

**NRIC NO.**

S7823980H 

**DATE OF BIRTH**

31 AUG 1978

**SEX**

MALE

**NATIONALITY / CITIZENSHIP**

SINGAPORE CITIZEN

**DATE OF ISSUE**

07 APR 2021

**ADDRESS**

451A SENGKANG WEST WAY

#22-369

SINGAPORE 791451

 **HIDE DETAILS**



For Insurance Reporting And  
Claim purposes Only

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7823980H**  
Name: **LEE CHEE WEI**

Birth Date: **31 Aug 1978**  
Issue Date: **19 May 2012**

002070004K



For Insurance Reporting And  
Claim purposes Only

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

	EFFECTIVE DATE
<b>Class 3A Motor cars without clutch pedals (Auto) =&lt; 3000kg with =&lt; 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =&lt; 2500kg</b>	<b>19 May 2012</b>

NP 128A

Licence No: S7823980H



**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:** 5122812458 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMP1210R**  
Chassis Number : VF1LZLF0E54200158
2. Name of Policyholder : GO-DRIVE CAR RENTAL
3. Effective Date of Insurance : 05 Jul 2021
4. Expiry Date of Insurance : 04 Jul 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 05 Jul 2021 14:08 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: Business  
Owner ID: 400L

### Vehicle Details

Vehicle No.: SMP1210R  
Vehicle to be Exported: No  
Intended Deregistration Date: 04 Aug 2021  
Vehicle Make: RENAULT  
Vehicle Model: FLUENCE 1.5 DCI 110 A/T  
Primary Colour: Beige  
Manufacturing Year: 2015  
Engine No.: K9KN837D212987  
Chassis No.: VF1LZLF0E54200158  
Maximum Power Output: 81.0 kW (108 bhp)  
Open Market Value: \$17,290.00  
Original Registration Date: 24 Mar 2016  
First Registration Date: 24 Mar 2016  
Transfer Count: 3  
Actual ARF Paid: \$7,290.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 23 Mar 2026  
PARF Rebate Amount: \$5,103.00

### Intended COE Rebate Details

COE Expiry Date: 23 Mar 2026  
COE Category: E - Open Category  
COE Period(Years): 10  
QP Paid: \$46,667.00  
COE Rebate Amount: \$21,088.00  
**Total Rebate Amount: \$26,191.00**

The information contained herein is correct as at 04 Aug 2021

OK