

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 : 29.10.2021

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 : XE 6240Z / SMM 5193X AND OTHER ON 06.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: **XE 6240Z**, which was involved in the captioned accident with your insured vehicle no: **SMM 5193X**. 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)	\$	16,478.00
2) Loss of Use (10 Days + 1 Sunday X \$500)	\$	5,500.00
3) GIA Search Fee	\$	2.00
	\$	21,980.00

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) 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@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 : 22523

Date : 29.10.2021

Vehicle No : XE 6240Z

Make/Model : CAMC HN3251X40C3M6

Chassis/Eng# :

Accident Date : 06.08.2021

Claim No :

Reference : 0821 -22523

Policy No :

	Amount
To proceed on lump sum repair	S\$ 15400.00

E. & O. E.

Total : S\$ 15400.00

GST @ 7% : S\$ 1078.00

Amount Due : S\$ 16478.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SMM5193X

Date of Accident

06/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **02/07/2021 - 01/07/2022**Requested By **ALLAN TANG (KIM CHWEE AUT...**Requested Date **10/08/2021 15:54****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**



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

I, Chye Joo Construction Pte Ltd ("the third party claimant")
of 19 Kian Teck Road S(628772) (address),
owner of XE 6240Z (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. XE 6240Z that was
damaged pursuant to the accident which occurred on 06/08/2021 (date) along
Slip Road of TPE to SLE/CTE (location)
involving vehicle no/s SMM 5193X ("the accident").

I further authorize the workshop to settle the 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.

Date this 10th day of Aug (month) 20 21 (year)



Signed by "the third party claimant"



Signed by "the workshop"

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	13/08/2021 12:44 (SGT)
Date of Accident	06/08/2021 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD OF TPE TO SLE/CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE6240Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE LTD
Company Reg No	1XXXXX808K
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-87120280
Alternative Phone No	+65-87120280

VEHICLE PARTICULARS

Manufacturer	CAMC
Model	HN3251X40C3M6
Variant	HN3251X40C3M6
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	Goods vehicle
Transmission	Auto
CC	11812

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	RAJAVEL SENTHILKUMAR
Passport No/FIN	GXXXX384K

Date Of Birth	30/03/1985
Occupation	Outdoor
Date Of Driving Pass	30/03/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87120280
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	613 BUKIT PANJANG RING ROAD #10-836
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) 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

REFER TO SKETCH PLAN

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	SMM5193X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE3884X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMW5484D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	RAJAVEL SENTHILKUMAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE6240Z
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 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.



Signature / Date & Time

Sketch Plan

R. Sankar.

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

[Signature]

Witnessed by Reporting Centre Personnel



A - XE 6240Z
B - SMm 5193X
C - GBE 3884X
D - SMW 5484D



Describe Circumstances of the Accident

I was travelling straight suddenly there's a lorry bearing GBE 3814 x which was on my left made a sudden changed lane and stopped cause me hit the rear left portion of his vehicle and there's a impact on my rear.

I Rajavel Senthilkumar is the employee of company Chye Joo Construction Pte Ltd and im using the vehicle XE6240Z for work purpose.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Senthilkumar

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

[Signature]

Witnessed by Reporting Centre Personnel



S PASS

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

For Insurance Reporting And
Claim Purposes Only

Employer

CHYE JOO CONSTRUCTION PTE LTD

Name

RAJAVEL SENTHILKUMAR

S Pass No.
0 33240783

Sector:
CONSTRUCTION



0 33240783



K2289103

Insurance Reporting And
Claim Purposes Only

VISIT PASS
Immigration Regulations

03-09-2020

Name

RAJAVEL SENTHILKUMAR

FIN

G7715384K

Date of Birth

30-03-1985

Sex

M

Nationality

INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



for Insurance Reporting
Claim Purposes Only

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **G 7 7 1 5 3 8 4 K**

Name:

RAJAVEL SENTHILKUMAR



Birth Date: **30 Mar 1985**

Issue Date: **30 Mar 2021**

Valid Till **03/04/2026**



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

For Insurance Reporting And
Claim Purposes Only

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW	30 Mar 2011
Class 3	Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg	30 Mar 2011
Class 4	Heavy motor cars and motor tractors $>$ 2500kg	18 Apr 2017



Licence No:G7715384K

NP 428A

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:-
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg




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) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/P2429010	Account No. : 03165
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: CHYE JOO CONSTRUCTION PTE LTD	
Vehicle Registration No.	: XE6240Z	
Period of Insurance	: From 09/03/2021 To 08/03/2022 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* Any person who is driving on the Policyholder's order or with their 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.		
LIMITATIONS AS TO USE* (a) Use in connection with the Policyholder's business (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes This Policy does not cover (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
(05)		
EXCESS : Sect I - Any Authorised Driver : SGD 1,000.00 Windscreen Excess : SGD 100.00		
* Limitations rendered inoperative by Section 8 of the 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).

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Tel: (05) 6742 6783 Fax: (05) 6742 6369

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOVKRS2 on 17/03/2021

IMPORTANT :
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	808K
Vehicle Details	
Vehicle No.:	XE6240Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Aug 2021
Vehicle Make:	CAMC
Vehicle Model:	HN3251X40C3M6
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	CM6D2840060120D04169
Chassis No.:	LZ5N2DD36LB018590
Maximum Power Output:	-
Open Market Value:	\$71,030.00
Original Registration Date:	09 Mar 2021
First Registration Date:	09 Mar 2021
Transfer Count:	0
Actual ARF Paid:	\$3,552.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Mar 2031
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$33,125.00
COE Rebate Amount:	\$31,707.00
Total Rebate Amount:	\$31,707.00

The information contained herein is correct as at 11 Aug 2021

OK