

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 : 20.09.2021

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

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBC 5603M / SHC 5331B ON 12.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBC 5603M** , which was involved in the captioned accident with your insured vehicle no: **SHC 5331B** . 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)	\$ 5,350.00
2) Loss of Rental	\$ 360.00
	<u>\$ 5,710.00</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@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 : 22527

Date : 20.09.2021

Vehicle No : GBC 5603M

Make/Model : TOYOTA HIACE MANUAL

Chassis/Eng# :

Accident Date : 12.08.2021

Claim No :

Reference : 0821 -22527

Policy No :

	Amount
To proceed on lump sum repair	S\$ 5000.00

E. & O. E.

Total : S\$ 5000.00

GST @ 7% : S\$ 350.00

Amount Due : **S\$ 5350.00**



for FASTECH AUTO PTE LTD

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: CHIANG KONG SERVICES PTE LTD

Invoice : DCR-2021-08-18

Date : 16.08.2021

Agreement No : 21909

Payment Terms : LOD

DESCRIPTION	AMOUNT
Rental charges for vehicle : <u>GBJ 4966K</u> (0821-22527)	\$ 360.00
Rental Period from <u>13.08.2021</u> to <u>16.08.2021</u> .	
E. & O. E.	Total <u>\$ 360.00</u>

SHI YING

for 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

Co. Reg. No. 52928467K


No. 21909

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 _____
RENTER'S/DRIVER'S SIGNATURE



AUTHORISATION TO ACT

I/We, Chiang Kong Services Pte Ltd (the third party claimant") of 82 Lorong 23 Geylang
#01-04 Atrix Singapore 388409 (address), owner of 9BC 5603M (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.
9BC 5603M that was damaged pursuant to the accident which occurred on 12.08.2021 (date)
along Blk 176 Bishan Street 13 Carpark (location) involving
vehicle no/s SHC 5331B ("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 13 (day) of Aug (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	13/08/2021 14:43 (SGT)
Date of Accident	12/08/2021 15:40 (SGT)
Exact Location of Accident	176 Bishan Street 13, Singapore 570176
Additional Location Information	BLK 176 BISHAN STREET 13 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5603M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHIANG KONG SERVICES PTE LTD
Company Reg No	2XXXXX111H
Email Address	CHIANG_KONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-84067612
Alternative Phone No	+65-84067612

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	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117395011-01
Cover Note Number	-

DRIVER

Name of Driver	LI SHUJU
Passport No/FIN	GXXXX090U

Date Of Birth	22/02/1982
Occupation	Outdoor
Date Of Driving Pass	21/12/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90058422
Alt. Phone Number	-
Email Address	CHIANG_KONG@YAHOO.COM.SG
Address	82 LORONG 23 GEYLANG #01-04 ATRIX
Address complement	-
Postcode	388409
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	Raining
Road Surface	Wet

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)	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 ATTACHMENT

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	SHC5331B
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 LI SHUJU
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBC5603M
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.

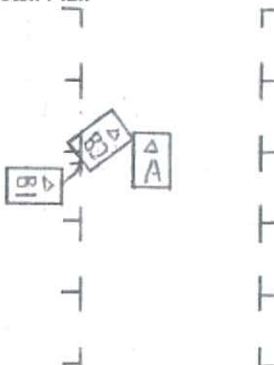


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBC 5603M

B: SHC 5331B

Describe Circumstances of the Accident

On 12.08.2021 at about 15:40 pm, I was travelling along Blk 176 Bishan Street 13 Carpark. I was travelling straight. Suddenly, vehicle B dashed out from parking lot and hit my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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

Employer:
CHIANG KONG SERVICES PTE. LTD.

Name:
LI SHUJU

S Pass No:
0 76911045

Sector:
SERVICE

K1504387

For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2743090U**

Name:
LI SHUJU

Birth Date: **22 Feb 1982**

Issue Date: **21 Dec 2017**

Valid Till **20/12/2022**

002756291H

21

VISIT PASS
Immigration Regulations

13-06-2019

Name:
LI SHUJU

FIN:
G2743090U

Date of Birth:
22-02-1982

Sex:
M

Nationality:
CHINESE

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.

Download SGWorkPass
App to check status

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	21 Dec 2017

For Insurance Reporting And
Claim Purposes Only

NP 428A

Licence No: G2743090U

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 : 5117395011-01

Cover : Comprehensive

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC5603M |
| Chassis Number | : JTFHT02P200105683 |
| 2. Name of Policyholder | : CHIANG KONG SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 24 May 2021 |
| 4. Expiry Date of Insurance | : 23 May 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	: ABWIN PTE 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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 15 Apr 2021 12:11 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:	111H
Vehicle Details	
Vehicle No.:	GBC5603M
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	1KD2252193
Chassis No.:	JTFHT02P200105683
Maximum Power Output:	-
Open Market Value:	\$25,820.00
Original Registration Date:	18 Jan 2013
First Registration Date:	18 Jan 2013
Transfer Count:	1
Actual ARF Paid:	\$1,291.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jan 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$63,035.00
COE Rebate Amount:	\$11,793.00
Total Rebate Amount:	\$11,793.00

The information contained herein is correct as at 13 Aug 2021

OK