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: 15.09.2021

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 : SLS 6155E / SLW 3365P ON 14.08.2021

We are the authorized repair workshop for the owner of motor vehicle no: SLS 6155E , which was involved in the captioned accident with your insured vehicle no: SLW 3365P . 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.

		\$ 10,168.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Rental	\$ 750.00
1)	Cost of Repair (inclusive of GST)	\$ 9,416.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) GIA Search Result

e) GIA Report

g) I/C & Driving Licence

i) Vehicle Registration Log Card

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) Police Report

h) Insurance Certificate

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: 22529

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Date

:15.09.2021

Vehicle No

:SLS 6155E

Make/Model : TOYOTA SIENTA

Chassis/Eng# :

Accident Date : 14.08.2021

Claim No

Reference

: 0821 -22529

Policy No

Amount

To proceed on lump sum repair

S\$

8800.00

E. & O. E.

Total: S\$

8800.00

GST @ 7% : S\$

616.00

Amount Due: S\$

9416.00

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: NG CHOU MENG

Invoice : DCR-2021-08-13

Date : 21.08.2021

Agreement No : 21868 Payment Terms : LOD

T	DO.	CIT	> T T	31	ION
1)	-		< 1 B	_	

AMOUNT

Rental charges for vehicle: SMM 5332L (0821-22529)

750.00

Rental Period from 16.08.2021 to

21.08.2021 .

E. & O. E.

Total

750.00

SHI YING

for Dynamic Car Rental

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

No. 21262

		RENTAL TERMS AND	CONDITIONS		110.	1000
Name No Chau N	Mona		REG. No.	MAKE	MODEL:	
NO Chou N		I ou more	SMM 5332L	DIESE		E 1/4 1/2 3/4 F
# 16-01	Choa Chu Kang A	MELINE T	KM IN		21.08.2021 DATE & TIME	@ 16:51 pm
	COLOUE		KM		16.08.202	1@ 14:10pm
Singapore	81815		KM DRIVEN		TIME USED	
NAMED DRIVER						-
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE		HOURS	@ S\$	
S8870985C PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	5	DAYS	@SS 150.00	3 \$ 750.00
ADD NAMED DRIVER				WEEKS	@S\$	
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	N	MONTHS	@S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, I AGREES TO PAY	ADD FEE	SUB-TOTAL	
			FOR COLLISION DO WAIVER (C.D.W.)	AMAGES		1.
IMPORTANT NOTES: This vehicle is licenced to carry 04 pa No refund will be given for vehicle re	turns early.				TOTAL RENTA	\$ 750.00
Hirer is liable to pay all parking fee ar	while damaged vehicle is under repair. nd traffic summonese.				DELIVERY FE	E
Vehicle return during office hour only No service on Public Holiday and Sun Geographical areas: Singapore & We	day.		V		COLLECTION	FEE
Driver must be: a) 18 years old and above. b) Holding a valid relevant class of dr The vehicle is strictly to be driven by The hirer is not allowed to sub-let th	iving license. the person to whom it is hired to and the ad e vehicle to another party and subletting is n	ditional driver named in the agreement. ot covered.	PER DAY PER \$ \$	WEEK	PER MONTH \$	
ADDITIONAL CONDITIONS: COMPREHENSIVE COVERED EX *Section I - Used in S'pore Only : SC *Wiscreen Excess in S'pore : SGD 10	SD 2000.00 *Section I - Used Outside S'po SD 1500.00 *Section II - Used Outside S'po	ore : SGD 3000:00	BY INITIALLING, AGREES TO PAY A FOR PERSONAL AC INSURANCE (P.A.	ADD FEE		
THIRD PARTY COVERED EXCESS *Hirer must bear all costs to the dan *Section II - Used in S'pore Only : SC *Hirer must bear all costs to the dan *Section II - Used Outside S'pore : S	nages of the return vehicle. 5D 1500.00 nages of the return vehicle.			WEEK	PER MONTH	
YOUNG AND INEXPERIENCE DE		below or possess	\$ \$		\$	
18 month or less driving experience	t.		PREPAYMENT		TOTAL CHAF	RGE
*Section I - Used in S'pore Only : So *Section II - Used in S'pore Only : So *Wyscreen Excess In S'pore : SGD 10	GD 6000.00 *Section I - Used Outside S'p GD 6000.00 *Section II - Used Outside S'p	ore: SGD 12,000.00	CHECK		DEPOSIT	
THIRD PARTY COVERED EXCES	<u>5:</u>		CASH			
*Hirer must bear all costs to the dar *Section II - Used in S'pore Only : S *Hirer must bear all costs to the dar	GD 6000.00		RECEIPT NO.		NETT CHARG	āE
*Section II - Used Outside S'pore :						
Hirer is responsible for any costs to THIRD PARTY DAMAGE / INJURY cla	the ims.		AMOUNT DUE / F	REFUND		
I HAVE READ THE TER OF THIS RENTAL AGRE	MS AND CONDITIONS ON E	BOTH SIDES EOF.	-			
SIGNED BY THE PARTIE	S HERETO ON THE		DAY C	F		
	(- <u>x</u>
			4			
X		1	X	NTER'S	S/DRIVER'S S	SIGNATURE
	VNIAMIC CAR RENTA	T. a		THE LEWIS CO.	er mer salv bed i Sel Se	

DYNAMIC CAR RENTAL

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLW3365P

Date of Accident

14/08/202

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Period of Insurance _______ 28/08/2020 - 27/08/2021

Requested By _____ ALLAN TANG (KIM CHWEE AUT...

Requested Date ______ 16/08/2021 12:54

Payment details

Request Amount: **\$\$1.87**GST Amount: **\$\$0.13**Total Amount Due (GST

Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration

No: **M400017735**

DATE : 16.08.2021
TO: China Taiping Insurance (Singapore) Pte Ltd
RE: ACCIDENT INVOLVING VEHICLE NO. SLS 6155E SLW 3365P
ALONG Bukit Batok Road Slip Road Twrds Bukit Batok West Ave ! ON 14.08.2021
I/We, Ng Chou Meng of (NRIC No./ROC No.) S 8870985C
of Blk 815A Choa Chu Kang Avenue 7 # 16-01 Singapore 681815
owner of vehicle no. SIS 6155 E in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SLS 6155E 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: No Chou Meng.
Name of Owner .

SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

- 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 16/08/2021 18:35 (SGT) Date of Accident 14/08/2021 13:50 (SGT) Exact Location of Accident Bukit Batok Rd, Singapore BUKIT BATOK ROAD SLIP ROAD TOWARDS BUKIT BATOK Additional Location Information WEST AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE Vehicle Registration Number SLS6155E INSURED/POLICYHOLDER Is company? No Name Of Registered Owner NG CHOU MENG NRIC No SXXXX985C Email Address CHARLIEMIKENG@GMAIL.COM Mobile Phone No (Phone) +65-96384872 Alternative Phone No (Home) +65-96384872 VEHICLE PARTICULARS Manufacturer Tovota Model Sienta Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC INSURANCE COMPANY Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Policy Number PNPV2020-00011839 Cover Note Number

DRIVER

Name of Driver NG CHOU MENG

NRIC No	SXXXX985C
Date Of Birth	20/02/1988
Occupation	Indoor
Date Of Driving Pass	23/05/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96384872
Alt. Phone Number	(Home) +65-96384872
Email Address	CHARLIEMIKENG@GMAIL.COM
Address	APT BLK 815A CHOA CHU KANG AVE 7 #16-01
Address complement Postcode	-
Postcode Is the driver the policyholder?	681816
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
verified registration retained of other verifical owned by briver	~
Insurance Company of Other Vehicle Owned by Driver	S=
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Diy
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	ONG MUI CHEU
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	w.
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW3365P
Vehicle Manufacturer	2
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)	-
No. Of Fassenger (including briver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful msrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 (all insurers) 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;
- (ii) 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.

3/11	7	MAG
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Repostor Centre Personnel
Sketch Plan		, , , , , , , , , , , , , , , , , , , ,
		A: SLS 6155E
		B SLW 3365P
	,	
141		

Describe Circumstances of the Accident
On 14.08.2021 at about 13:50 pm. I was travelling along Bukit Batok Road Slip Road
towards Bukit Botok West Avenue 5. I was stationary to check incoming vehicle Suddenly,
vehicle B hit my rear portion.
eclaration
We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date & Time





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000 Report No. J/20210814/7040

Date/Time Report Made 14/08/2021 20:02	Vide Re	port No.		Station Diary No.
Name Of Informant	Address	3		
NG CHOU MENG		HOA CHU I	KANG AVENUE 7	#16-01
ID Type / ID No.	Contact		10	
NRIC NO / S8870985C	Home/C	Office:	Mobile:	
			96384872	
Nationality SINGAPORE CITIZEN	Email A		@GMAIL.COM	
Occupation	Sex	Age	Date of Birth	Race
Electrical engineer (general)	Male	33	20/02/1988	Chinese
Institution/School Name	Languag English	ge		1011111000
Date/Time Of Incident 14/08/2021 13:50 - 14/08/2021 15:00	1000	Of Inciden	t ST AVENUE 5	
Brief details.			DI TITLE OF	

SLW3365P crashed into the back of my vehicle SLS6155E near bukit batok driving center. My lamp was damaged with dented on the back of vehicle. SLW3365P Driver involved is Ong Wee Leng, Joshua.

Subjects Involve	d		
Victim			
Person Name	NG CHOU MENG		
ID Type	NRIC NO	ID No	S8870985C
Not applicable	icer Recording The Report:	The	nature Of Informant: identity of the person making this ort has been authenticated by Singpass signature is required.
Signature Of Inte Not applicable	erpreter:		e/Time: 8/2021 20:02
Officer In-Charge	e Of Case:	Clas	esification Of Case:
Authentication St	amp		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210814/7040

Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Electrical engineer (general)	Address	815A CHOA CHU KANG AVENUE 7 #16-01 SINGAPORE 681815
Mobile No	96384872	Is Informant A Victim?	Yes

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 14/08/2021 20:02
Classification Of Case:
Classification Of Case:

Authentication Stamp







CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2020-00011839 (Comprehensive - Executive Plan)

Car plate number: SLS6155E

Your name (As the policyholder): Ng Chou Meng

Coverage start date: 04/12/2020 Coverage end date: 03/12/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

/ho is insured to drive :

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Hong Leong Finance Limited

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 30/11/2020

Khor Kee Eng

Chief Executive Officer FWD Singapore Pte Ltd Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of Insurance need to be changed.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Singapore NRIC Owner ID Type: 985C Owner ID: Vehicle Details SLS6155E Vehicle No.: No Vehicle to be Exported: 16 Aug 2021 Intended Deregistration Date: TOYOTA Vehicle Make: SIENTA STANDARD (AUTO) Vehicle Model: Grey Primary Colour: 2019 Manufacturing Year: 2NRX547450 Engine No.: MHFZ28H3500068412 Chassis No.: 79.0 kW (105 bhp) Maximum Power Output: \$17,375.00 Open Market Value: 04 Dec 2020 Original Registration Date: 04 Dec 2020 First Registration Date: 0 Transfer Count: \$17,375.00 Actual ARF Paid: Intended PARF Rebate Details Yes PARF Eligibility: 03 Dec 2030 PARF Eligibility Expiry Date: \$13,031.00 PARF Rebate Amount: Intended COE Rebate Details 03 Dec 2030 COE Expiry Date: A - Car up to 1600cc & 97kW (130bhp) COE Category: 10 COE Period(Years):

The information contained herein is correct as at 16 Aug 2021

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

\$37,690.00

\$35,040.00

\$48,071.00