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: 08.04.2022

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: PC 4957H /SMP 3552R ON 01.12.2021

We are the authorized repair workshop for the owner of motor vehicle no: PC 4957H, which was involved in the captioned accident with your insured vehicle no: SMP 3552R. 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)	\$ 12,305.00
2)	Loss of Use (5 days + 1 Sunday X S\$500)	\$ 3,000.00
3)	GIA Search Fee	\$ 2.00
		\$ 15,307.00

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: 22702

Date

:08.04.2022

Vehicle No : PC 4957 H

Make/Model : YUTONG ZK6100H

Chassis/Eng# :

Accident Date : 01.12.2021

Claim No

Reference

: 1221 -22702

Policy No

Amount

To proceed on lump sum repair

S\$

11500.00

E. & O. E.

Total: S\$

11500.00

GST @ 7% : S\$

805.00

Amount Due: \$\$

12305.00

for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMP3552R

Date of Accident

01/12/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance _____AIG Asia Pacific Insurance Pte....

Requested ByALLAN TANG (KIM CHWEE AUT...

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**



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

of 102 A Punggol Field #07-438 Singapore 821102 (address),
owner of PC 4957+ (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. Pc 4957 H that was
damaged pursuant to the accident which occurred on 01.12.2021 (date) along
Adam Road Towards PIE Tuas (location)
involving vehicle no/s SMP 3553 R ("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 furtherto 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 (month) 20_32 (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 witholding 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.

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 02/12/2021 12:52 (SGT) Date of Accident 01/12/2021 11:45 (SGT) **Exact Location of Accident** Adam Rd, Singapore

\dditional Location Information ALONG ADAM ROAD TOWARDS PIE TUAS

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4957H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG MO KIO NORTH BUS SERVICE Company Reg No 2XXXX700J Email Address TEO.TRANSPORTSERVICES@GMAIL.COM Mobile Phone No (Phone) +65-97714360 Alternative Phone No (Home) +65-97714360

VEHICLE PARTICULARS

Manufacturer Yutona √lodel. ZK6100H Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

Employment

No - Claiming third party

Bus Auto

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number VFX/P2382654 Cover Note Number

DRIVER

Name of Driver KONG XIAOFEI Passport No/FIN GXXXX430P

Date Of Birth 02/12/1990 Occupation Outdoor Date Of Driving Pass 05/04/2021 Driving experience 8 MONTHS Gender Male Mobile Number (Phone) +65-98996876 Alt. Phone Number Email Address TEO.TRANSPORTSERVICES@GMAIL.COM Address 102A Punggol Field 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SMP3552R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address

Address complement

Postcode	_
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KONG XIAOFFI
Gender	-
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	PC4957H
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 Formby insurance companies is not an admission of policy liability on the part of the insurance
- 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)

lunderstand, acknowledge, agree and consent that

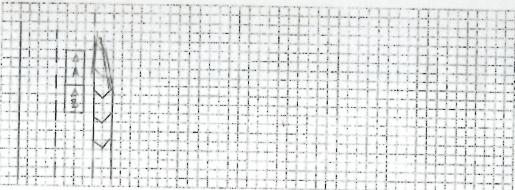
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 yera/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
- (i) 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 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.

Policyholder's Signature / Date &

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

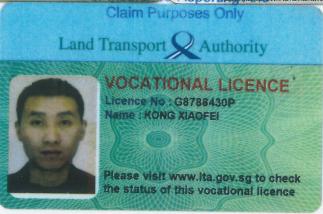
MACL Witnessed by Rep rting Centre

Sketch Plan



cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / 18	MAC Witnessed by Reporting Centre
declare the foregoing particular		
claration		
Tree And Acade	ma realited that veri	icle 8, hitted my veh
	down, I followed . Sudden! and realised that vehi	hes
infrant slawed	PIE (Tuas). I was travellin	
TUTOL TOLLANDA		





nder



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
03 BUS VL 10/05/2021



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/P2382654 Account No.: 03936

: Third Party Fire & Theft Only Coverage Sum Insured : Market Value At The Time Of Loss Name of Policy Holder : ANG MO KIO NORTH BUS SERVICE

Vehicle Registration No. : PC4957H

Period of Insurance : From 27/12/2020 To 26/12/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.

b) Use only in the Republic of Singapore.

The Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for

reward) of any one disabled mechanically propelled vehicle

EXCESS :

Sect II-Used In Singapore Only : SGD 1,500.00

* 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

Authorized Signature

Issued by - SGOVKRS2 on 23/12/2020

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.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID: Vehicle Details Vehicle No.: Vehicle to be Exported: Intended Deregistration Date: Vehicle Make: Vehicle Model: Primary Colour:	Business 700J PC4957H No 01 Dec 2021 YUTONG
Vehicle Details Vehicle No.: Vehicle to be Exported: Intended Deregistration Date: Vehicle Make: Vehicle Model:	PC4957H No 01 Dec 2021
Vehicle to be Exported: Intended Deregistration Date: Vehicle Make: Vehicle Model:	No 01 Dec 2021
Intended Deregistration Date: Vehicle Make: Vehicle Model:	01 Dec 2021
Vehicle Make: Vehicle Model:	
Vehicle Model:	YUTONG
Primary Colour:	ZK6100H
Tillary Colodi.	Yellow
Manufacturing Year:	2007
Engine No.:	21752568
Chassis No.:	LZYTBTD6871016897
Maximum Power Output:	
Open Market Value:	\$124,419.00
Original Registration Date:	14 Mar 2008
First Registration Date:	14 Mar 2008
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$6,221.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	13 Mar 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$20,115.00
COE Rebate Amount:	\$5,158.00
Total Rebate Amount: Message	\$5,158.00

The information contained herein is correct as at 01 Dec 2021

vehicle.