

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 : 11.03.2022

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

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SGT 6261K / SH 9418C ON 01.12.2021

We are the authorized repair workshop for the owner of motor vehicle no: **SGT 6261K** , which was involved in the captioned accident with your insured vehicle no: **SH 9418C** . 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 (3 Days X \$180)	\$ 540.00
	<u>\$ 3,322.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Letter of Authorisation, etc... |
| c) GIA Report | d) I/C & Driving Licence |
| e) Insurance Certificate | f) 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@fastechnauto.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 : 22712

Date : 11.03.2022

Vehicle No : SGT 6261K

Make/Model : AUDI A1 SB 1.0

Chassis/Eng# :

Accident Date : 01.12.2021

Claim No :

Reference : 1221 -22712

Policy No :

	Amount
To proceed on lump sum repair	S\$ 2600.00

E. & O. E.

Total : S\$ 2600.00

GST @ 7% : S\$ 182.00

Amount Due : S\$ 2782.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

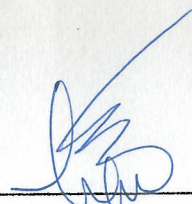
AUTHORISATION TO ACT

I/We, Liew Hwei Cheung (the third party claimant") of 42 Mount Vernon Road
#07-36 Singapore 368061 (address), owner of SGT 6261K (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.
SGT 6261K that was damaged pursuant to the accident which occurred on 01-12-2021 (date)
along Bartley Rd, Singapore (location) involving
vehicle no/s SH 9418C ("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.

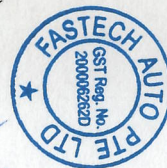
Dated this 08 (day) of December (month) 2021 (year)



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	02/12/2021 13:49 (SGT)
Date of Accident	01/12/2021 15:59 (SGT)
Exact Location of Accident	Bartley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6261K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW HWEI CHEUNG
NRIC No	S7201753F
Email Address	carqt88@gmail.com
Mobile Phone No	(Phone) +65-93690765
Alternative Phone No	+65-93690765

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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 car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA011768
Cover Note Number	-

DRIVER

Name of Driver	LIEW HWEI CHEUNG
NRIC No	S7201753F

Date Of Birth	14/01/1972
Occupation	Indoor
Date Of Driving Pass	07/01/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93690765
Alt. Phone Number	+65-93690765
Email Address	carqt88@gmail.com
Address	42 MOUNT VERNON ROAD #07-36
Address complement	-
Postcode	368061
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - U-Turn
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANG YUXIN
Gender	Female

PASSENGER 2

Name	ANG JING XUAN
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

AFTER I CHECKED TRAFFIC CLEAR, I MADE AN U-TURN. WHEN I COMPLETE MY TURN, VEHICLE B FROM SERANGOON AVE 1 WITHOUT GIVE WAY CAME AND HIT MY VEHICLE REAR LH CORNER.

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	SH9418C
-----------------------------------	---------

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	VEHICLE B
No. Of Passenger (Including Driver)	-

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")

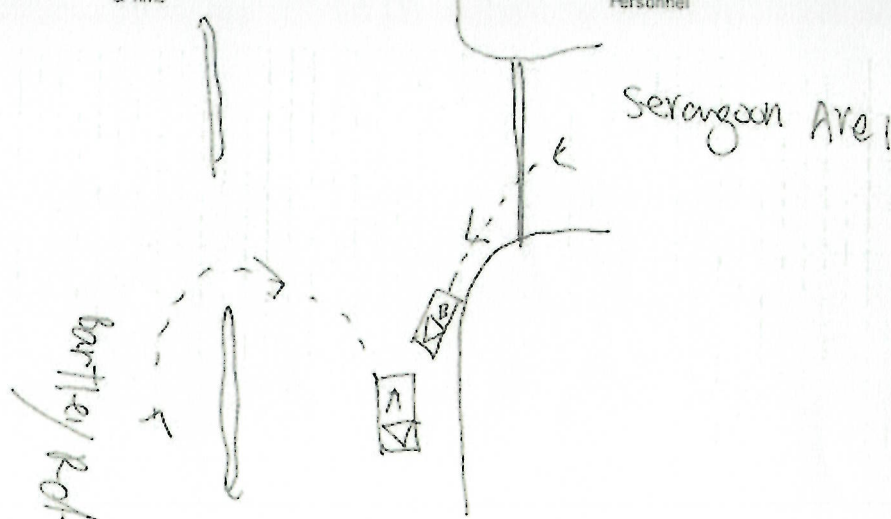
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

after I check Traffic clear I make a right U turn, when
 I complete my turn, Veh B from Serangoon Ave,
 without out a give way, come to hit my veh Rear LH corner.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 2/12/2021

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel


LETTER OF UNDERTAKING

I/We, LIEN HWEL CHENALAY, the owner of vehicle no. SEA 6061R

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



 Nric no. & signature of policyholder

 Company stamp

2/12/2021

 Date

etiqa Insurance

INTERVIEW FORM

Name (Driver) : LIPW HNEI CHHUNY

Policy No : MA011768

Vehicle No : 397 6261 R

Place of Accident : BARTLEY RD

Insured Driver's relationship with Insured : as above

Drink Driving of Insured and/or Insured Driver : N/L

No of passenger(s) in Insured vehicle : 2

Injury to Insured and/or Insured driver, please indicate which hospital: N/L

Third Party Vehicle No (if any) : SH 9418 C

No of passenger(s) in Third Party Vehicle : 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital: N/L

Type of collision and the extensiveness of the damages to all vehicles involved: head to rear sdc

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement): N/L

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
Driver (Name & Signature)
I, affirmed the above information is given to my best knowledge

[Signature]
Attended by (Name & Signature)

Workshop Name: _____

Etiqa Insurance Berhad (Company Reg. No. 10960054K)
: North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Approved by: [Signature] Group

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7201753F**

Name: **LIEW HWEI CHEUNG (LIU HUIZHEN)**

Birth Date: **14 Jan 1972**

Issue Date: **16 Jan 2003**

000128453F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7201753F**

Name: **LIEW HWEI CHEUNG (LIU HUIZHEN)**

刘慧贞

Race: **CHINESE**

Date of Birth: **14-01-1972**

Sex: **F**

Country of Birth: **SINGAPORE**

For Insurance Reporting And
Claim Purposes Only

[Handwritten Signature]

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **07 Jan 1998**

Licence No: **S7201753F**

NP 429A

1483976

NRIC No. **S7201753F**

Blood Group: **A+**

Date of issue: **03-12-1993**

42 MOUNT VERNON ROAD #07-36
SINGAPORE 368061

NRIC No: **S7201753F**

Date: **03/02/2018**

eTiqa

Insurance

MX1
81120007
COV.Type: Comprehensive

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. MA011768

- | | | |
|--|------------------|--|
| 1. Index Mark and Registration Number of Vehicle | SGT6261K | |
| 2. Name of Policyholder | LIEW HWEI CHEUNG | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 15/12/2020 | Engine No.: CH2942531
Chassis No.: WAU2Z28X1GB048153
Excess (Named Drivers): S\$800.00
Excess (Unnamed Drivers): S\$1300.00 |
| 4. Date of Expiry of Insurance | 14/12/2021 | |
| 5. Persons or Class of Persons entitled to drive | | |
| (A) THE POLICYHOLDER | | |
| (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION | | |
| | LIEW HWEI CHEUNG | ANG THIAM LEONG |

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 REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER:

- (i) USE FOR HIRE OR REWARD.
- (ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
- (iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

* 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.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	753F
Vehicle Details	
Vehicle No.:	SGT6261K
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Dec 2021
Vehicle Make:	AUDI
Vehicle Model:	A1 SB 1.0 TFSI (PI)
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	CHZ042531
Chassis No.:	WAUZZZ8X1GB048153
Maximum Power Output:	70.0 kW (93 bhp)
Open Market Value:	\$21,220.00
Original Registration Date:	15 Dec 2015
First Registration Date:	15 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$6,708.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Dec 2025
PARF Rebate Amount:	\$4,695.00
Intended COE Rebate Details	
COE Expiry Date:	14 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,989.00
COE Rebate Amount:	\$22,887.00
Total Rebate Amount:	\$27,582.00

The information contained herein is correct as at 08 Dec 2021

OK