# 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: 18.01.2022

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: GBK 2300P / GBK 6123H ON 14.12.2021

We are the authorized repair workshop for the owner of motor vehicle no: GBK 2300P , which was involved in the captioned accident with your insured vehicle no: GBK 6123H . 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.

		\$	9.681.45
3)	LTA Search Fee	_\$	7.45
2)	Loss of Use (5 days + 1 Sunday X \$150)	\$	900.00
1)	Cost of Repair (inclusive of GST)	\$	8,774.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) Letter of Authorisation, etc...

e) Police Report

g) Insurance Certificate

b) LTA Search Result

d) GIA Report

f) I/C & Driving Licence

h) 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

Tax Invoice: 22724

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn: Motor Claim Department

Date :18.01.2022 Vehicle No : GBK 2300P Make/Model : TOYOTA HIACE

Chassis/Eng# :

Accident Date : 14.12.2021

Claim No

Reference : 1221 -22724

Policy No

Amount

To proceed on lump sum repair

S\$

8200.00

E. & O. E.

Total: S\$

8200.00

GST @ 7% : S\$

574.00

Amount Due: \$\$

8774.00

for FASTECH AUTO PTE LTD

# > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

14 Dec 2021 / 10:58:07

Receipt Date/Time: 14 Dec 2021 / 10:58:07

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-211214-000906

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBK6123H				(04)
As at 14 Dec 2021/09:45:00				
Insurance Co: AIG ASIA PACIFIC INSURAI	NCE PTE. LTD.			
1 Insurance Enquiry - GBK6123H				
Enquiry Fee 20211214105656349948		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20211214105704258	Direct Debit: eN	ETS Debit et Banking)	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

#### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Signed by "the third party claimant"

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

I, KH Air. Con System	("the third party claimant")
of 2 Yishun Industrial Street 1 # 02-05 North Point	<u>Bizhub 8 (768159)</u> (address),
owner of <u>GBK 2300P</u> (vehicle	no.) hereby authorize
Fostech Auto Pte Ltd	
("the workshop") to act for me with respect to n	ny claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle	no. <u>GBK 2300P</u> that was
damaged pursuant to the accident which occurre	ed on 14.12.2021 (date) along
BKE Towards PIE	(location)
involving vehicle no/s GBK 6123H	("the accident").
I further authorize the workshop to settle the	above mentioned claim in a
manner that they deem fit and the workshop i	s further authorized to receive
payment furtherto settlement of my claim with pa	syment 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 ad	
as the driver/owner/insurers of the other vehicle/	s is concerned.
Date this <u>I4</u> day of <u>I2</u> (	month) 20 <u>2</u> [_(year)
CON.	AUTO
Reg. No. 55348457 K. Jan Far H.	GST Reg. No. 177 200006262D
Jan Jan Hi	12 / 10M

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.
- 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 15/12/2021 11:22 (SGT) Date of Accident 14/12/2021 09:45 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information **BKE TOWARDS PIE** Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

n

Vehicle Registration Number **GBK2300P** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KH AIR.CON SYSTEM Company Reg No 5XXXX467K Email Address SIEWYING.KHAIRCON@GMAIL.COM Mobile Phone No (Phone) +65-90905861 Alternative Phone No (Home) +65-90905861

#### 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 vour vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto

# **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5121022950 Cover Note Number

#### DRIVER

CC

Name of Driver TAN JING JIE Passport No/FIN GXXXX790U

Date Of Birth 31/10/1989 Occupation Outdoor Date Of Driving Pass 07/02/2012 Driving experience 9 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-84014107 Alt. Phone Number Email Address SIEWYING.KHAIRCON@GMAIL.COM Address 2 YISHUN INDUSTRIAL ST 1 #02-05 Address complement Postcode Is the driver the policyholder? 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 **CHONG KAH CHUN** 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 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBK6123H** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

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	CHONG KAH CHUN
Gender	
Phone No	
Address	_
Address Complement	-
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	GBK2300P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJUDED 2	

was this injured conveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person	TAN JING JIE
Gender	
Phone No	
Address	
Address Complement	p. <del>-</del> 0225 in 15021 i
Post Code	-
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	GBK2300P
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.
- 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 Formby 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 Insurence 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 indgement 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 insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurers law years/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 retailing to

(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 law yers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.



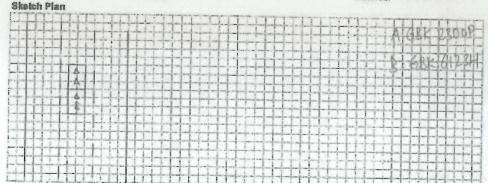
Ten de 12

SHUYI

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre



due to the	vehicles info	y straight. Mr. Suddenli	I slowed down	
Villanda Barra			7 1 161 94	impact.
Vehicle B has	hitled for v	ear portion	if my vehicle	2
claration				
rianiara the formulas and				
CONS	alars are true in overy respec	L		
(X (neg. No.)		-		
10	Tan de	to	SHUY	
ayholder's Signature / Date &	Oriver's Signature (If drh			y Reporting Contre





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Weather:

One Way

Traffic Flow:

Type of Collision:

Between Moving Vehicles - Head To Rear

Clear

1 of 3 Report No. T/20211214/7017

Road Speed Limit:

Anyone conveyed by

Traffic Volume:

Moderate

ambulance:

No

REPORT OF	A TRAFFIC	ACCIDENT						
Date/Time Report Made: 14/12/2021 12:48			Vide F	Report No.:			Station Diary No.:	
Informant's Particulars							[(2]] [(2]] [(3]]	
Name of Informant: TAN JING JIE			Addre	ss:				
ID Type / ID No.: FIN NO / G8172790U			1	ct No.: /Office:		Mobile: 840	014107	
Nationality: MALAYSIAN			Email: SIEW		RCON@GMA	AIL.COM		
Sex: Male	Age: 32	Date of Birth: 31/10/1989	Type of Informant: Driver					
Race: Chinese			Language: Institution / School Name: English				School Name:	
Occupation Air-condition engineering	ning/Refri		Driving Licence Information: Class: Date of Expiry:				oiry:	
General Info		of the Accident						
Type of Accident: Injury Others			Drink Drive: No	Date/Time Accident: 14/12/202		Type of Location: Straight Road		
Location: BUKIT TIM	AH EXPR	ESSWAY						

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Conditio	No of		
GBK2300P	Van					0		
GBK6123H	Van					0		

Road Surface:

Traffic Control:

Not Controlled

Dry

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211214/7017

#### **CONTINUATION OF REPORT**

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK6123H	AIG ASIA PACIFIC INSURANCE PTE.			
	LTD.			

Details of Perso	on Involved				A SHEET	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Passenger						
Name	CHONG KAH CHUN			ID No	•	G1691012R
Related Vehicle	GBK2300P (Van)				ct No.	NIL
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	14/12/2021		Date		14/12	2/2021
No. of Days gran	ted Medical Leave	03	Degree of	gree of Slight		
Driver						
Name	TAN JING JIE			ID No		G8172790U
Related Vehicle	GBK2300P (Van)			Contact No.		84014107
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

ON 14/12/2021 AT ABOUT 09:45AM. I WAS TRAVELLING ALONG BKE TOWARDS PIE. I WAS TRAVELLING STRAIGHT. I SLOWED DOWN AND STOPPED DUE TO THE VEHICLES INFRONT. SUDDENLY, I FELT AN IMPACT. VEHICLE B (GBK6123H) HITTED THE REAR PORTION OF MY VEHICLE. I WAS INJURED, I HITTED MY HEAD AND FELT PAIN ON MY BACK AND NECK. THERE IS ONE PASSENGER ON BOARD NAMED (CHONG KAH CHN), HE WAS ALSO INJURED AND HITTED HIS HEAD AND FELT PAIN ON HIS BACK AND NECK. THE PASSENGER AND I VISITED BOK FAMILY CLINIC AND WAS BOTH GIVEN A 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211214/7017

#### **CONTINUATION OF REPORT**

Sketch Plan Informant is not able to provide sketch

Contact No.: 65476404

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2021 12:48
Officer In Charge Of Case: TP / TPIB / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Classification Of Case:



Jan Des De





#### 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: 5121022950

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

: GBK2300P

Chassis Number

: JTFHT02P300249954

2. Name of Policyholder

KH AIR.CON SYSTEM

3. Effective Date of Insurance

: 26 Feb 2021

4. Expiry Date of Insurance

: 25 Feb 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 N/A

**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

: SEABANC INSURANCE BROKERS PTE LTD (00000690083)

Date of Issue

: 16 Feb 2021 13:10 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:	Business
Owner ID: Vehicle Details	467K
Vehicle No.:	GBK2300P
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Dec 2021
Vehicle Make:	ТОУОТА
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1KDB017577
Chassis No.:	JTFHT02P300249954
Maximum Power Output:	
Open Market Value:	\$28,138.00
Original Registration Date:	26 Feb 2020
First Registration Date:	26 Feb 2020
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	25 Feb 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$25,001.00
COE Rebate Amount:	\$20,499.00
Total Rebate Amount:	\$20,499.00

The information contained herein is correct as at 14 Dec 2021