### **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: 15.02.2022

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: SFM 7887Y / SNA 2399R ON 14.01.2022

We are the authorized repair workshop for the owner of motor vehicle no: SFM 7887Y , which was involved in the captioned accident with your insured vehicle no: SNA 2399R . 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)	Cos	t of Repair	(in	clusive of GST)
-	-	0 * * /-		

2) Loss of Use (3 days X \$60)

3) GIA Search Fee

\$ 2,782.00
\$ 180.00
\$ 2.00
\$ 2,964.00

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@fastechatio.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: 22784

Date

:15.02.2022 :SFM 7887Y

Vehicle No

Make/Model : TOYOTA COROLLA ALTIS

Chassis/Eng# :

Accident Date : 14.01.2022

Claim No

Reference

: 0122 -22784

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: \$\$

2782.00

for FASTECH AUTO PTE LTD

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SNA2399R

**Date of Accident** 

14/01/2022

Reset

#### % RESULT & RECEIPT

# **TP Insurer Enquiry**

#### 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)

1, Desmond Tan Liang Wee (Chen Liang We	("the third party claimant")
of 30 Mulberry Avenue Singapo	ore 348372 (address),
	nicle 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 ve	hicle no. <u>SFM 7887Y</u> that was
damaged pursuant to the accident which oc	curred on 14.01.2022 (date) along
Cavenagh Rd Towards Bukit Timah	Road (location)
involving vehicle no/s SNA 2399R	
I further authorize the workshop to settle manner that they deem fit and the workshop payment furtherto settlement of my claim with favour of the workshop.	op is further authorized to receive
I further acknowledge that any settlement	the workshop may reach on my
behalf is on a without prejudice and withou	
as the driver/owner/insurers of the other veh	
Date this 19 day of 01	(month) 20 <u>72</u> (year)
L.W.	TD * FA
Signed by "the third party claimant"	Signed by "the workshop"

SY0A221E000P / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 14/01/2022 17:07 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (14/01/2022 17:07 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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 Date of Accident Exact Location of Accident dditional Location Information Country/State of Loss

14/01/2022 17:07 (SGT) 14/01/2022 08:00 (SGT) Cavenagh Rd, Singapore Cavenagh Rd TOWARDS BUKIT TIMAH ROAD Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SFM7887Y

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No **DESMOND TAN LIANG WEE** SXXXX641I TANDESMOND7887@GMAIL.COM (Phone) +65-96937887

(Home) +65-96937887

#### VEHICLE PARTICULARS

Manufacturer vlodel

Variant

CC

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

Transmission

your vehicle? Vehicle Category Private hire

Toyota

Corolla

No - Claiming third party Private hire

Auto

#### **INSURANCE COMPANY**

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number Liberty Insurance Pte Ltd Comprehensive

SI21V01615/VPL/R02

DRIVER

Name of Driver NRIC No

**DESMOND TAN LIANG WEE** SXXXX641I

Date Of Birth 03/02/1971 Occupation Outdoor Date Of Driving Pass 12/09/1989 Driving experience 32 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96937887 Alt. Phone Number (Home) +65-96937887 **Email Address** TANDESMOND7887@GMAIL.COM Address 30 MULBERRY AVENUE Address complement Postcode 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 - 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **VANESSA** Gender Female **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? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

**SNA2399R** 

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	DESMOND TAN LIANG WEE
Gender	
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
njured person in which vehicle?	SFM7887Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Flease 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.
- The issue and acceptance of this Formby 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.
- 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 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;
- (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 (# driver is not the policyholder) / Date

Waldy
Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SFM 1881Y

B:SNA 3399R

Describe Circumstances of the Accident

towards	Bukit Tir	nah Ro	ad. I	WQ9	Stationan	1 due	to #	e traf	fic light.	Suddenly .
vehicle B	hit my	геаг р				ant sta			9	
claration										
declare the for	egoing particul	ars are frue	in every r	denael						

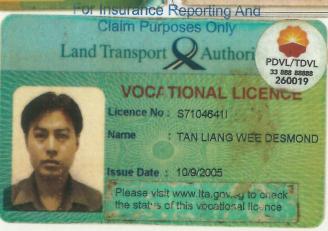
Driver's Signature (if driver is not the policyholder) / Date & Time

Policyholder's Signature / Date & Time

Wilnessed by Reporting Centre

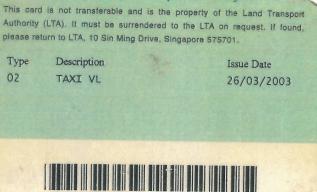
Personnel















Liberty Insurance Pte Ltd

Engistration inc. 199002790[3-

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611

## Certificate of Insurance

NOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION), ACT (CHAPTER 188 MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) RULES, 1968 RIGAD TRANSPORT (AMERICMENT) ACT 3815

MOTOR VEHICLES (THIRD-PARTY RISKS) BULES, 1866

Certificate No SI21V01615 /VPL /R02

From MZ400B

Date Of Steam 02-FEB-2021

Linde Mark and Registration No. of Valuete SFM7887Y

I Chesis number of Writche MR063REH104561882

There of Policytotal: DESMOND TAN LIANG WEE

4.Effective date of Commencement of Insurance

for the purpose of the Act 01-MAR-2021 00:00 AM 50 also of Expiry of Insurance 28-FEB-2022 23:59 PM

6.Plensone or Classies of Plensons

entitled to drive"

For Private Hire Vehicle (PHV) Usage: DESMOND TAN LIANG WEE

For Social, domestic & pleasure purposes: Any Authorised Drivers driving with the permission of the Policyholder.

Provided that the person of largin operated in accordance with the incersing or other, test as a registration to drive the Motor Versicle or has been experiented and is not disqualified by order of a Court of Law or by reason of any structured or registration in that before driving the foliate Versicle.

And provided further that the Motor Versicle is registered under the Road Traffic Act and the registration under the Road Traffic Act has not been cancering at the time of the accident loss or damage.

7 Lamibalians as to use

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic and pleasure purposes.

#. Plaking does not cover

- A) Use for racing, pace-maling, reliability trials or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled mechanically propelled vehicle.

"Limitations randoms income allow by Section 5 of the Motor Vehicles (Third Planty Risks and Companisation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1997 are not to be included under these feedings.

Wile hereby certify that the Policy to which this Certificate resistes is issued in accordance with the provisions of the Motor Veticies (Traid Party Rosis and Compression) Act (Chapter 189) and Part IV of the Rosel Transport Act, 1997.

For and on behalf of LIBERTY INSURANCE PTE LTD

Approved Insurers

**Authorised Signature** 

For Information only CONTRACE:

Comprehensive-United Windocreen PHY Celension (Geographical Area: Simpleses only

MARKET VALUE AT THE TIME OF LOSS

SUM NOUNED EXCESS

Section (Regions) SERECE (Coloris Departs) SERECE (Section 6 Departs) SERECE (Section 6 (Outries Departs))

DESCRIPTION FRANCE LTD HONGLEONG FRANCE LTD BD-CONTEGO BERVICES

PRODUCER NAME

### > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: <b>Vehicle Details</b>	6411
Vehicle No.:	SFM7887Y
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jan 2022
Vehicle Make:	ТОУОТА
Vehicle Model:	COROLLA ALTIS 1.6 CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	1ZRY296845
Chassis No.:	MR053REH104551882
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,990.00
Original Registration Date:	29 Aug 2016
First Registration Date:	29 Aug 2016
Fransfer Count:	1
Actual ARF Paid: ntended PARF Rebate Details	\$19,990.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2026
PARF Rebate Amount: ntended COE Rebate Details	\$13,993.00
COE Expiry Date:	28 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,334.00
COE Rebate Amount:	\$24,645.00
otal Rebate Amount:	\$38,638.00

The information contained herein is correct as at 14 Jan 2022