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: 12.04.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SCK 238M / SHC 267L ON 07.03.2022

We are the authorized repair workshop for the owner of motor vehicle no: SCK 238M , which was involved in the captioned accident with your insured vehicle no: SHC 267L . 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)

Loss of Rental

10,486.00 \$ 720.00 \$ 11,206.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) Letter of Authorisation, etc...

e) I/C & Driving Licence

g) Vehicle Registration Log Card

b) Car Rental Invoice / Agreement

d) GIA Report

f) 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

Attn: Motor Claim Department

AXA Insurance Pte Ltd

Tax Invoice: 22867

Date

:12.04.2022

Vehicle No : SCK 238M

Make/Model : TOYOTA HARRIER 2.0

Chassis/Eng# :

Accident Date : 07.03.2022

Claim No

Reference

: 0322 -22867

Policy No

Amount

To proceed on lump sum repair

S\$

9800.00

E. & O. E.

Total: S\$

9800.00

GST @ 7% : S\$

Amount Due: \$\$

686.00 10486.00

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: TAN LEE MENG

Invoice

: DCR-2022-03-08

Date : 11.03.2022

Agreement No : 22191

Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : SLI 5059D (0322-22867)

720.00

Rental Period from 07.03.2022 to

11.03.2022

E. & O. E.

Total

\$

720.00

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

RENTAL TERMS AND CONDITIONS

No. 22191

Name Ton Lee Mei	na			AKE MODEL:	
ADDRESS BIK 997C Buanakak Crescent		SLJ 5059V .	DIESEL PETROL	E 1/4 1/2 3/4 F	
#03-831		KM IN	DATE & TIME IN 11. 03 202		
		ndik in ardiseriya zinif nakan wan ek	KM	DATE & TIME O	UT
singap	one 534997		KM	TIME USED	
NAMED DRIVER	Oberegio io jug let ii	s which are Dwher too Under	DRIVEN		40 1
TENNESSEEDE MEETING WILLIAM				other of a solder ad-	
SI584561I	DATE OF EXPIRY	PLACE OF ISSUE	HOU	IRS @S\$	
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	4 DA	ws @ss 180.00	\$720.00
ADD NAMED DRIVER	illo in exusion feet (seve-)	to talk eligible and or appearable	WEE	KS @S\$	N III
DRIVING LICENCE NO	DATE OF EXPIRY	PLACE OF ISSUE	MONT	HS @S\$	That said
PASSPORT NO	DATE OF ISSUE	PLACE OF ISSUE	BY INITIALLING, RENT	1 000-10171	a (d - (6)
IMPORTANT NOTES:			AGREES TO PAY ADD F		m m (a)
This vehicle is licenced to carry 04 No refund will be given for vehicle	passenger only.	warhan lagyn rants wis or	_ WAIVER (C.D.W.)	TOTAL DENTAL	47-0 00
No refund will be given for period le Hirer is liable to pay loss of earning	eft in vehicle. gs white damaged vehicle is under	repair.	Diseases to be a second	TOTAL RENTAL	\$720.00
Hirer is liable to pay all parking fee Vehicle return during office hour or No service on public holiday and S	nly.		showings and less &	DELIVERY FEE	
Geographical areas: Singapore & \ Driver must be:	West Malaysia.		V	COLLECTION FE	E
a) 18 years old and above. b) Holding a valid relevant class of The vehicle is strictly to be driven agreement. The hirer is not allowed to sub-let to	by the person to whom it is hired	to and the additional driver named in the	PER DAY PER WEEK	C PER MONTH \$	
ADDITIONAL CONDITIONS:			BY INITIALLING, RENTI	The state of the s	e Harring
COMPREHENSIVE COVERED EX "Section I – Used in S'pore only : S "Section II – Used in S'pore only : S "W/screen Excess in S'pore : SGD	SGD 2000.00 Section I – U: SGD 1500.00 Section II – U	sed outside S'pore : SGD 4000.00 ised outside S'pore : SGD 3000.00 cess Outside S'pore : SGD 100.00	AGREES TO PAY ADD F FOR PERSONAL ACCIDE INSURANCE (P.A.I.)		B PATT OF
THIRD PARTY COVERED EXCES Hirer must bear all costs to the da			V and a street	ent loguino regulateo	
*Section II – Used in S'pore only : S	SGĎ 1500.00		PER DAY PER WEEK	C PER MONTH	to read
*Hirer must bear all costs to the da *Section II - Used outside S'pore :	mages of the return vehicle. SGD 3000.00		\$ \$	\$	
YOUNG AND INEXPERIENCE DR Hirer or any authorized driver who is 18 month or less driving experience	is aged 22 years old (on the date	of accident) and below or possess only	PREPAYMENT	TOTAL CHARGE	
COMPREHENSIVE COVERED EX *Section I – Used in S'pore only : S	GD 6000.00 "Section I – Us	ENCE DRIVER) sed outside S'pore : SGD 12,000.00	CHECK	DEPOSIT	e ew ca
*Section II – Used in S'pore only : S *W/screen Excess In S'pore : SGD		sed outside S ['] pore : SGD 12,000.00 cess Outside S ['] pore : SGD 100.00	CASH	STATES	PACEDY CALCED SECTION
THIRD PARTY COVERED EXCES "Hirer must bear all costs to the dar "Section II – Used in S'pore only : S	mages of the return vehicle.	EDRIVER)	RECEIPT NO.	NETT CHARGE	NAME OF THE PROPERTY OF THE PR
*Hirer must bear all costs to the dar *Section II – Used outside S'pore :	mage of the return vehicle. SGD 12,000.00		Constitution and the constitution of the const	SQ - 4 S VO - DES TOSTIS	
Hirer is responsible for any con THIRD PARTY DAMAGE / INJ			AMOUNT DUE / REFUND		(d)
I HAVE READ THE TERMS A OF THIS RENTAL AGREEME			Agreement shall be valid or	to disensity notatives and by americans	index vine legisy.cxi
SIGNED BY THE PARTIES HE	ERETO ON THE	shall be field to payrall repeir o	DAY OF	od andeco or alist (miss of	binerio set
mili ra bis todis-abas i ba			BROA TATUBE RENTAL AGRE		or evan
etch suit ent mor dizer dete	do a no bafalloso letralo		tt te istney to banet usagno		ine strukt 191
X			X	The state of the s	
RENTER'S	/DRIVER'S SIGNATU	JRE	DY	NAMIC CAR RENT	AL

AUTHORISATION TO ACT

I/We, Ton Lee Mena ((the third party claimant) of Blk 944C Buongkok
Crescent #03-831 S (534997) (add	dress), owner of <u>SCK 238M</u> (vehicle no.) hereby
authorize Fostpch 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.
SCK 738M that was damaged pursu	ant to the accident which occurred on 03.002(date)
along 996 Buanakok Crescent	MSCP (location) involving
vehicle no/s SHC 267 L ("the accid	lent").
I further authorize the workshop to sett	le my above mentioned claim in a manner that they
deem fit and the workshop is further auth	norized to receive payment further to settlement of my
claim with payment cheque/s being made	in favour of the workshop.
I Suthan administration that any gottlam	ont the workshop may reach on my habalf is on s
	ent the workshop may reach on my behalf is on a of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.	of hability basis hisbial as the universowner insurers
of the other veincie's is concerned.	
Dated this (day) of 03_	(month) 20 <u>)?</u> (year)
	AUTO
	GST Reg. No. 17
£	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signed by "the third party claimant"	Signed by "the workshop"
(with company stamp if applicable)	(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 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 Date of Accident Exact Location of Accident

07/03/2022 11:50 (SGT) Singapore 'itional Location Information 996 BUANGKOK CRESCENT MSCP

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SCK238M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

TAN LEE MENG S15845611

LEEMENG836355@GMAIL.COM

(Phone) +65-98382749 (Home) +65-98382749

07/03/2022 15:11 (SGT)

VEHICLE PARTICULARS

nufacturer Model

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?

Transmission CC

Vehicle Category

No - Claiming third party Private car

Auto 1986

Toyota

Harrier

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

Allianz Insurance Singapore Pte. Ltd.

Comprehensive

SP2000635327-01

DRIVER

Name of Driver NRIC No

TAN LEE MENG S15845611



Date Of Birth 09/11/1963 Occupation Indoor Date Of Driving Pass 12/07/1990 Driving experience 31 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-98382749 Alt. Phone Number (Home) +65-98382749 Email Address LEEMENG836355@GMAIL.COM Address BLK 997C BUANGKOK CRESCENT #03-831 S534997 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 - Major/Minor Rd 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SUJANTI Gender Female **DETAILS OF POLICE ACTION** s the accident reported to the police? No was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER STATEMENT 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 SHC267L 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	
No. Of Passenger (Including Driver)	

besine oncumations of the Accident	
On 07.03.2022 at about 11:50 am. I was travelling along 996 Ruangkok Mescent	MS
I was travelling straight. Suddenly, vehicle B dashed out from 996 MSCP without	
stopping at the stop line and hit my left portion of my vehicle.	
stopping at the stop line and mit my test portion of my wantie.	

	The state of the latest the lates
	disserve

eclaration	
We declare the foregoing particulars are true in every respect.	
we we want to the control of the con	

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

Accident report SK0L2237000G

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel

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 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. 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)

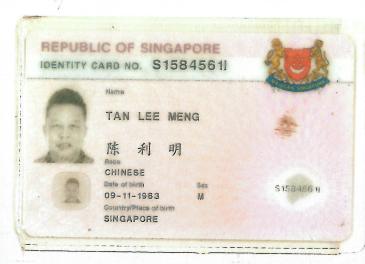
Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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.

Policyhólder's Signatu Time Sketch Plan	re / Date &	Driver's Signature (if de & Time	river is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
	44	996 MSCP		A: SCK 238M
	- 19]			B: SHC 2671
4.		B Commence of the Commence of	3.	
4			t	
	****		~~www.au.au.au.au	





Claim Purposes Only





Allianz Insurance Singapore Pte. Ltd.

Company Registration No.: 201903913C GST Registration No.: 201903913C

Address: 79 Robinson Road #09-01 Singapore 068897

Tel: +65 6714 3369 Website: <u>www.allianz.sg</u>

Allianz Contact Centre Tel: 1800 222 1818 (Local) +65 6222 1919 (Overseas)

Email: customerservice@allianz.com.sg



CERTIFICATE OF INSURANCE

FORM

MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2000635327-01

Coverage : COMPREHENSIVE

Policyholder Name : Tan Lee Meng

Registration No. : SCK238M

Period of Insurance : 18 NOVEMBER 2021 to 17 NOVEMBER 2022

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 the his/her permission

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

*Limitation rendered inoperative by Section 8 of 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) or Amendment, Act or Acts passed in substitution thereof.

Allianz Insurance Singapore Pte. Ltd.

11 November 2021

Issued Date

Hicham Raissi Chief Executive Officer Allianz Insurance Singapore Pte. Ltd.

Account Code: 0000184

Excess:

Own Damage Excess Windscreen Excess

SGD

600.00

SGD

100.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	5611
Vehicle No.:	SCK238M
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Mar 2022
Vehicle Make:	ТОУОТА
Vehicle Model:	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3ZRB834744
Chassis No.:	ZSU600084123
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$30,936.00
Original Registration Date:	17 Nov 2016
First Registration Date:	17 Nov 2016
ransfer Count:	0
octual ARF Paid: ntended PARF Rebate Details	\$30,311.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Nov 2026
ARF Rebate Amount: ntended COE Rebate Details	\$21,217.00
COE Expiry Date:	16 Nov 2026
OE Category:	B - Car above 1600cc or 97kW (130bhp)
OE Period(Years):	10
QP Paid:	\$56,206.00
COE Rebate Amount:	\$26,369.00
otal Rebate Amount:	\$47,586.00

The information contained herein is correct as at 07 Mar 2022