

# 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 : 01.09.2022

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

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : YM 8515P/ XD 5264S ON 26.04.2022

We are the authorized repair workshop for the owner of motor vehicle no: **YM 8515P** , which was involved in the captioned accident with your insured vehicle no: **XD 5264S** . 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)	\$	35,952.00
2) Loss of Use (18 days + 2 Sunday + 2 Holidays X S\$250)	\$	5,500.00
3) LTA Search Fee	\$	7.45
4) Towing Fee	\$	180.00
	<b>\$</b>	<b>41,639.45</b>

We enclosed herewith the following documents to support the claims:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice            | b) LTA Search Result             |
| c) Letter of Authorisation, etc... | d) Towing Invoice                |
| e) GIA Report                      | f) I/C & Driving Licence         |
| g) Insurance Certificate           | 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**

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

Attn : Motor Claim Department

Tax Invoice : 22944

Date : 01.09.2022  
Vehicle No : YM 8515P  
Make/Model : MITSUBISHI  
Chassis/Eng# :  
Accident Date : 26.04.2022  
Claim No :  
Reference : 0422 -22944  
Policy No :

	Amount
To proceed on lump sum repair	S\$ 33600.00

E. & O. E.

Total : S\$	33600.00
GST @ 7% : S\$	2352.00
<b>Amount Due : S\$</b>	<b>35952.00</b>



for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Apr 2022 / 18:16:32

Receipt Date/Time : 26 Apr 2022 / 18:16:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220426-003652

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - XD5264S				
As at 26 Apr 2022/15:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - XD5264S Enquiry Fee 20220426181605578790	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
20220426181612224		Direct Debit: eNETS Debit (Internet 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.

## AUTHORISATION TO ACT

I/We, HMLY Pte Ltd (the third party claimant") of 7 Fourth Chin Bee Road Singapore 619700 (address), owner of YM 8515P (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. YM 8515P that was damaged pursuant to the accident which occurred on 26.04.2022 (date) along TUAS West Road towards AYE (location) involving vehicle no/s XD 5264S ("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 26 (day) of APR (month) 20 22 (year)



*[Signature]*

Signed by "the third party claimant"  
(with company stamp if applicable)



*[Signature]*

Signed by "the workshop"  
(with company stamp)



榮華拖車服務  
YONG HUA TOWING SERVICE

41 JALAN SALANG SINGAPORE 769523  
TEL: 9711 3264 / 8344 7775 / 8204 5252 FAX: 6754 6162  
Email: yhtowingtransportation@gmail.com  
Company Reg. No. 49596700M

(S)  
No. 164663

Date: 26-4-2022

M/s	寶號	QTY/HRS/TRP	RATE	TOTAL	
				\$	cts
FASTech Auto P/L				180	00
Transport of: YM 8515 P					
Location: Tuas West to Kaki Bukit Rd 6					
(24 Hrs)					
				180	00
TOTAL				180	00

Time from \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.

Time from \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

Total Time \_\_\_\_\_ Overtime \_\_\_\_\_

Conditions

It is understood that goods transported by us are to be insured accordingly by customers.

Our Company shall not be responsible for any losses or damages whatsoever.  
Incurred while carrying out the above assignment.

Using our tackles gears, slings, etc for loading and unloading of cargo is at customer's risks.  
We will not be responsible for any consequences which may arise of breakages due to  
unforeseen circumstances.

Vehicle No. 20552

Tr. No. \_\_\_\_\_

Driver's Signature \_\_\_\_\_

Customer's Signature \_\_\_\_\_

## 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	27/04/2022 18:25 (SGT)
Date of Accident	26/04/2022 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS WEST ROAD TOWARDS AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8515P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HMLY PTE LTD
Company Reg No	2XXXXX141M
Email Address	8816JEFFREY@GMAIL.COM
Mobile Phone No	(Phone) +65-97551531
Alternative Phone No	(Home) +65-97551531

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FM65FMIRDEA
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 your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113884955-02-000007
Cover Note Number	-

#### DRIVER

Name of Driver	WONG CHIN TOONG
Passport No/FIN	SXXXX738E

Date Of Birth	17/09/1960
Occupation	Outdoor
Date Of Driving Pass	12/05/1982
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87398421
Alt. Phone Number	
Email Address	8816JEFFREY@GMAIL.COM
Address	BLK 339D KANG CHING ROAD #16-360
Address complement	
Postcode	614339
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD5264S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	
Address	
Address complement	

Postcode	
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE3009X
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Commercial vehicle
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)	

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	WONG CHIN TOONG
Gender	Male
Phone No	(Phone) +65-87398421
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	YM8515P
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 Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

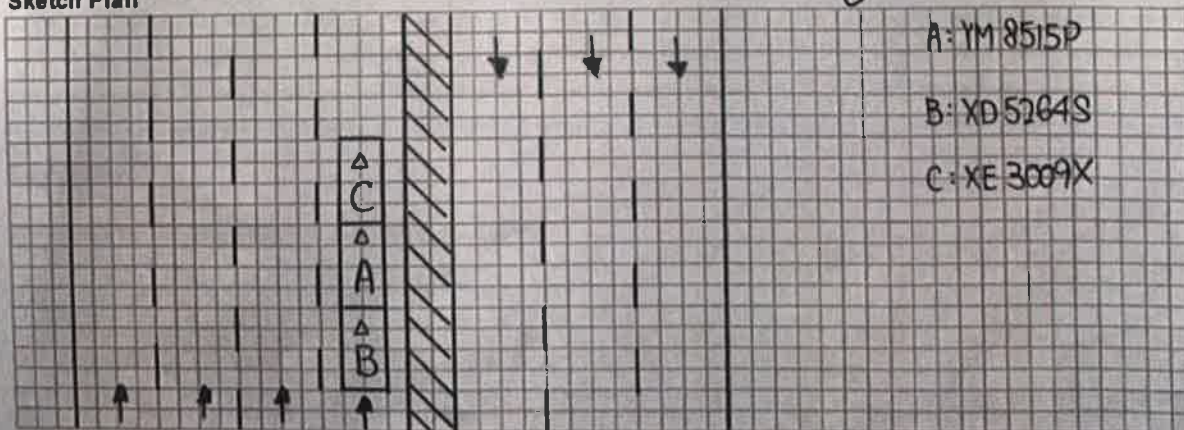


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

On 26.04.2022 at about 15:30PM. I was travelling along TUAS West Road Towards AYE. I was stationery due to the traffic light. Suddenly, I felt an impact from my rear and my vehicle moved forward to hit the front vehicle. I was involved in a 3 vehicles chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1455738E**

Name: **WONG CHIN TOONG**

Birth Date: **17 Sep 1960**

Issue Date: **03 Feb 2004**

1001105486G

For Insurance Reporting And  
Claim Purposes Only

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1455738E**



Name

**WONG CHIN TOONG**

**黄振通**

Race

**CHINESE**

Date of birth

**17-09-1960**

Sex

**M**

**S1455738E**

Country/Place of birth

**SINGAPORE**

*[Handwritten signature]*

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

For Insurance Reporting And  
Claim Purposes Only

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Dec 1973
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Dec 1951
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	12 May 1982

NP 428A

Licence No: S1455738E

5552475



NRIC No. **S1455738E**



Date of issue

**21-01-2016**

Address

**APT BLK 339D KANG CHING ROAD  
#16-360  
SINGAPORE 614339**

## 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** : 5113884955-02-000007

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **YM8515P**  
Chassis Number : FM65FMB00026
2. Name of Policyholder : HMLY PTE LTD
3. Effective Date of Insurance : 30 Nov 2021
4. Expiry Date of Insurance : 29 Nov 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 08 Nov 2021 22:36 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	141M
<b>Vehicle Details</b>	
Vehicle No.:	YM8515P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Apr 2022
Vehicle Make:	MITSUBISHI
Vehicle Model:	FM65FM1RDEA
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	6M60124411
Chassis No.:	FM65FMB00026
Maximum Power Output:	-
Open Market Value:	\$55,081.00
Original Registration Date:	30 Apr 2008
First Registration Date:	30 Apr 2008
Transfer Count:	0
Actual ARF Paid:	\$2,755.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$37,545.00
COE Rebate Amount:	\$22,558.00
<b>Total Rebate Amount:</b>	<b>\$22,558.00</b>

The information contained herein is correct as at 26 Apr 2022

OK