

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 30.05.2022

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 : SBL 75Y / SMG 230L ON 09.05.2022

We are the authorized repair workshop for the owner of motor vehicle no: **SBL 75Y**, which was involved in the captioned accident with your insured vehicle no: **SMG 230L**. 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)	\$ 12,840.00
2) Loss of Use (12 days + 1 Sunday X S\$60)	\$ 780.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 13,622.00</u>

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) Police 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

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn : Motor Claim Department

Tax Invoice : 22965

Date 30.05.2022

Vehicle No SBL 75Y

Make/Model HONDA VEZEL 1.5X

Chassis/Eng# :

Accident Date 09.05.2022

Claim No :

Reference 0522 -22965

Policy No

	Amount
To proceed on lump sum repair	S\$ 12000.00

E. & O. E.

Total : S\$ 12000.00

GST @ 7% : S\$ 840.00

Amount Due : S\$ 12840.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMG230L

Date of Accident

09/05/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **29/04/2022 - 28/04/2023**Requested By **ALLAN TANG (KIM CHWEE AUT...**Requested Date **09/05/2022 18:17****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**



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

I, PERH ZHI HAO ("the third party claimant")
of APT BLK 427 YISHUN AVENUE 11 # 04-604 S(760427) (address),
owner of SBL 75Y (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. SBL 75Y that was
damaged pursuant to the accident which occurred on 09.05.2022 (date) along
Upper THOMSON ROAD TWDS SEMBAWANG (AFTER SLE/CTE ENTRANCE) (location)
involving vehicle no/s SMG 230L ("the accident").

I further authorize the workshop to settle the 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.

Date this 09 day of MAY (month) 20 2022 (year)

[Signature]

Signed by "the third party claimant"

[Signature]



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 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	10/05/2022 15:58 (SGT)
Date of Accident	09/05/2022 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER THOMSON ROAD TWDS SEMBAWANG (AFTER SLE/CTE ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL75Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PERH ZHI HAO
NRIC No	S9425516C
Email Address	PZH-ZHIHAO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96810036
Alternative Phone No	+65-96810036

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21006154
Cover Note Number	-

DRIVER

Name of Driver	PERH ZHI HAO
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NRIC No	S9425516C
Date Of Birth	16/07/1994
Occupation	Indoor
Date Of Driving Pass	07/04/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96810036
Alt. Phone Number	+65-96810036
Email Address	PZH-ZHIHAO@HOTMAIL.COM
Address	427 YISHUN AVE 11N #04-604 S760427
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
ad 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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG230L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM BOON CHIN
Contact Number	(Phone) +65-91155755
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	PERH ZHI HAO
Gender	Male
Phone No	(Phone) +65-96810036
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBL75Y
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 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

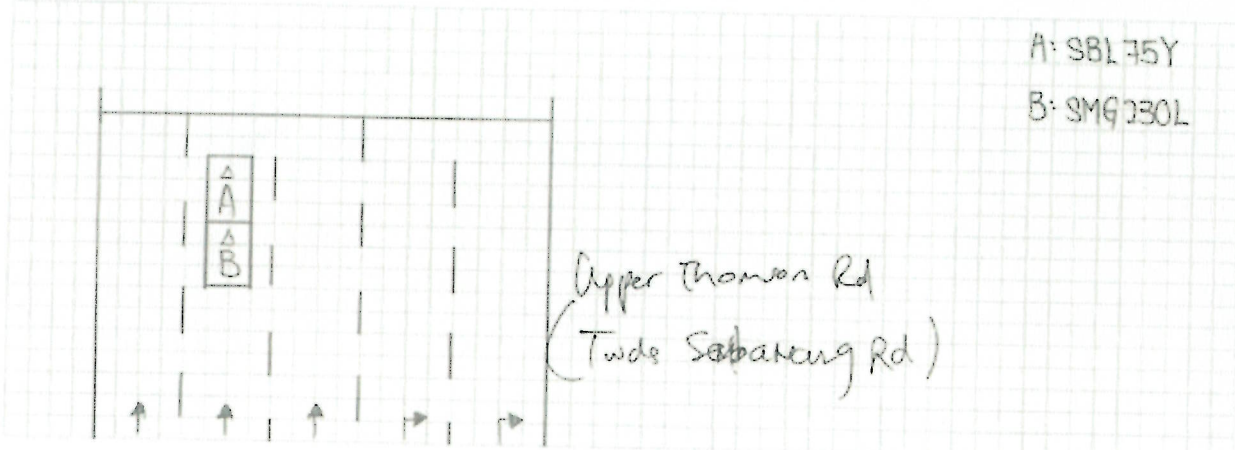
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


Refer to the police report (T/20220510/7020)

Declaration

We declare the foregoing particulars are true in every respect.

8/11 1.25pm
10/05/2022
Policyholder's Signature / Date & Time

8/11
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220510/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220510/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2022 13:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PERH ZHI HAO			Address: 427 YISHUN AVENUE 11 #04-804 SINGAPORE 760427		
ID Type / ID No.: NRIC NO / S9425516C			Contact No.: Home/Office: Mobile: 96810036		
Nationality: SINGAPORE CITIZEN			Email: PZH-ZHIHAO@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 16/07/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2022 17:40	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBL75Y	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD	Maroon		0
SMG230L	Car					0



**SINGAPORE
POLICE FORCE**



T/20220510/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220510/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBL75Y	SHC INSURANCE PTE. LTD.	DMPG21006154	24/05/2021	23/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PERH ZHI HAO	ID No.	S9425516C
Related Vehicle	SBL75Y (Car)	Contact No.	96810036
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/05/2022	Date	09/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 09.05.2022 AT ABOUT 17:40PM. I WAS TRAVELLING ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG (AFTER SLE/CTE ENTRANCE). I WAS SLOWED DOWN AND STOPPED DUE TO THE TRAFFIC LIGHT. SUDDENLY, VEHICLE B (SMG 230L) HIT MY REAR PORTION OF MY VEHICLE.

I VISITED KHOO TECK PUAT HOSPITAL AFTER THE ACCIDENT AND WAS GIVEN 3 DAYS MC. I FELT PAIN IN MY BACK AND NECK.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220510/7020

3 of 3

Report No. T/20220510/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/05/2022 13:00

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9425516C**

Name: **PERH ZHI HAO**

Birth Date: **16 Jul 1994**

Issue Date: **07 Apr 2014**

002292435B

For Insurance Reporting And Claim Purposes Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9425516C**

Name: **PERH ZHI HAO**

裴志豪

Race: **CHINESE**

Date of birth: **16-07-1994** Sex: **M**

Country of birth: **SINGAPORE**

S9425516C

Handwritten mark

For Insurance Reporting And Claim Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **07 Apr 2014**

NP 428A

Licence No: **S9425516C**

4345431

Barcode

NRIC No. **S9425516C**

Date of issue: **29-01-2009**

Address: **APT BLK 427 YISHUN AVENUE 11 #04-604 SINGAPORE 760427**

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)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG21006154
Vehicle Registration Number : SBL75Y
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : PERH ZHI HAO
Commencement Date of Insurance : 24/05/2021
Expiry Date of Insurance : 23/05/2022

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	S\$	300.00
		EXCESS: WINDSCREEN	S\$	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	S\$	3,000.00

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) 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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**

Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : RU11110770, Vehicle Engine Number : L15B4030773		PC1, 19/05/2021 13:15

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	516C
Vehicle Details	
Vehicle No.:	SBL75Y
Vehicle to be Exported:	No
Intended Deregistration Date:	10 May 2022
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	L15B4030773
Chassis No.:	RU11110770
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,733.00
Original Registration Date:	24 May 2016
First Registration Date:	24 May 2016
Transfer Count:	1
Actual ARF Paid:	\$9,733.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 May 2026
PARF Rebate Amount:	\$6,813.00
Intended COE Rebate Details	
COE Expiry Date:	23 May 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,300.00
COE Rebate Amount:	\$19,085.00
Total Rebate Amount:	\$25,898.00

The information contained herein is correct as at 10 May 2022

OK