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: 02.06.2022

China Taiping Insurance Singapore Pte Ltd 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : SLB 6125G / SMW 8835E ON 21.05.2022

We are the authorized repair workshop for the owner of motor vehicle no: $SLB\ 6125G$, which was involved in the captioned accident with your insured vehicle no: $SMW\ 8835E$. 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.

| 33.55 | | | |
|-------|----------------|----------------|--------------|
| 11 | O CD | /· · · | 0.000 |
| 1) | Oct of Renair | Including | V+ (-C 1) |
| 1, | Cost of Repair | (IIICIUSI V C | OI OBII |

- 2) Loss of Use (2 days X S\$60)
- 3) GIA Search Fee

| \$ 2,048.00 |
|----------------|
| \$ 2.00 |
| \$ 120.00 |
| \$ 1,926.00 |

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@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

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Tax Invoice: 22996

Date

:02.06.2022

Vehicle No

:SLB 6125G

Make/Model : TOYOTA COROLLA ALTIS 1.6L

Chassis/Eng#

Accident Date : 21.05.2022

Claim No

Reference

: 0522 -22996

Policy No

To proceed on lump sum repair

S\$

1800.00

Amount

E. & O. E. Total: S\$ 1800.00 GST @ 7% : S\$ 126.00 Amount Due: \$\$ 1926.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMW8835E

Date of Accident

21/05/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 16/12/2021 - 15/12/2022

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 23/05/2022 15:20

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**

| DATE | :27.05.2022 |
|------------|--|
| то | :China Taiping Insurance (Singapore) Pte. Ltd. |
| RE | : ACCIDENT INVOLVING VEHICLE NO. <u>SLB 6125G / SMW 8835E</u> |
| | ALONG NEWTON CIRCUS TOWARDS NEWTON ROAD |
| | ON 21.05.2022 |
| | |
| I/We, | PEH KIAN ENG |
| of (NRIC | C No./ROC No.) S1248092Z |
| of | BLK 112 LORONG 3 GEYLANG #06-83 SINGAPORE 381112 |
| | f vehicle no. SLB 6125G in consideration of M/s FASTECH AUTO |
| | O repairing my/our vehicle <u>SLB 6125G</u> at my/our instruction and hereby |
| | e M/s FASTECH AUTO PTE LTD to demand claim settlement whatever |
| | settled/payable by the Insurance Company and/or third party or to commence legal ngs, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, |
| etc. and t | to their appointing solicitor to act for me/us in respect of the said accident/claim and ed and/or settled shall belong to them absolutely. |
| I/We furt | ther agree and undertake to indemnify them against the above-mentioned claim cost |
| which ma | ay arisen therewith. |
| Signature | e of Owner: hely |
| | |
| Name of | Owner: PEH KIAN ENG |

SL0X225U0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 30/05/2022 12:26 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (30/05/2022 12:26 (SGT))

SINGAPORE ACCIDENT STATEMENT

- 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.
- 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 30/05/2022 12:26 (SGT) Date of Accident 21/05/2022 19:00 (SGT)

Exact Location of Accident Singapore

litional Location Information NEWTON CIRCUS TWDS NEWTON RD Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No

No - Claiming third party

Vehicle Registration Number SLB6125G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PEH KIAN ENG NRIC No. SXXXX092Z **Email Address** shgwee@live.com Mobile Phone No (Phone) +65-98228318

Alternative Phone No +65-98228318

VEHICLE PARTICULARS

nufacturer Toyota Model **ALTIS** 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?

Vehicle Category

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number A 300555028 ATM

Cover Note Number

DRIVER

Name of Driver **GWEE SIEW HONG** NRIC No. SXXXX305B

Accident report SL0X225U0001

| Date Of Birth | 04/04/1949 |
|--|--|
| Occupation | 7 77 10 17 17 |
| Date Of Driving Pass | Indoor |
| Driving experience | 16/07/1976 |
| Gender | 45 YEARS AND 10 MONTHS |
| | Female |
| Mobile Number | (Phone) +65-96747690 |
| Alt. Phone Number | |
| Email Address | shgwee@live.com |
| Address | 133 SERANGOON AVE 3 |
| Address complement | #06-10 |
| Postcode | 556113 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | NO |
| volude integration realiser of other vehicle owned by briver | |
| Insurance Company of Other Vehicle Owned by Driver | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Collicion Change/gross lane |
| Weather Conditions | Collision - Change/cross lane Clear |
| Road Surface | |
| Node Guilage | 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? | |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | |
| Number of Decembers (Including Driver) | 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 | MONICA DEK |
| Gender | MONICA PEK |
| Golder | Female |
| | |
| DETAILS OF POLICE ACTION | |
| is the accident reported to the police? | No |
| s notice of intended Prosecution given? | No No |
| If yes, against whom? | No |
| ii yes, against whom: | |
| | |
| CIRCUMSTANCES OF ACCIDENT | |
| PLS REFER TO THE ATTACHED STATEMENT. | |
| 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 |
| VIII 2 1 | |
| Vehicle Registration Number | SMW8835E |
| Vehicle Manufacturer | - |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| | |

| 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) | |

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.
- 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)

Lunderstand, 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;
- (ii) 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.

30/05 Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Witnessed by Reporting Centre & Time Sketch Plan circus

Describe Circumstances of the Accident On 21/05/2022 at about

| mos Marion | 7 | 1 | 31.49411.31 | raamly, | venice & |
|-------------------------------|----------------------|----------------------------|--|--------------|--|
| encreached i | nto my | land and | hit the | right p | ortion of n |
| Vihille- | | | | 7 | |
| | | | | /// | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Company of the Compan |
| | | | TOTAL STATE OF THE STATE OF | | |
| | | | | | |
| | | | | | |
| | | | Maria de la compansión de | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| laration | | | | | |
| declare the foregoing particu | ilars are true in ev | ery respect | | | |
| | | | | | |
| | | M | | - D | , |
| holder's Signature / Date & | Driver's Signe | fure (if driver is not the | | styr | 30/05/ |
| | 0.00 | and the second in Hot file | puegynoider) / Date | Witnessel hu | Reporting Centre |

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

I was travelly

Nawton civay

19:00 PM.

Witnessed by Reporting Centre

Personnel

Eor Nearlance Lebourine

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1248092Z





Name

PEH KIAN ENG



建荣



Race

CHINESE

Date of birth

Sex M

06-01-1957

Country/Place of birth



SINGAPORE

For Training Purposes Only

6210002





Date of issue

04-06-2019

Address

APT BLK 112 LORONG 3 GEYLANG #06-83 SINGAPORE 381112

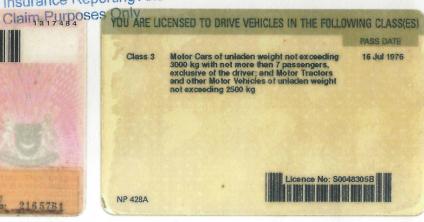




For Insurance Reporting For Claim Purposes Only









MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MS&AD INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

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

(REPUBLIC OF SINGAPORE)

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

TOYOTA DRIVEELITE2 Comprehensive

Certificate No.

A 300555028 ATM

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLB6125G

2. Name of Policyholder
Peh Kian Eng

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/04/2022
- 4. Date of Expiry of Insurance 14/04/2024
- 5. Persons or Classes of Persons entitled to drive*

Peh Kian Eng

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or 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 *

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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 any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng Chief Executive Officer

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 092Z |
| Vehicle No.: | SLB6125G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 23 May 2022 |
| Vehicle Make: | ТОУОТА |
| Vehicle Model: | TOYOTA COROLLA ALTIS 1.6L CVT |
| Primary Colour: | Brown |
| Manufacturing Year: | 2015 |
| Engine No.: | 1ZRX558377 |
| Chassis No.: | MR053REH104547349 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$19,589.00 |
| Original Registration Date: | 15 Apr 2016 |
| First Registration Date: | 15 Apr 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: Intended PARF Rebate Details | \$19,589.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 14 Apr 2026 |
| PARF Rebate Amount: Intended COE Rebate Details | \$12,732.00 |
| COE Expiry Date: | 14 Apr 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$46,009.00 |
| COE Rebate Amount: | \$17,914.00 |
| Total Rebate Amount: | \$30,646.00 |

The information contained herein is correct as at 23 May 2022