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: 08.08.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SMR 7074S / SLQ 6404Y ON 15.07.2022.

We are the authorized repair workshop for the owner of motor vehicle no: **SMR 7074S**, which was involved in the captioned accident with your insured vehicle no: **SLQ 6404Y**. 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)	\$ 6,420.00
2)	Loss of Use (4 days X \$60)	\$ 240.00
3)	GIA Search Fee	\$ 2.00
		\$ 6,662.00

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) 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

Attn: Motor Claim Department

Tax Invoice: 23079

AXA Insurance Pte Ltd

: 08.08.2022 Date Vehicle No SMR 7074S

Make/Model :: VOLVO V40 T2

Chassis/Eng#

Accident Date : 15.07.2022

Claim No

Reference 0722 -23079

Policy No

Amount

To proceed on lump sum repair

S\$

6000.00

Total: S\$ 6000.00 E. & O. E. GST @ 7% : S\$ 420.00

Amount Due: S\$

6420.00

for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLQ6404Y

Date of Accident

15/07/2022

Reset

% RESULT & RECEIPT

Insurance ______ AXA Insurance Pte Ltd Period of Insurance ______ 18/07/2021 - 17/07/2022 Requested By _____ ALLAN TANG (KIM CHWEE AUT... Requested Date ______ 15/07/2022 09:26

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**

AUTHORISATION TO ACT

(the third party of	claimant") of DIK 641 July West
Street 61 # 07-36 Singapore 64064 (address), owner of	MR 7074S (vehicle no.) hereby
authorize <u>fostech Auto Pte Ltd</u> ("the	e workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of u	
CMR 7074S that was damaged pursuant to the accid	ent which occurred on 15.01.2021 (date)
along Jurong West Avenue 2 towards PI	[(location) involving
vehicle no/s SIO 6404Y ("the accident").	
I further authorize the workshop to settle my above n	nentioned claim in a manner that they
deem fit and the workshop is further authorized to recei	
claim with payment cheque/s being made in favour of th	
I further acknowledge that any settlement the worksl	nop may reach on my behalf is on a
without prejudice and without admission of liability ba	sis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.	
Dated this (day) of (month) 20	0 <u>00</u> (year)
	AUTO
	GST Reg. No. TTI
	200062820
- Jan	**
Signed by "the third party claimant"	Signed by "the workshop"
(with company stamp if applicable)	(with company stamp)

SN09227F000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/07/2022 16:31 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (15/07/2022 16:31 (SGT))



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 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.

- The issue and acceptance of this Porth by insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 15/07/2022 16:31 (SGT) Reported by Date of Accident 15/07/2022 07:20 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG WEST AVE 2 TOWARDS PIE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volvo

1498

Vehicle Registration Number SMR7074S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG SENG LOON (HUANG SHENGLUN) NRIC No S7602729C Email Address SKINNEDMONK@GMAIL.COM Mobile Phone No (Phone) +65-97979332 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model V40 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd Policy Number / Cover Note Number DHOM120064892200

DRIVER

Name of Driver NG SENG LOON (HUANG SHENGLUN) NRIC No S7602729C Date Of Birth 24/01/1976 Indoor

Date Of Driving Pass 14/08/2000 Driving experience 21 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-97979332 Alt, Phone Number Email Address SKINNEDMONK@GMAIL.COM Address **BLK 641 JURONG WEST ST 61** Address complement #07-36 Postcode 640641 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name UNKNOWN Gender Female 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 PLEASE REFER TO POLICE REPORT NO: T/20220715/7019 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6404Y
Vehicle Manufacturer	(#)
Vehicle Model	9 3 8
Vehicle Variant	-
Vehicle Colour	3
Vehicle Category	Private car
Name of Driver	:= 1
Contact Number	:=:
Address	:#X1
Address complement	: : ::
Postcode	漫
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	·
Details of property damaged in accident	\$.
No. Of Passenger (Including Driver)) =

INJURED PERSONS DETAILS

INJURED 1

INJUNED I	
Name of injured person	NG SENG LOON (HUANG SHENGLUN)
Gender	Male
Phone No	(2)
Address	*
Address Complement	:¥:
Post Code	
Approximate Age Years Old	3 8 2
Injuries Sustained	·
Injured person in which vehicle?	SMR7074S
Were seat belts worn?	92
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
THOONED Z	
Name of injured person	UNKNOWN
Gender	Female
Phone No	Œ
Address	(e :
Address Complement	(#.
Post Code	Œ
Approximate Age Years Old	(<u>u</u>
Injuries Sustained	
Injured person in which vehicle?	SMR7074S
Were seat belts worn?	1 =
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 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)

funderstand, 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 making 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 Apate &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMR 70749 B: SLQ 6404 Y

Jury West Aug 2 towards PIE

Refer	to	the	police	report :	
				<u> </u>	
_					
	_		_		
			_		
	_				

IWWe declare the foregoing particulars are true in every respect.

Policyholder's Signature Date &

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

Witnessed by Reporting Centre Personnel





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

1 of 3 Report No. T/20220715/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 15/07/20	ne Report I)22 12:39	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		Manual Control of the Control	
Name of Informant: NG SENG LOON			Address: 641 JURONG WEST STREET 61 #07-36 SINGAPORE 640641		
	/ ID No.: D / \$76027;	29C	Contact No.: Home/Office: Mobile: 97979332		
Nationality: SINGAPORE CITIZEN			Email: SKINNEDMONK@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 24/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: circulation rep			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2022 07:20	Type of Location Straight Road
Location: JURONG WE	ST AVENUE 2	Road Surface:	Ro	
Clear		Dry	1.10	ad Speed Limit:
		1 -	Tra	ad Speed Limit: affic Volume:

Vehicle No.	Туре	Make	Model	Colon		
		Make	Model	Color	Conditio	No of
SLQ6404Y	Car				Seriously Damaged	0
SMR7074S	Car	VOLVO	V40 T2 R- DESIGN (A) SR	White	Seriously Damaged	1





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

Details of Vehicle Insurance

2 of 3 Report No. T/20220715/7019

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company		Insura	nce No	Effective	Expiry Date
SMR7074S	UN	NITED OVERSEAS IN	SURANCE	DHOM1200648922 00			29/03/2024
Details of Pe	erso	n involved	A SPIRE		70 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		
Any Pedestri						479/7	
		s Injured: NIL		Use of Pe	edestrian Cro	ceina: NA	
Passenger				OUC OIT	ocsilian Cit	salig. IVA	
Name				ID No.	S8060984A	EIOX ETT ROLL	
Related Vehicle Hospital/Clinic		SMR7074S (Car) NIL			Contact No	. 98004684 Class: NIL Date of Expiry: NIL	
					Class of Driving Licence & Expiry		
Date		NIL		Date	NIL	1	
No. of Days g	rant	ed Medical Leave	NIL	Degree of NIL			
Driver		The state of the	Total Contraction			1 - S- C - C - C - C	T-124
Name		NG SENG LOON			ID No.	S7602729C	
Related Vehic	ele	SMR7074S (Car)			Contact No	97979332	
Hospital/Clinic	spital/Clinic NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL		
Date		NIL		Date	NIL		
No. of Days g	rante	ed Medical Leave	03	Degree of	11,51,000	nt	

Brief Details.

I was traveling along Jurong West Ave 2 towards PIE, I Signal left, slowed down, checked my blind spot, i proceed to do a lane change from lane 1 to lane 2, the car infront of me on lane 2 applied brake and i brake too, then suddenly the car behind of me, whom is also changing lane from lane 1 to lane 2 could not stop on time and collided onto the rear of my car.

I wish to mention my wife was in the car with me during the accident happen.

I feel uncomfortable at my neck and body area after the accident, i visited Bok Family Clinic and was given 3 days MC.





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

Informant is not able to provide sketch

Sketch Plan

3 of 3 Report No. T/20220715/7019

CONTINUATION OF REPORT

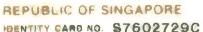
Signature Of Officer Recording The Report:	
Not applicable	
Signature Of Interpreter: Not applicable	

The Identity	Of Informant:
Date/Time: 15/07/2022	
Classificatio	on Of Case:

TP / TPIB / **TAN JEOK LENG** Contact No.: 65476151

NP158

Officer In Charge Of Case:





DENTITY CARD NO. \$76027290

Hame

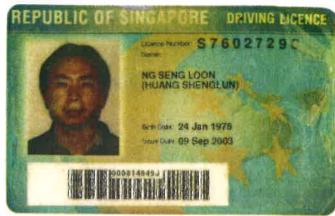
NG SENG LOON (HUANG SHENGLUN)

RECE CHINESE

Date of sinth 24-01-1976

Country of sirth

i z do pizano



For Insurance Reporting And Claim Purposes Only







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)

United Overseas Insurance Limited

45 Robinson Road #02-0) UCI Building Singapore 068909

Tel (55) 5222 7733 Fax (65) 5327 38 59 / 6327 3370 Fax (65) 6327 3872 (claims) Email: contactus@uo: com sg uoi comise

Co Reg No 1971001528

ORIGINAL

CERTIFICATE NO.

DHOM120064892200

Excess:

\$750/-MAMED DRIVERS - OPTION 2

\$1500/-OTHERS

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

\$100/-WINDSCREEN DAMAGE CLAIM

\$500/-WINDSCREEN DAMAGE & SOLAR FILM

Vehicle Number Name of Insured

Type of Cover

NG SENG LOON

SMR7074S

COMPREHENSIVE

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 30 March 2022 to 29 March 2024

Engine# 84154T51519439

Hire Purchase

DBS BANK LTD

Chassis# YV1MV28H0G2331668

PRIVATE CAR - INDIVIDUAL OWNERSHIP (MX 1] AUTHORISED DRIVER

(1) The Insured

(2) Any other person who is driving on the Insured's order or with his permission

(3) In the event of the death of the Insured

(a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and

(b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured

LIMITATIONS AS TO USE

FSGMY

Date: 16/03/2022

Use only for social domestic and pleasure purposes and for the Insured's business THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade

The carriage of passengers pursuant to car pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward

Provided that the person 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

*Limitation 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.

INVE 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)

UNITED OVERSEAS INSURANCE LTD

For the Company

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	729C
Vehicle No.:	SMR7074S
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jul 2022
Vehicle Make:	VOLVO
Vehicle Model:	V40 T2 R-DESIGN (A) SR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	B4154T51519439
Chassis No.:	YV1MV28H0G2331668
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$24,900.00
Original Registration Date:	30 Mar 2016
First Registration Date:	30 Mar 2016
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$21,860.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Mar 2026
PARF Rebate Amount: Intended COE Rebate Details	\$14,209.00
COE Expiry Date:	29 Mar 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,000.00
COE Rebate Amount:	\$15,928.00
Total Rebate Amount:	\$30,137.00

The information contained herein is correct as at 15 Jul 2022