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: 30.08.2022

Allianz Insurance Singapore Pte Ltd 79 Robinson Road #09-01 Singapore 068897

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: GBK 8888X / YM 8914X ON 06.08.2022

We are the authorized repair workshop for the owner of motor vehicle no: GBK 8888X , which was involved in the captioned accident with your insured vehicle no: YM 8914X. 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.

Cost	of Rep	air (incl	usive of	of GST)
) Cost	Cost of Rep	Cost of Repair (incl	Cost of Repair (inclusive of

- 2) Loss of Use (3 days X S\$100)
- 3) GIA Search Fee

\$ 2,442.00
\$ 2.00
\$ 300.00
\$ 2,140.00

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) GIA Search Result

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

Tax Invoice: 23112

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn: Motor Claim Department

Date 30.08.2022 Vehicle No GBK 8888X

Make/Model NISSAN NV350

Chassis/Eng#

Accident Date 06.08.2022

Claim No

Reference 3 0822 -23112

Policy No

Amount

To proceed on lump sum repair

S\$

2000.00

E. & O. E. Total: S\$ 2000.00 GST @ 7%: S\$ 140.00

Amount Due : \$\$ 2140.00

for EASTECH AUTO PTELTE

INSURER ENQUIRY Find insurer

Vehicle reg. no.

YM8914X

Date of Accident

06/08/2022

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Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 01/04/2022 - 31/03/2023

Requested By JASON TANG (KIM CHWEE AUT...

Requested Date 08/08/2022 11:33

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 : 15.08.2022 : Allianz Insurance Singapore Pte Ltd TO RE ACCIDENT INVOLVING VEHICLE NO. GBK 8888X YM 8914X ALONG Figuro St, IK Singapore 458322 ON 06.08.2022 Engineering Services Pte Ltd of (NRIC No./ROC No.) 20100 6 883 M of 15 Yishun Industrial Street 1 #03-32 Win 5 Singapore 768091 owner of vehicle no. GBK 8888× in consideration of M/s FASTECH AUTO PTE LTD repairing my/our vehicle GBK 8888 x at my/our instruction and hereby authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever amount settled/payable by the Insurance Company and/or third party or to commence legal proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use, etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and all claimed and/or settled shall belong to them absolutely. I/We further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith. Signature of Owner: Safe Engineering Services Name of Owner:

SY0322880007 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 08/08/2022 15:13 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (08/08/2022 15:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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 faise 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 08/08/2022 15:13 (SGT) Reported by Driver Date of Accident 06/08/2022 21:01 (SGT) Exact Location of Accident Figaro St, Singapore FIGARO ST, 1K SINGAPORE 458322 Additional Location Information Country/State of Loss

DETAILS OF OWN VEHICLE

Singapore

Vehicle Registration Number **GBK8888X**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SAFE ENGINEERING SERVICES PTE.LTD Company Reg No 201006883M Email Address MAXD33 92@HOTMAIL.COM Mobile Phone No (Phone) +65-68770940 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of accident **Employment** No - Claiming third party

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Great American Insurance Company MOMVC000009316-00-000

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

DEE TUN SENG G8562634K 11/08/1992 Outdoor

Commercial vehicle

Manual

Date Of Driving Pass 17/11/2020 1 YEAR AND 9 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-87171111 Alt. Phone Number Email Address MAXD33 92@HOTMAIL.COM Address BLK 519 BEDOK NORTH AVENUE 1 #10-402 Address complement Postcode 460519 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Collided into Parked Vehicle 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? 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 ONG SIOK KIEN Gender Female 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 ATTACHMENT 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 VIDEO WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1**

YM8914X

Accident report SY0322880007

Vehicle Manufacturer Vehicle Model

Vehicle Registration Number

Vehicle Variant	4
Vehicle Colour	D#(
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	, - ,
Address	-
Address complement	
Postcode	*
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report corrective the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 8. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurence 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 ladgement 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)

l 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 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
- (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 (includes the law yers/law firms), which may be alsed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

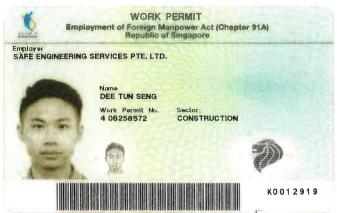
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Witnessed by Reporting Centre Personnel

Sketch Plan

A = 46K 8808X

B = 4m8914X





For Insurance Reporting And Claim Purposes Only



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

Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

EFFECTIVE DATE

17 Nov 2020

For Insurance Reporting And Claim Purposes Only



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M903700B1T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039 190

TEL: +65 6804 6000 FAX: +65 6235 2616

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, 1967 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number MOMVC000009316-00-000

Cover : Commercial Vehicle (Comprehensive)

Policyholder Name

Safe Engineering Services Pte

Chassis Number :: JN1MC2E26Z0003973

Ltd.

NCD Entitlement

20% Fleet Discount

Engine Number

: YD25361111A

Hire Purchase

N/A

Registration Number

: GBK8888X

Period of Insurance

From 23/07/2022 (00:00) To 22/07/2023 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Limitations as to Use

- a) Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business. This Policy does not cover:
- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- * 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

Excess (Section 1)

SGD 600 00

Excess (Section 2)

: N/A

Windscreen Excess

: SGD 100.00

Additional Excess

: Please refer overleaf

Driver Details

Named Driver 01

Any person who is driving on the policyholder's order or with their permission

Name of Intermediary

LOH Lockton Pte, Ltd.

Date of Issue

: 07/06/2022

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

ichen

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	883M
Vehicle No.:	GBK8888X
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Aug 2022
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	YD25361111A
Chassis No.:	JN1MC2E26Z0003973
Maximum Power Output:	9
Open Market Value:	\$23,612.00
Original Registration Date:	23 Jul 2015
First Registration Date:	23 Jul 2015
ransfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,181.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	22 Jul 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,502.00
COE Rebate Amount:	\$14,919.00
Total Rebate Amount:	\$14,919.00

The information contained herein is correct as at 08 Aug 2022

ОК