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: 19.10.2022

AXA Insurance Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: PA 9816J / SH 7388T ON 24.09.2022

We are the authorized repair workshop for the owner of motor vehicle no: **PA 9816J**, which was involved in the captioned accident with your insured vehicle no: **SH 7388T**. 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)	\$	2,461.00
2)	Loss of Use (2 days X S\$100)	\$	200.00
3)	Medical Claim	\$\$	80.20
		\$	2,741.20

We enclosed herewith the following documents to support the claims:

- a) Final Repair Invoice
- c) Medical Bill
- e) I/C & Driving Licence
- g) Vehicle Registration Log Card

- b) Letter of Authorisation, etc...
- 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: 23183

AXA Insurance Pte Ltd

Date 19.10.2022 Vehicle No PA 9816J

Make/Model MERCEDES BENZ VITO 115E

Chassis/Eng#

Attn: Motor Claim Department Accident Date : 24.09.2022

Claim No

Reference 0922 -23183

Policy No

Amount

To proceed on lump sum repair

S\$

2300.00

E. & O. E. Total: S\$ 2300.00 GST @ 7%: S\$ 161.00

Amount Due : S\$ 2461.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

AUTHORISATION TO ACT

I/We, MR LIMDUSINE SERVICES (the thir	d party claimant") of <u>43</u>	9A SENGKANG
COURT SINGAPORE 791439 (address), C	wner of <u>PA 98165</u>	_(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.
PA 9816 that was damaged pursuant to the	ne accident which occur	red on <u>24.09.22</u> (date)
along OYLEY ROAD TOWARDS ORCHARD	ROAD	_(location) involving
vehicle no/s SH 7388T ("the accident").		
I further authorize the workshop to settle my a	bove mentioned claim	in a manner that they
deem fit and the workshop is further authorized	o receive payment furth	er to settlement of my
claim with payment cheque/s being made in favo	ur of the workshop.	
I further acknowledge that any settlement the	workshop may reach o	on my behalf is on a
without prejudice and without admission of liab	ility basis insofar as the	driver/owner/insurers
of the other vehicle/s is concerned.		
Dated this (day) of SEPTEMBER (mo	nth) 20 <u>22</u> (year)	
WE SER	160 140 141	
O AR	13:	CH AUTO
		(GST Reg. No.) (TI)
The state of the s		\$ 67
Signed by "the third party claimant"	Signed by "the v	vorkshop"
/ 1/1		

(with company stamp)

(with company stamp if applicable)

CENTRAL 24HR CLINIC (HOUGANG)

681 HOUGANG AVENUE 8 #01-831 HOUGANG VILLAGE, SINGAPORE 530681

Tel1: 63876965 Fax: 63868052

Co Reg No : 200206893g GST Reg No : 200206893G

TAX INVOICE

LEE WEE HENG

932B HOUGANG AVENUE 9

#03-98

S(532932)

Invoice No. Our Reference 225731

369884

Date

; 26 Sep 2022

: LEE WEE HENG(\$8404651E) Patient

allent	QTY	FEE
DESCRIPTION	SINGAPORE QTY	\$75.00
CONSULTATION	Sub-Total	\$75.00
	Add GST 7.0%	\$5.25
	Rounding Adjustment	-\$0.05
	Total Amount Payable	\$80.20
Receipt No. 835298 - CHEQ	JE CHAS SUBSIDY Payment Received CASH Payment Received	\$10.00 \$70.20
III	Outstanding Balance	\$0.00

This is a computer generated invoice which does not require a signature

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

MARSILING	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Page 1 of 1
WOODLANDS	Bik 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 2908
PIONEER NORTH	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6365 4895
JURONG WEST	Blk 492 Jurong West Street 4 1 #01-54 Chingapore 640959	Tel: 6251 2775
YISHUN	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
CLEMENTI	Blk 450 Clementi Ave 3 #01-241 Singapore 761701 Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel 6759 7985
TAMPINES	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
PASIR RIS	21 21 #01 1151 Singapore 524201	Tel: 6968 7001
BEDOK		Tel: 6582 2640
HOUGANG	- 1 404 424 Singapore 460Z 19	Tel: 6247 6122
24-Hour Om		Tel: 6387 6965

CENTRAL 24HR CLINIC (HOUGANG)

681 HOUGANG AVENUE 8 #01-831 HOUGANG VILLAGE, SINGAPORE 530681

Tel1: 63876965 Fax: 63868052

Medical Certificate

: 26 Sep 2022 Date

MC No.

: 0000517968

SINGAPORE

This is to certify that:

Name : LEE WEE HENG

S8404651E NRIC

is Unfit for Duty for 2 days

from 26 Sep 2022 to 27 Sep 2022 inclusive.

Remarks: RTA

LOCU

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

24-Hour Cli	nics	Tel: 6387 6965
HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6247 6122
BEDOK	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6582 2640
PASIR RIS	- 4 404 4151 Singanore 324201	Tel: 6968 7001
TAMPINES	Blk 201D Tampines Street 21 #01-1131 Singapore 120450	Tel: 6773 2925
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6759 7985
YISHUN	Bik 701A Yishun Ave 5 #01-04 Singapore 761701 Bik 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
JURONG WEST	00 #01-160 Singapore 0	Tel: 6251 2775
PIONEER NORTH	Blk 959 Jurong West Street 92-06A Woodlands Mart Singapore 730768 Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
WOODLANDS MARSILING	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

SN08229Q0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/09/2022 16:29 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/09/2022 16:29 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver
 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 26/09/2022 16:29 (SGT) Reported by Driver Date of Accident 24/09/2022 04:20 (SGT) Exact Location of Accident Oxley Rd, Singapore Additional Location Information TOWARDS ORCHARD ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA9816J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MR LIMOUSINE SERVICES Company Reg No 5XXXX949M **Email Address** ahxing1984@hotmail.com Mobile Phone No (Phone) +65-91187754 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Vito Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto 2148

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMB1SNW00013612100

DRIVER

Name of Driver LEE WEE HENG NRIC No SXXXX651E Date Of Birth 23/02/1984 Occupation Outdoor

Date Of Driving Pass 28/05/2004 Driving experience 18 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97385749 Alt. Phone Number Email Address ahxing1984@hotmail.com Address BLK 932B HOUGANG AVENUE 9 #03-98 Address complement Postcode 532932 Is the driver the policyholder? Nο 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 Collision - Change/cross lane 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 MR. SAMBUDI Gender Male PASSENGER 2 Name UNKNOWN Gender Male PASSENGER 3 Name UNKNOWN Gender Male PASSENGER 4 Name **UNKNOWN** Gender Male **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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident

WIT

Yes WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7388T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE WEE HENG Gender Male Phone No (Phone) +65-97385749 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT INJURY Injured person in which vehicle? PA9816J Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report sorrectly the details of the accident to speed up the claims process.
- 2. The Formmust be completed by the Policyholder and/or the Authorined Driver
- 3. Information provided must be as truthful and accurate as possible. Any will 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
- S Any false reserting may be referred to the Police for investigation.
- & The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (SIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the bidgement 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 evaluable aforesaid.
- B. Consent under the Personal Data Protection Act (PDPA)
- I uncaratend, actions ladge, agree and consent that
- (a) My theurer, my w orkshop and the General Insurance Association of Singapore (*GIA*) may/are permitted to celect, use, disclose and/or process my personal detaipersonal information set out in this [form] and any other personal information provided by me or possessed by my insurer (colsottysty the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) government agency/suthority (such as the potce), for the purpose(s) of :
- (i) processing, handling and/or deeling with my claims including the settlement of the claims and any necessary investigations relating to
- (i) investigating the accident and/or my claims;

WE 3840

- (ii) carrying out and/or dealing with my instructions or responding to any enquires by me;
- (b) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could probe disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mell
- (v) complying with applicable law in edministering, processing, handley and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in the socidant and the insurers' law year/law firms, may/are parmitted to polect, use, disclose and/or process my Personal Information for one or mole 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 yars/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

MR	atur	_ we sole hor
Polizyholder's Signature / Data i Tirre Skaich Plan	Driver's Signature (If driver is not the policyholder) / Dete & Time TYCEY RAND TOWNEDS OF HAND	Walnessed by Reporting Centre Personnel Re(ST)
		A PA 7845
		1

	On 24.00	1.2022 apro	et Ousse	T of	thin of		1-
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cider's	Signature / Date &	Orivers Signature	(if driver is not the	policyholder)	/Date W	thessed by Report	211/201







Motor Bus

MZ601

SN

AN0729A

Cov. Type:F

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)

CERTIFICATE No.

DMB1SNW00013612100

Engine No.: 64698051840568 Cha. No.:WDF63970523597624

Index Mark and Registration

PA9816.I

Number of Vehicle Name of Policy Holder

MR LIMOUSINE SERVICES

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

02/11/2021 (00:00:00)

Excess Sect. II

\$\$3,000.00

4 Date of Expiry of Insurance

01/11/2022

Persons or Classes of Persons entitled to drive

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ACCORD MOTOR PTE LTD

Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	949M
Vehicle No.:	PA9816J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Sep 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	VITO115E EU4
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	64698051840568
Chassis No.:	WDF63970523597624
Maximum Power Output:	· · · · · · · · · · · · · · · · · · ·
Open Market Value:	\$52,878.00
Original Registration Date:	02 Nov 2010
First Registration Date:	02 Nov 2010
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$2,644.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	94
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	31 Oct 2030
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$25,455.00
COE Rebate Amount:	\$20,610.00
Total Rebate Amount:	\$20,610.00

The information contained herein is correct as at 26 Sep 2022

OK