#### **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: 17.10.2022

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 : SKG 3480K / SMH 7887R ON 03.10.2022

We are the authorized repair workshop for the owner of motor vehicle no:  $SKG\ 3480K$ , which was involved in the captioned accident with your insured vehicle no:  $SMH\ 7887R$ . 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)	\$ 7,062.00
2)	Loss of Use (5 days + 1 Sunday X S\$60)	\$ 360.00
3)	LTA Search Fee	\$ 2.00
		\$ 7,424.00

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: 23202

Date

:13.10.2022

Vehicle No : SKG 3480K

Make/Model : HYUNDAI ELANTRA 1.6

Chassis/Eng# :

Accident Date : 03.10.2022

Claim No

Reference

: 1022 -23202

Policy No

Amount

To proceed on lump sum repair

S\$

6600.00

E. & O. E.

Total: S\$

6600.00

GST @ 7% : S\$

462.00

Amount Due: \$\$

7062.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

#### INSURER ENQUIRY

#### Find insurer

Vehicle reg. no.

SMH7887R

**Date of Accident** 

03/10/2022

Reset

#### % RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	
Period of Insurance	
Requested By	ALLAN TANG (KIM CHWEE AUT
Requested Date	04/10/2022 17:01

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 : 05.10.2022
TO : CHINA TAIPING INSURANCE SINGAPORE PTE LTD
RE : ACCIDENT INVOLVING VEHICLE NO. SKG 3480K / SMH 7887R
ALONG LENTOR AVE (AFTER ANG MO KID AVE 6)
ON 03.10.2022
I/We, KOH AH ANGA
of (NRIC No./ROC No.) <u>\$26110200</u>
of BLK78 LORONG LIMAU #20-65 SINGAPORE 320078
owner of vehicle no. SKG 3480K in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle SKG 3480K 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.
$\sim 24$
Signature of Owner:
Name of Owner: KOH AH ANGA
- Co. Lut Midell

SY0322A50002 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 05/10/2022 19:38 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (05/10/2022 19:38 (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 Actual 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

- 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 05/10/2022 19:38 (SGT) Reported by Both Date of Accident 03/10/2022 19:10 (SGT) Exact Location of Accident Lentor Ave, Singapore Additional Location Information

LENTOR AVE (AFTER ANG MO KIO AVE 6) Country/State of Loss

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKG3480K

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **KOH AH ANGA** NRIC No SXXXX020C **Email Address** karenkoh6608@yahoo.com.sq Mobile Phone No (Phone) +65-91391313

Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Hvundai Model Elantra 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 ......

CC

#### Private use

No - Claiming third party

Private car Auto

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5055388125-10

#### DRIVER

Name of Driver **KOH AH ANGA** NRIC No SXXXX020C Date Of Birth 12/01/1964 Occupation Indoor

Date Of Driving Pass 20/05/1995 Driving experience 27 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-91391313 Alt. Phone Number **Email Address** karenkoh6608@yahoo.com.sq Address APT BLK 78 LORONG LIMAU #20-65 Address complement Postcode 320078 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? No Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No 'f yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 SMH7887R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver Contact Number

Address	***************************************
Address complement	
Postcode	<u>-</u>
I N	<u>-</u>
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.
- 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.
- 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;
- (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 (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

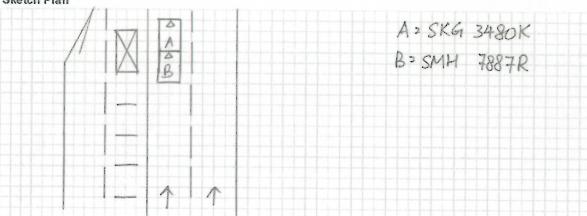
Driver's Signature (If driver is not the policyholder) / Date -

SHAUN TOH

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



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IWe declare the foregoing particulars are true in every respect.

38

Policyholder's Signature / Date & Time

28

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

SHAUN TOH

Witnessed by Reporting Centre Personnel

### REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2611020C

Name

KOH AH ANGA

Birth Date: 12 Jan 1964

Issue Date: 30 Apr 2003



## MEPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2611020C





Name

KOH AH ANGA

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Race

CHINESE

Date of birth

Sex

12-01-1964

E

Country/Place of birth

MALAYSIA



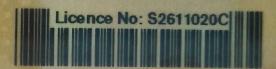
# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

20 May 1995

**NP 428A** 





NRIC No. S2611020C

Date of issue

01-08-2019

APT BLK 78 LORONG LIMAU #20-65

SINGAPORE 320078 NRIC No: XXXXX020C

Date of change: 23/04/2021



#### 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5055388125-10

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SKG3480K

Chassis Number

: KMHDH41CMDU623211

2. Name of Policyholder

: KOH AH ANGA

3. Effective Date of Insurance

: 27 Aug 2022

4. Expiry Date of Insurance

: 26 Aug 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

(a) Use for hire or reward.

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

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) EXCESS (SECTION 2)

\$\$600

WINDSCREEN EXCESS

: N/A : S\$100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES : YES

INSURE WITH COE NCD PROTECTION

: YES (FREE) : NO

ROADSIDE ASSISTANCE AND WELLNESS COVER TRANSPORT ALLOWANCE

: NO : NO

**EXCESS WAIVER** PRIMARY DRIVER

: KOH AH ANGA

NAMED DRIVER (1)

: LIM ENG HUAT : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: SPEED CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

KOMOCO TRADING PTE LTD (00000614810).

Date of Issue

27 Jun 2022 10:21 hrs

Reprint

: 27 Jun 2022 10:22 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

#### > Back to OneMotoring

#### **Enquire PARF/COE Rebate for Registered Vehicle**

Owner ID Type: Owner ID:	Singapore NRIC
Vehicle Details	020C
Vehicle No.:	SKG3480K
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Oct 2022
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	G4FGCU619274
Chassis No.:	KMHDH41CMDU623211
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$14,009.00
Original Registration Date:	27 Aug 2012
First Registration Date:	27 Aug 2012
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$14,009.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	30 Jun 2027
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$35,055.00
COE Rebate Amount:	\$33,224.00
Total Rebate Amount: Message	\$33,224.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Oct 2022