## 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: 23.12.2022

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: SLK 9638B / SDM 707D ON 13.11.2022

We are the authorized repair workshop for the owner of motor vehicle no: SLK 9638B, which was involved in the captioned accident with your insured vehicle no: SDM 707D. 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.

		\$ 1,894.00
3)	GIA Search Fee	\$ 2.00
2)	Loss of Use (3 days X S\$60)	\$ 180.00
1)	Cost of Repair (inclusive of GST)	\$ 1,712.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) GIA Search Report

c) Letter of Authorisation, etc....

d) GIA Report

e) Police Report

f) I/C & Driving License

g) Insurance Certificate

h) Vechicle 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

Tax Invoice: 23283

China Taiping Insurance Singapore Pte Ltd

 3 Anson Road
 Date
 : 05.12.2022

 #16-00 Springleaf Tower
 Vehicle No
 : SLK 9638B

 Singapore 079909
 Make/Model
 : B.M.W 216 i

Chassis/Eng#

Attn: Motor Claim Department Accident Date 13.11.2022

Claim No :

Reference 1222 -23283

Policy No :

Amount

To proceed on lump sum repair S\$ 1600.00

E. & O. E. Total: S\$ 1600.00

GST @ 7%: S\$\_\_\_\_\_112.00

Amount Due : \$\$ 1712.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

INSURER ENQUIRY
Find insurer

Vehicle reg. no.

SDM707D

Date of Accident

13/11/2022

10

Reset

% RESULT & RECEIPT

05/12/2022 10:19 17/11/2021 - 16/11/2022 ALLAN TANG (KIM CHWEE AUT... China Taiping Insurance (Sing... Period of Insurance Requested Date Requested By Insurance ..

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	:	05.12.2022
то	:	CHINA TAIPING MUSURANCE SINGAPORE PTE LTD
RE	(500)	ACCIDENT INVOLVING VEHICLE NO. SLK 9638B / SDM 707D
		ALONG MAJU AVE , SINGAPORE
		ON_13.11.2022
T/Wa		ENG AL CLUD
		## ENG AT CHIA  ### S8709647E
	_	COLCHESTER GROVE SINGAPORE 558357
		icle no. SLK 96388 in consideration of M/s FASTECH AUTO
		pairing my/our vehicle SUK 9638B at my/our instruction and hereby
		s FASTECH AUTO PTE LTD to demand claim settlement whatever
amount so	ettle	ed/payable by the Insurance Company and/or third party or to commence legal
proceedin	ıgs,	if necessary, under my name, for the cost of repairs, car rental and/or loss of use,
etc. and to	o th	eir appointing solicitor to act for me/us in respect of the said accident/claim and
all claime	d a	nd/or settled shall belong to them absolutely.
		agree and undertake to indemnify them against the above-mentioned claim cost
which ma	y ai	isen therewith.
		×
Signature	of (	Owner:
Name of (	) 1371	per: ENS AL CHIA

SS2X22BF0008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 15/11/2022 15:42 (SGT)
SUBMITTED BY: Chia Pei Ying VERSION: 1 (15/11/2022 15:42 (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.

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.
 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** 15/11/2022 15:42 (SGT) Reported by Both Date of Accident 13/11/2022 20:00 (SGT) **Exact Location of Accident** Maju Ave, Singapore **Additional Location Information** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private use

Private car

No - Claiming third party

Vehicle Registration Number SLK9638B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ENG AI CHIA** NRIC No S8709647E **Email Address** AILEENENG@HOTMAIL.COM

Mobile Phone No (Phone) +65-90123288

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 216i Variant

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

Are you claiming under your own insurance policy for repair to vour vehicle?

Vehicle Category

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2022-00002723

DRIVER

Name of Driver **ENG AI CHIA** NRIC No S8709647E Date Of Birth 12/04/1987 Occupation Indoor



Date Of Driving Pass 30/01/2009 Driving experience 13 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-90123288 Alt, Phone Number **Email Address** AILEENENG@HOTMAIL.COM Address 18 COLCHESTER GROVE Address complement Postcode 558357 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 Hit and run / Vandalism / Damaged whilst parked 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) 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? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? No If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221113/2054.

### ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SDM707D Vehicle Manufacturer Vehicle Model Vehicle Variant



Vehicle Colour	2
Vehicle Category	Private car
Name of Driver	â
Contact Number	2
Address	<del></del>
Address complement	¥
Postcode	*
Insurance Company Name	
Nature Of Damage	4
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	##

#### **SKETCH PLAN**

### IMPORTANT NOTICE

- 1. Please report conectly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Pol-cyholder and/or the Actual Driver
- 3 Information provided must be as <u>truthful and accurate as prospinto</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudigle 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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)

Lundersland, 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 fall insurer(s) who have insured vehicle(s) involved in this accident fall insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers"), the Insurers Tawyers/law firms, the Monetary Authority of Singapore and any retevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, handling and/or dealing with my claims including the softlement 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 cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall 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' lawyers/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 trayers have firms), which may be sited outside of Singapore, for one or more of the above Purposes.

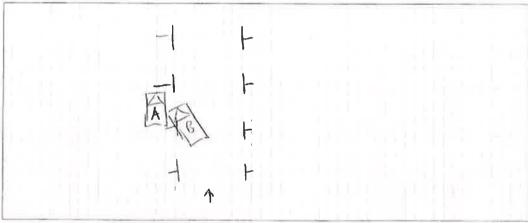
15/11/22

Policyholder's Signature / Date & Time

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

Wenessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan



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Rela 40	petia ispet	





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Report No. 1/20221113/2054

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made: 13/11/2022 21:37			Vide Report No.:	Station Diary No. 167		
Informan	t's Partic	ulars				
Name of Informant: ENG AI CHIA			Address: 18 COLCHESTER GROVE SINGAPORE 558357			
ID Type / ID No. NRIC NO / S8709647E Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office:	Mobile: 90123288		
			Email:			
Sex:         Age:         Date of Birth:           Female         35         12/04/1987			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: EXECUTIVE			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 13/11/2022 20:00	Type of Location: Car Park
Location:				
MAJU AVEN	UE			
Lamp Post N	umber; 2			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Fraffic Volume: .ight
Type of Collis	sion:			Anyone conveyed by

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLK9638B	Car					0

Details of Person Involved	
Any Pedestrian Involved, No.	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Report No. T/20221113/2054

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Vehicle Owner	TAIO ALCUIA		10	) No.	S8709647E
Name	ENG AI CHIA				
Related Vehicle	SLK9638B (Car)		ō	ontact No.	90123288
Hospital/Clinic	NIL		Ĺ	Class of Driving Licence & Expiry Dale	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discha	rge NIL	
Date Treatment	ted Medical Leave	NIL	Degree of Ir		

On 13/11/2022 at about 1750hrs, I parked and secured my vehicle at the carpark along 10 Maju Ave, lot no 36. It was secured and intact when I left my vehicle.

On 13/11/2022 at about 2000hrs, I went back to my vehicle, and I discovered that the right rear bumper of my vehicle was damaged. I was then approached by one witness. Jin Han, Tel 81980236 who informed that her vehicle camera had captured the whole incident. She informed me that she will be sending the video footages to me later.

I wish to state that I will be going oversea from 18 Nov 2022 - 26 Nov 2022.





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. 1/20221113/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

F / SR STAFF SGT ONG ZHEN ZUO	Signature of informant.
Signature Of Interpreter: Not applicable	Date/Time 13/11/2022 21:37
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
415450	All Manager and the second and the s

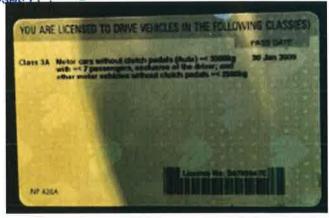
For Insurance Reporting Claim Purpose





For Insurance Reporting And Claim Purposes





maurance

Please call the transfer for FWD Emergency Assistance

if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or the next working day of the incident regardless of whether it will lead to a claim.

Policy number : PNPV2022-00002723

About this policy

 Premium paid
 : \$\$749.56
 Coverage start date
 27/08/2022

 (Inclusive of GST)
 Coverage end date
 26/08/2023

Who is insured to drive You and any Authorised Driver

Plan type Prestige

About you (As the policyholder)

Your name Eng Ai Chia

Address 18 Colchester Grove 18 Serangoon Garden Estate Singapore 558357

Email aileeneng@hotmail.com

58709647E NRIC/FIN Date of birth 12/04/1987 Marital status Married Gender Female Current no claims discount 50% Mobile number 90123288 Years of driving experience Cortificate of merit Three or more Yes

About your car

Car make and model BMW 216I GRAN TOURER

Year of first registration I 2020
Car plate number I SLK9638B
Issued on. I 09/08/2022

Colf

Khor Kee Eng Chief Executive Officer FWO Singapore Pte Ltd Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at #65-6820-8888 or email us to contact.sg@fwd.com if any details in this Car Insurance Summary need to be changed.

PWD Singapore Piter Lital Ciference's Booley and IR 10 Source Town 4. Surgeonie 038928 (ISS) FEZOZERO Registrato's New 2003017 Dist



Delicase te thy fact for exemple

# > Back to OneMotoring

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	647E
Vehicle No.:	SLK9638B
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2022
Vehicle Make:	B.M.W.
Vehicle Model:	216I GRAN TOURER
Primary Colour:	Silver
Manufacturing Year:	2020
Engine No.:	42445971B38A15A
Chassis No.:	WBA6V120805R41548
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$32,606.00
Original Registration Date:	27 Aug 2020
First Registration Date:	27 Aug 2020
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$37,649.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Aug 2030
PARF Rebate Amount: Intended COE Rebate Details	\$28,236.00
COE Expiry Date:	26 Aug 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,710.00
COE Rebate Amount:	\$27,579.00
Total Rebate Amount:	\$55,815.00

The information contained herein is correct as at 05 Dec 2022

OK