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: 27.02.2023

HSBC Life (Singapore) Pte Ltd

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: SJV 2637R / SH 6755L AND OTHER ON 11.02.2023

We are the authorized repair workshop for the owner of motor vehicle no: SJV 2637R , which was involved in the captioned accident with your insured vehicle no: SH 6755L . 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.

۷)	Doss of Ose (radys x 50 00)	\$ 9,060.00
	Cost of Repair (inclusive of GST) Loss of Use (7days x S\$ 60)	\$ 8,640.00 420.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

b) Letter of Authorisation, etc...

c) GIA Report

d) I/C & Driving Licence

e) Insurance Certificate

f) 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

Tax Invoice: 23376

HSBC Life (Singapore) Pte Ltd

Date 27.02.2023 Vehicle No SJV 2637R

Make/Model : KIA CERATO EX FORTE

Chassis/Eng#

Attn: Motor Claim Department Accident Date # 11.02.2023

Claim No

Reference 0223 -23376

Policy No

Amount

To proceed on lump sum repair

S\$

8000.00

E. & O. E.

Total : S\$

8000.00

GST @ 8% : S\$

640.00

Amount Due : S\$

8640.00

for FASTECH AUTO PTE LTD

DATE	:	15.02. >023
то	:	HSBC Life (Singapore) Pte Ltd
RE	ŧ	ACCIDENT INVOLVING VEHICLE NO. SJV 2637R / SH 6755 L and other ALONG YISHUN AVE / ON 11.02.2023
of (NRIC of APT owner of PTE LTD authorise amount se proceedin etc. and to	vehorepoor	LUU THI HAI VAN 2./ROC No.) S 8859 575 J 3.K 192A RIVERVALE DRIVE # 09-928 S (541192) 1. icle no. SJV 2637R in consideration of M/s FASTECH AUTO 1. pairing my/our vehicle SJV 2637R at my/our instruction and hereby 1. s FASTECH AUTO PTE LTD to demand claim settlement whatever 1. ed/payable by the Insurance Company and/or third party or to commence legal 1. if necessary, under my name, for the cost of repairs, car rental and/or loss of use, 1. eir appointing solicitor to act for me/us in respect of the said accident/claim and 1. ind/or settled shall belong to them absolutely.
		agree and undertake to indemnify them against the above-mentioned claim cost risen therewith.
Signature		INU THE WAT WAN

SV0S232D0002 / VAG Singapore Pte Ltd ENTRY DATE & TIME: 13/02/2023 15:13 (SGT) SUBMITTED BY: Alvina Lin

VERSION: 1 (13/02/2023 15:13 (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 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 13/02/2023 15:13 (SGT)

Reported by Driver

Date of Accident 11/02/2023 17:00 (SGT)

Exact Location of Accident Singapore

Additional Location Information ALONG YISHUN AVE 1

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV2637R

INSURED/POLICYHOLDER

Is company? Nο

Name Of Registered Owner LUU THI HAI VAN NRIC No SXXXX575J

Email Address LIN.ZHIWEI.8I@GMAIL.COM

Mobile Phone No (Phone) +65-88628446

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Kia

Model Cerato

Variant EX FORTE 1.6L A/T ABS AB 2WD 4DR 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 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01146836

DRIVER

Name of Driver LIN ZHIWE! NRIC No SXXXX417F Date Of Birth 02/02/1981 Occupation Indoor

Accident report SV0S232D0002

Date Of Driving Pass 18/01/2005 Driving experience 18 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88922368 Alt. Phone Number Email Address LIN.ZHIWEI.8I@GMAIL.COM Address 192A RIVERVALE DRIVE #09-928 Address complement Postcode 541192 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 EN QI Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT

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 SH6755L
Vehicle Manufacturer Vehicle Model Vehicle Variant -



Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	: C#1
Contact Number	(-
Address	5 5 8
Address complement	
Postcode	-
Insurance Company Name	72 <u>2</u>
Nature Of Damage	848
Details of property damaged in accident	7₩:
No. Of Passenger (Including Driver))

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB8380U
Vehicle Manufacturer	(E)
Vehicle Model	7=
Vehicle Variant	848
Vehicle Colour	₹ ₩
Vehicle Category	Taxi
Name of Driver	(e:
Contact Number	(-
Address	
Address complement	-
Postcode	5 6 5
Insurance Company Name	(: =)
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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy itability</u>.
- 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.
- 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.
- By the lodgment 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I 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' lawyers/law lirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

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

13/2/2023

09:46

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

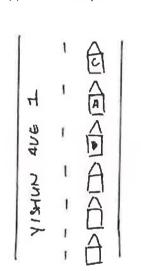
Accident Toolkit

Sketch plan

Sketch of accident scene:

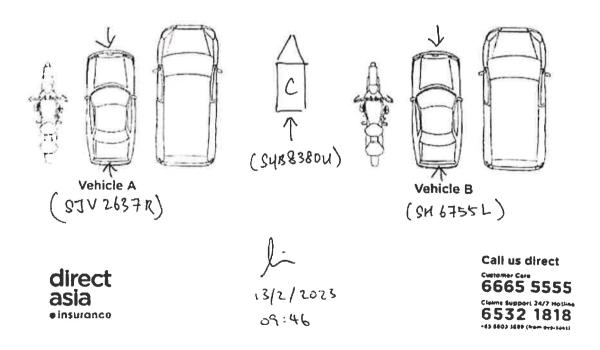
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

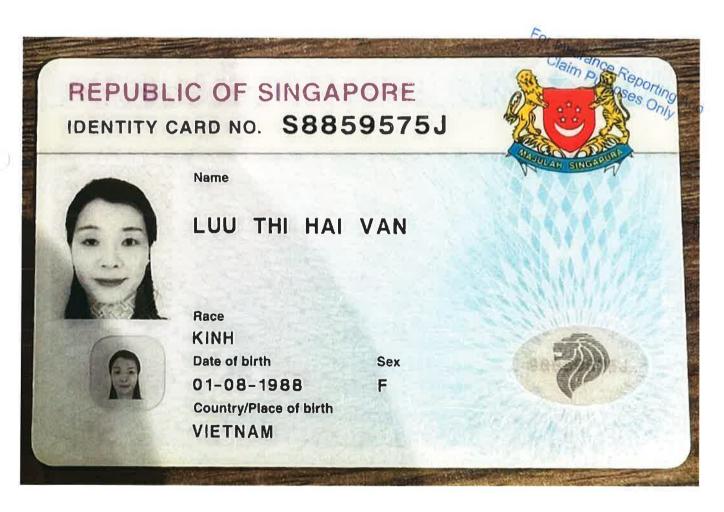


C'AR C STOPPED HENCE I CAME TO A FULL STOPPED AS WELL AFTER A FEW SECONDS AFTER I STOPPED, I HEARD A LOUD BANG FROM THE BACK AND THEN I FELT AN IMPACT FROM THE BACK OF MY CAR AND PUSHING MMY CAR IN FRONT AND KNOCKED INTO CAR C. THIS HAPPENED WHILE I WAS ON LAME I ON YISHUN AUE I HEADING TOWARD YISHUN. I CAME DOWN FROM MY CAR AND SAW THAT I AM INVOLVED IN A 6 CARS CHAIN ACCIDENT.

Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.















Contact us at

Hotline: (65) 6665 5555
E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. MT/01146836

Type of Coverage / Driver Plan Car Comprehensive (Value Plan)

1) Vehicle Registration No. S1V2637R

Chassis No. KNAFU411MA5162829

2) Name of Policy Holder LUU THI HAI VAN

3) Effective Date / Time of Commencement

of Insurance for the Purpose of the Act 19/01/2023 00:00

4) Date/Time of Expiry of Insurance 18/01/2024 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any person who is named on the policy who is driving on the Policyholder's permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured Market Value

Own Damage Excess S\$ 1,000.00 ¢

Windscreen Excess S\$ 100.00

Choice of workshop DirectAsia approved workshops

Finance company / Hire Purchase

Main driver LIN ZHIWEI

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.

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

Issued on: 29/12/2022 Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

ABDUL WADOOD_BB

Agent Code: VIC30000028DSIA

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Cineman NDIC
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	575J
Vehicle No.:	SJV2637R
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Feb 2023
Vehicle Make:	KIA
Vehicle Model:	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	G4FC9H329125
Chassis No.:	KNAFU411MA5162829
Maximum Power Output:	92.7 kW (124 bhp)
Open Market Value:	\$11,314.00
Original Registration Date:	19 Jan 2010
First Registration Date:	19 Jan 2010
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$11,314.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	ď
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	31 May 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$13,943.00
COE Rebate Amount:	\$3,545.00
Total Rebate Amount: Message	\$3,545.00
Please note that the 5-year COE for this vehicle cannot vehicle reaches its statutory lifespan (if applicable), whi	be further renewed. The vehicle must be de-registered upon COE expiry or when the ichever is earlier.

The information contained herein is correct as at 23 Feb 2023