

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 : 19.05.2023

HSBC Life (S) Pte. Ltd.

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : PC 7262J / SJZ 6757E ON 22.03.2023

We are the authorized repair workshop for the owner of motor vehicle no: **PC 7262J**, which was involved in the captioned accident with your insured vehicle no: **SJZ 6757E**. 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)	\$ 1,620.00
2) Loss of Use (4 days + 1 Sunday X S\$100)	\$ 500.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 2,122.00</u>

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

Tax Invoice : 23450

HSBC Life (S) Pte. Ltd.


Date : 05.05.2023
Vehicle No : PC 7262J
Make/Model : TOYOTA HIACE
Chassis/Eng# :
Accident Date : 22.03.2023
Claim No :
Reference : 0323 -23450
Policy No :

Attn : Motor Claim Department

	Amount
To proceed on lump sum repair	S\$ 1500.00

E. & O. E.

Total :	S\$	1500.00
GST @ 8% :	S\$	120.00
Amount Due :	S\$	1620.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

sjz6757e

Date of Accident

22/03/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **HSBC Life (Singapore) Pte. Ltd**

Period of Insurance **23/04/2022 - 22/04/2023**

Requested By **ALLAN TANG (KIM CHWEE AUT...**

Requested Date **22/03/2023 10:13**

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

AUTHORISATION TO ACT

I/We, Ramlan Kasimin Transport Services (the third party claimant") of 126 Yishun St 11
04-409 Chung Pang View S 766126 (address), owner of PC 7262J (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.
PC7262J that was damaged pursuant to the accident which occurred on 22-03-23 (date)
along Bukit Tinggi Road (location) involving
vehicle no/s SJZ 6757E ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 24 (day) of March (month) 20 23 (year)




Signed by "the third party claimant"
(with company stamp if applicable)




Signed by "the workshop"
(with company stamp)

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 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.
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	22/03/2023 17:09 (SGT)
Reported by	Driver
Date of Accident	22/03/2023 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TINGGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7262J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RAMLAN KASIMIN TRANSPORT SERVICES
Company Reg No	53440904X
Email Address	RAMLAN.KASIMIN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-82724093
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124664594-01

DRIVER

Name of Driver	RAMLAN BIN KASIMIN
NRIC No	S1805196F
Date Of Birth	31/12/1967
Occupation	Outdoor

Date Of Driving Pass	06/08/1986
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82724093
Alt. Phone Number	-
Email Address	RAMLAN.KASIMIN@YAHOO.COM.SG
Address	126 YISHUN STREET 11 #04-409
Address complement	-
Postcode	760126
Is the driver the policyholder?	No
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	Side Swipe
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)	12
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

PASSENGER 8

Name	UNKNOWN
Gender	Female

PASSENGER 9

Name	UNKNOWN
Gender	Female

PASSENGER 10

Name	UNKNOWN
Gender	Female

PASSENGER 11

Name	UNKNOWN
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 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	SJZ6757E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZIMMERMANN WOLFGANG MEINRAD
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On 22.03.2023 about 0830 hrs. I was travelling straight along Bukit Tinggi Rd. Suddenly, the vehicle (SJZ 6757E) came out from road name Swiss View and collided with my vehicle (PC 7262J).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.
5. 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)**
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 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' 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.



Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1805196F



Name
RAMLAN BIN KASIMIN

Race
MALAY

Date of Birth
31-12-1967

Country of Birth
SINGAPORE

Sex
M

2321018

For Insurance Reporting And Claim Purposes Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1805196F**

Name: **RAMLAN BIN KASIMIN**

Birth Date: **31 Dec 1967**

Issue Date: **16 Dec 2002**

1000083044E

For Insurance Reporting And Claim Purposes Only

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S1805196F**

Name: **RAMLAN BIN KASIMIN**

Issue Date: **5/9/2005**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDV/LTDVL
33 888 8888
344087

For Insurance Reporting And Claim Purposes Only

2321018



NRIC No. **S1805196F**



Blood Group **A+** Date of issue **28-08-1994**

APT BLK 126 YISHUN STREET 11 #04-403 SINGAPORE 760128

NRIC No: **S1805196F** Date: **10-05-2007** No: **6693173**

For Insurance Reporting And Claim Purposes Only

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	02 Oct 1990
Class 2A	Motorcycles between 201 cc and 400 cc	02 Oct 1990
Class 2	Motorcycles exceeding 400 cc	24 Sep 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Aug 1996
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	18 Mar 1996

Licence No: **S1805196F**

NP 428A

For Insurance Reporting And Claim Purposes Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	20/05/1998
02	TAXI VL	24/09/1998
04	BUS ATTENDANT	20/05/1998

For Insurance Reporting And Claim Purposes Only

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 : 5124664594-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC7262J**
Chassis Number : GDH2232000019
2. Name of Policyholder : RAMLAN KASIMIN TRANSPORT SERVICES
3. Effective Date of Insurance : 19 Nov 2022
4. Expiry Date of Insurance : 18 Nov 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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 13 passengers

This Policy does not cover

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

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABS FINANCIAL 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)

Agency : ABS INSURANCE AGENCY PTE LTD (00000573388)
Date of Issue : 09 Nov 2022 12:08 hrs
Reprint : 09 Nov 2022 12:09 hrs

For INCOME INSURANCE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	904X
Vehicle Details	
Vehicle No.:	PC7262J
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1GD8243690
Chassis No.:	GDH2232000019
Maximum Power Output:	-
Open Market Value:	\$43,301.00
Original Registration Date:	15 May 2018
First Registration Date:	15 May 2018
Transfer Count:	2
Actual ARF Paid:	\$2,166.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$32,062.00
COE Rebate Amount:	\$16,753.00
Total Rebate Amount:	\$16,753.00

The information contained herein is correct as at 22 Mar 2023

OK