

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 : 26.04.2023

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBH 9692C / YQ 7515A ON 11.04.2023

We are the authorized repair workshop for the owner of motor vehicle no: **GBH 9692C**, which was involved in the captioned accident with your insured vehicle no: **YQ 7515A**. 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)	\$	6,156.00
2) Loss of Use (5 days + 1 Sunday x S\$ 100)	\$	600.00
3) GIA Search Fee	\$	2.00
	<u>\$</u>	<u>6,758.00</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) Police Report | f) I/C & Driving License |
| g) Insurance Certificate | h) 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

Allianz Insurance Singapore Pte Ltd

79 Robinson Road

#09-01

Singapore 068897

Attn : Motor Claim Department

Tax Invoice : 23462

Date : 21.04.2023

Vehicle No : GBH 9692C

Make/Model : TOYOTA HIACE VAN

Chassis/Eng# :

Accident Date : 11.04.2023

Claim No :

Reference : 0423 -23462

Policy No :

	Amount
To proceed on lump sum repair	S\$ 5700.00

E. & O. E.

Total : S\$ 5700.00

GST @ 8% : S\$ 456.00

Amount Due : **S\$ 6156.00**


for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

YQ7515A

Date of Accident

11/04/2023



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 29/08/2022 - 23/08/2023

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 12/04/2023 10:03

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**

DATE : 12.04.2023

TO : Allianz Insurance Singapore Pte Ltd

RE : ACCIDENT INVOLVING VEHICLE NO. GBH 9692 C 1
YQ 7515 A

ALONG Woodlands Civic Centre

ON 11.04.2023

I/We, Zuellig Pharma Pte Ltd
of (NRIC No./ROC No.) 199002919W
of 15 Changi North Way #01-01 Singapore 498770
owner of vehicle no. GBH 9692C in consideration of M/s FASTECH AUTO
PTE LTD repairing my/our vehicle GBH 9692C 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 arise therewith.

Signature of Owner : 



Name of Owner : Zuellig Pharma Pte Ltd

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	12/04/2023 15:14 (SGT)
Reported by	Actual Driver
Date of Accident	11/04/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CIVIC CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9692C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZUELLIG PHARMA PTE.LTD.
Company Reg No	1XXXXX919W
Email Address	fadelikadir@gmail.com
Mobile Phone No	(Phone) +65-98774847
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	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300370344 MKC

DRIVER

Name of Driver	MOHAMED FADELI S/O ABDUL KADIR
NRIC No	SXXXX368D
Date Of Birth	01/11/1981
Occupation	Outdoor

Date Of Driving Pass	27/12/2006
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98774847
Alt. Phone Number	-
Email Address	fadelikadir@gmail.com
Address	APT BLK 509 TAMPINES CENTRAL
Address complement	# 01-393
Postcode	520509
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	Collision - Head on 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	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)	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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	YQ7515A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	IDRUS BIN MOHD
NRIC No	SXXXX035E
Contact Number	(Phone) +65-81481924
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED FADELI S/O ABDUL KADIR
Gender	Male
Phone No	(Phone) +65-98774847
Address	APT BLK 509 TAMPINES CENTRAL
Address Complement	# 01-393
Post Code	520509
Approximate Age Years Old	
Injuries Sustained	NECK AND RIGHT HAND PAIN
Injured person in which vehicle?	GBH9692C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

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 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. 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.
- (b) 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.

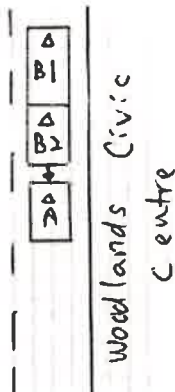


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : GBH9692C
B = YQ7515A


Describe Circumstances of the Accident

On 11-04-2023 at about 2:15pm. I was travelling along Woodlands Civic Centre. I was going straight. Suddenly a vehicle B (YQ 7515 A) reversed and hit my front portion of my vehicle (GBH 9692 C).

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 1030am
12/4/23
Driver's Signature (if driver is not the policyholder) / Date & Time

 12/4/2023
Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20230417/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3
Report No. T/20230417/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 17/04/2023 21:20		Vide Report No.:		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: MOHAMED FADEL S/O ABDUL KADIR			Address: APT BLK 509 TAMPINES CENTRAL 1 #01-393 SINGAPORE 520509		
ID Type / ID No.: NRIC NO / S8136368D			Contact No.: Home/Office: Mobile: 98774847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/11/1981	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2023 14:15	Type of Location: Service road	
Location: SOUTH WOODLANDS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9692C	Van				Slightly Damaged	0
YQ7515A	Lorry				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20230417/2108

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20230417/2108

CONTINUATION OF REPORT

Driver			
Name	MOHAMED FADELI S/O ABDUL KADIR	ID No.	S8138368D
Related Vehicle	GBH9692C (Van)	Contact No.	98774847
Hospital/Clinic	RUBY MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/04/2023	Date Discharge	12/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am lodging this traffic accident report as required by my company for insurance claims. I am working as a deliveryman for my company Zuellig Pharma Pte Ltd. On 11/4/2023, I was driving the company vehicle (GBH9692C) and doing errands at the Woodlands Civic Centre. I was about to exit the loading/unloading service road and I queue at the exit. In front of me was a garbage disposal truck (YQ7515A) and he was also waiting at the gantry. Suddenly he started to reverse his vehicle. I press the horn to signal to him but he did not stop. Thus, I also reverse my van but half way the engine stall and the truck reverse until it collide with my company van. There were dented and scratches on the front bumper of the van. No one was injured at that time and we left the place after exchanging information. The next day, I began to feel pain on my body and I visited the doctor who diagnose me with sprains and joint strains from my adjacent muscles of my right shoulder. I was given 3 days of medical leave and painkillers.

**SINGAPORE
POLICE FORCE**

T/20230417/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3
Report No. T/20230417/2108

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SR STAFF SGT AZFARULLAH
BIN ABDUL AZIZ

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
17/04/2023 21:20Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048590
 Tel (65) 6724 0010 Fax (65) 6724 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66350000 / GST Reg. No.: A0400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SL0Z 234C 0002 Vehicle Registration No: GBH 9692C
 Name (as shown in NRIC) : Mohamed Fadel; S/o Abdul Kadir NRIC/FIN/Passport No : S 8136 368D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : APT BLK 509 Tampines Central # 01-393 Singapore (520509)
 Contact (Tel) : 9877 4847 Mobile No. : _____
 Email Address : fadelikadir @ ymail . com
 Date of Accident : 11.04.2023 Time of Accident : 14:15 pm
 Place of Accident : Woodlands Civic Centre
 Insurance Company : MSIG Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Was the accident reported to the police ? = NO
& change to = yes (T/20230417/2108)

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8136368D**
Name: **MOHAMED FADELI S/O ABDUL KADIR**
Birth Date: **01 Nov 1981**
Issue Date: **27 Dec 2006**

For Insurance Reporting And Claim Purposes Only

001468368E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8136368D**

Name: **MOHAMED FADELI S/O ABDUL KADIR**

Place: **INDIAN**
Date of birth: **01-11-1981**
Country/Place of birth: **SINGAPORE**

Sex: **M**
S8136368D

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **27 Dec 2006**

For Insurance Reporting And Claim Purposes Only

Licence No: **S8136368D**

NP 428A

6898879

NPIC No. **S8136368D**

Date of Issue: **07-07-2022**

Address: **APT BLK 509 TAMPINES CENTRAL 1
#01-393
SINGAPORE 520509**



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE
Comprehensive**

Certificate No. **B 300370344 MKC**

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
GBH9692C
2. **Name of Policyholder**
Zuellig Pharma Pte. Ltd.
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
16/05/2022
4. **Date of Expiry of Insurance**
15/05/2023
5. **Persons or Classes of Persons entitled to drive***
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
*Provided that the person driving is permitted in accordance with the licensing or other laws or 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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Mack Eng
Chief Executive Officer

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	919W
Vehicle Details	
Vehicle No.:	GBH9692C
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Apr 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2825294
Chassis No.:	JTFHT02P400244939
Maximum Power Output:	-
Open Market Value:	\$28,136.00
Original Registration Date:	16 Nov 2018
First Registration Date:	16 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,902.00
COE Rebate Amount:	\$16,720.00
Total Rebate Amount:	\$16,720.00

The information contained herein is correct as at 12 Apr 2023

OK