

N-51 AUTOMOTIVE PTE LTD

Company & GST Registration No. 200616038C

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 68420051

Fax: 67410510

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

25 October 2024

Our Ref : CLM18348 / SFG9099Z / AUG-21/2024

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SFG9099Z & SMJ3444B ON 19/08/2024
ALONG PUNGGOL RD TWDS HOUGANG AVE 10 B4 RIVERVALE DR

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SMJ3444B** whose vehicle was insured with you at the material date of the accident.

We are proposing for a direct settlement on the claims as following EXCLUDE personal injury in respect of claim arising out of the above mentioned accident.

Cost of repairs	\$	5,995.00	(Include 9% GST)
Loss of rental	\$	960.00	(\$120 X 8 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	27.25	
	S \$	<u>7,282.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18348
- 2) Twincar Rental - Invoice No: 13-4809 , Vha No: 73737
- 3) Autobay Towing - SFG9099Z (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SFG9099Z

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE

N-51 AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921
Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

TAX INVOICE

Date : 25/10/2024
Date in : 19/08/2024
Vehicle Num. : SFG9099Z
Make/Model : KIA CERATO 1.6(A) EX-2018
Chassis/Eng# : KNAF3416MK5031211/G4FGJH722194
Accident Date : 19/08/2024
Claim No : CLM18348
Reference : AUG-21/2024
Policy No. : MZD03534 (06/06/2025)

LUMPSUM REPAIR BILL
REF : CLM18348-N51 DATED 19/08/2024
BY DIRECT

Amount S\$
5,500.00

E. & O.E.	Sub S\$:	5,500.00
	Add GST (9%) S\$:	495.00
	Total Amount S\$:	5,995.00



for N-51 AUTOMOTIVE PTE LTD





TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: 73737

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) Lim Boun Chip

NRIC/PASSPORT No: S 20463301

Address (Res): Blk 117A RIVERVALE DR
#05-76 S(541117)

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____

Driving Licence No: S 20463301 D/L Type: Local / International

Pass Date: 16/09/1964 Date of Birth: 28/04/1941

Tel: (O) _____ (R) _____ HP 98221629

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____

NRIC/PASSPORT No: _____

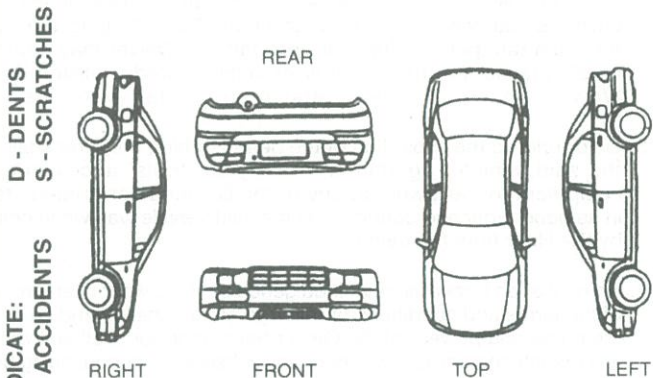
Address (Res): _____

Driving Licence No: _____ D/L Type: Local / International

Pass Date: _____ Date of Birth: _____

Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST



ACCESSORIES CHECK

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ashtray | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre |
| <input type="checkbox"/> STD Tools | <input type="checkbox"/> Jack | <input type="checkbox"/> Hub Caps |
| <input type="checkbox"/> Radio / Cass | <input type="checkbox"/> CD | <input type="checkbox"/> Cartridges |

Vehicle No: SLP4051A Replace Veh No: _____

Mileage Out: _____ Mileage Out: _____

Make & Model: Toyota Corolla Axio Auto Manual Group: _____

OUT: Date 19/08/2024 Time: 1345HRS

HIRE/PERIOD EXPIRY _____

NON-WAIVER EXCESS : \$ _____

CHARGES

Daily	@ \$	<u>120</u>	per day	<u>8</u>	<u>960</u>	<u>00</u>
Weekly	@ \$		per week			
Monthly	@ \$		per month			
Hours	@ \$		per hour			
Others	@ \$					
CDW	@ \$		per day/month			
PAI	@ \$		per day/month			
Delivery Service						
SUB-TOTAL \$					<u>960</u>	<u>00</u>

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Collection Service _____

Misc. _____

TOTAL CHARGE \$ _____

Rented out by: _____

Hirer's Signature [Signature]

Addition Driver's Signature _____

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>27/08/2024</u>	<u>15:55hrs</u>				<u>[Signature]</u>

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Sold to: _____

SFG 9099Z

Date: _____

12/8/24

Item	Quantity	Description	Unit Price	Amount
		<i>Auto Haul to Auto Bay</i>		<i>\$100</i>
		<i>Reportly Two Trips</i>		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	<i>\$100</i>

Issued by: _____

CROWN

Land Transport Authority
Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 19 Aug 2024 / 14:36:50
Receipt Date/Time : 19 Aug 2024 / 14:36:50

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240819-002673
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SMJ3444B As at 19 Aug 2024/11:23:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMJ3444B Enquiry Fee 20240819143633892912	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
9myd4en2			Credit Card	27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORISATION

To: M/s N-51 Automotive Pte Ltd
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS:

ALONG PUNGGOL RD TMS HONGKONG AVE 10 B4 RIVERVALE DR ON 19/08/2024

I/We

LIM BOON CHIP NRIC/Passport No: S 20463301
of BLK 117A RIVERVALE DR #05-76 S(541117)
the owner of vehicle no. SFG 90992 hereby authorise you to commence repair to the said

vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party for the costs of repair and loss of use, etc in respect of the accident claim and all an any amount claimed, received and/or settled shall belong absolutely to you.
I/We undertake to co-operate fully with you to see the claim to a succuessful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we underake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

I/We undertake to inform you in the event third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are _____

Policy No. _____

Expiry Date: _____

Date: _____

Excess: _____

林文偉
Owner's Signature/Co's stamp (if applicable)

Witness Signature/Name

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 First Submission	19/08/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/08/2024 11:23 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	TWDS HOUGANG AVE 10 BEFORE RIVERVALE DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFG9099Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON CHIP
NRIC No	S2046330I
Email Address	LIMWILSON1@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93392642
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD03534

DRIVER

Name of Driver	LIM WEE SIONG WILSON
NRIC No	S9923654Z
Date Of Birth	30/07/1999
Occupation	Indoor
Driving Pass Date	13/12/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98221629
Alt. Phone Number	-
Email Address	LIMWILSON1@HOTMAIL.COM
Address	BLK 117A RIVERVALE DRIVE #05-76
Address complement	-
Postcode	541117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	GRANDSON
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)	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	UNKNNNOWN
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

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SFG9099Z) ALONG PUNGGOL ROAD TOWARDS HOUGANG AVE 10 ON THE MIDDLE LANE OF 3 LANES ROAD BEFORE RIVERVALE DRIVE. THE TRAFFIC LIGHT TURNED RED. AS SUCH, I SLOWED DOWN MY VEHICLE TO PREPARE TO STOP. OUT OF A SUDDEN, VEHICLE B (SMJ3444B) COLLIDED INTO THE REAR PORTION OF MY VEHICLE

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	SMJ3444B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHARI BIN AHMAD
Contact Number	(Phone) +65-91162419
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

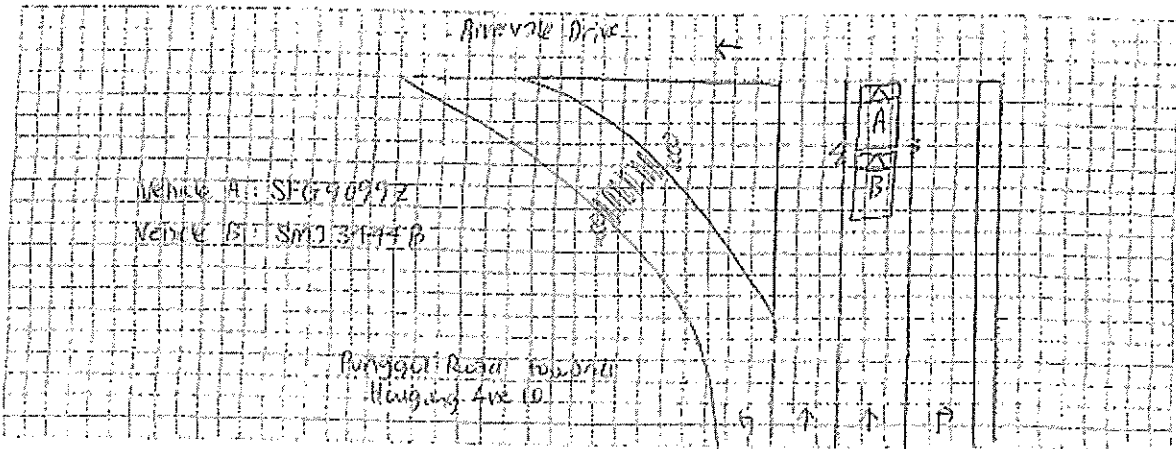
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
(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




Describe Circumstances of the Accident

As at above date & time, I was driving my vehicle (SF690778) along Pungwet Road towards Houshang Ave 10 on the middle lane of 3 Lane Road. Before Riverside Bore, The traffic light turned red, At such, I slowed down my vehicle to prepare to stop out of a sudden, vehicle B (SMJ344B) collided into the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

林天傑
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel