

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 : CLM18357 / SGF8322D / AUG-32/2024

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 SGF8322D & GBD9175A ON 30/07/2024
ALONG ROAD OUTSIDE 1500 BENDEMEER ROAD

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBD9175A** 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	\$	2,943.00	(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)
3rd party GIA report	\$	31.00	
	S \$	<u>4,134.00</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18357
- 2) Twincar Rental - Invoice No: 13-4844 , Vha No: 73750
- 3) Tax Invoice of 3rd party GIA report
- 4) Letter of Authorisation
- 5) GIA report of SGF8322D

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE₃



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 : 27/08/2024
Vehicle Num. : SGF8322D
Make/Model : HONDA VEZEL 1.5X CVT-2015
Chassis/Eng# : RU11109733/L15B4029736
Accident Date : 30/07/2024
Claim No : CLM18357
Reference : AUG-32/2024
Policy No. : 5136518089-01 (26/05/2025)

LUMPSUM REPAIR BILL
REF : CLM18357-N51 DATED 27/08/2024
BY DIRECT

Amount S\$
2,700.00

E. & O.E.	Sub S\$:	2,700.00
	Add GST (9%) S\$:	243.00
	Total Amount S\$:	<u>2,943.00</u>



for N-51 AUTOMOTIVE PTE LTD



Business Registration Number : 53092815M

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

TAN SOON HENG @ ABDULLAH HALIM
448 YISHUN RING ROAD
#07-74
SINGAPORE 760448

Invoice No. 13-4844

Date 03/09/2024

[illegible]

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

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

VHA No: **73750**

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) Tan Soon Heang @ Abdullah Halim

NRIC/PASSPORT No: S77040276

Address (Res): 448 Yishun Ring Road
#07-74 Singapore 760448

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____

Driving Licence No: S77040276 D/L Type: Local / International

Pass Date: 19/11/2002 Date of Birth: 09/02/1977

Tel: (O) _____ (R) _____ HP 8833 2686

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____

NRIC/PASSPORT No: _____

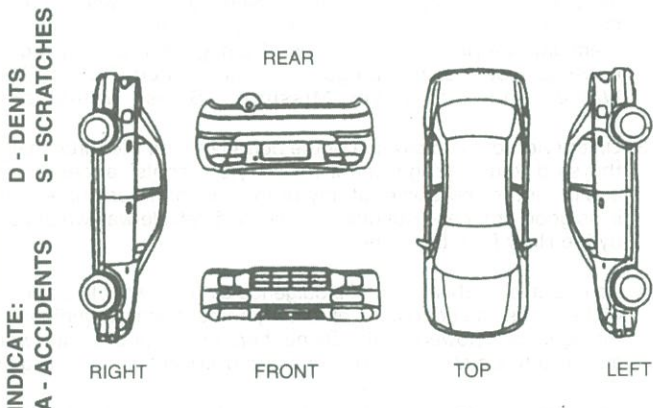
Address (Res): _____

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"/> Cartidges |

Vehicle No: 8KW 3546X Replace Veh No: _____

Mileage Out: _____ Mileage Out: _____

Make & Model: Toyota Corolla AX10 ☒ Auto ☐ Manual
Group: _____

OUT: Date 27/08/2024 Time: 1215HRS

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 _____

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" FILLING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE 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>03/09/2024</u>	<u>17:35HRS</u>				



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 23/08/2024

Your Ref No: L&L.SGF8322D.N51

LING & LING LLC

51 Chin Swee Road #03-91, Singapore 160051

Dear Sir/Madam,

Date of Accident: 30/07/2024 09:15 (SGT)

Vehicle No: SGF8322D

Place of Accident: Near 1500 Bendemeer Rd, Singapore 339946

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBD9175A	Near 1500 Bendemeer Rd, Singapore 339946	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

LETTER OF AUTHORISATION

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

RE: ACCIDENT INVOLVING VEHICLE NOS: SGF 8322 D & GBD 9175 A
ALONG RD OUTSIDE 1500 BENDEMEER RD ON 30/07/2024

I/We TAN SOON HENG @ ABDULLAH HALIM NRIC/Passport No: S 7704027 G
of BUK 448 YISHUN RING RD #07-74 S17604481
the owner of vehicle no. SGF 8322 D 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: _____



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	30/07/2024 19:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2024 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROAD OUTSIDE 1500 BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF8322D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SOON HENG@ABDULLAH HALIM
NRIC No	S7704027G
Email Address	ABDUL_HALIM_TAN@MOM.GOV.SG
Mobile Phone No	(Phone) +65-88332686
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN SOON HENG@ABDULLAH HALIM
NRIC No	S7704027G
Date Of Birth	09/02/1977
Occupation	Outdoor

Driving Pass Date	19/11/2002
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88332686
Alt. Phone Number	-
Email Address	ABDUL_HALIM_TAN@MOM.GOV.SG
Address	BLK 448 YISHUN RING ROAD #07-74
Address complement	-
Postcode	760448
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	Collision - Major/Minor Rd
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBD9175A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIANG JING CHAO
Passport No/FIN	G5221213N

Contact Number	(Phone) +65-96826921
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1

Name	CHUA BOCK CHOON
Phone	(Phone) +65-97285780
Email	-

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 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 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)

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 making 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

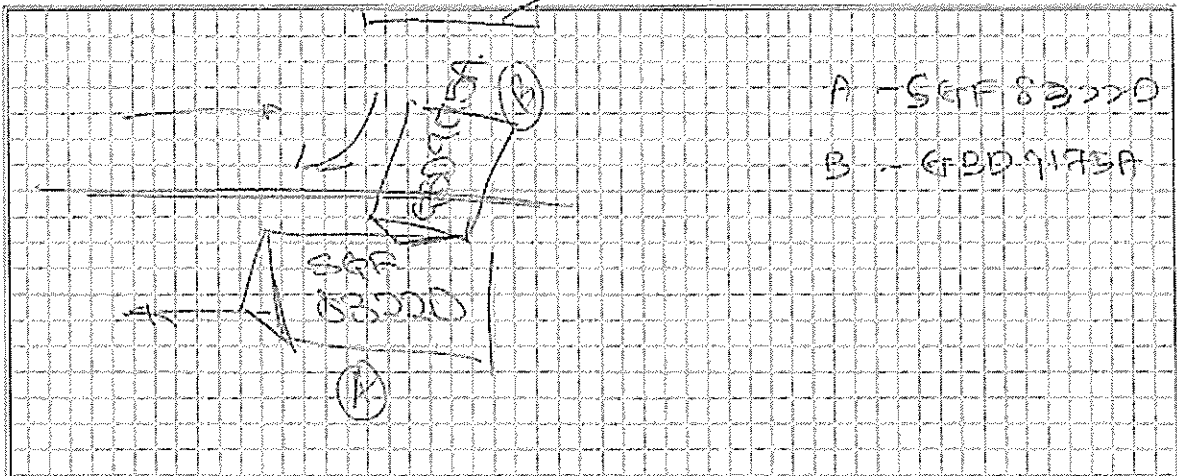
Policyholder's Signature / Date & Time

30/8/24 @ 1030h

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 30/07/2024 @ 0920hrs, I was driving towards Monash's public car park when I felt an impact on my car (right rear) and heard a loud bang. When I look out of my car, I saw that the vehicle had hit (QSD 917517) had hit on my right rear door.

I immediately stopped at my car and took the accident photos. Both the vehicles were at their original position as per accident.

Declaration

I/We declare the foregoing particulars are true in every respect

1020hrs
30/07/2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)