



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

06 December 2024

Our Ref :

CLM18377 / SMV8875U / SEPT-17/2024

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 SMV8875U & SLF3068L ON 13/09/2024
ALONG KPE(TPE) SLIP RD FROM PIE(CHANGI)

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLF3068L** 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	\$	6,649.00	(Include 9% GST)
Loss of rental	\$	840.00	(\$120 X 7 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>7,816.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18377
- 2) Twincar Rental - Invoice No: 13-4857 , Vha No: 73776
- 3) Autobay Towing - SMV8875U (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMV8875U

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 : 06/12/2024
Date in : 14/09/2024
Vehicle Num. : SMV8875U
Make/Model : NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR-2016
Chassis/Eng# : SJNFEAJ11U1797962/HRA2340868A
Accident Date : 13/09/2024
Claim No : CLM18377
Reference : SEPT-17/2024
Policy No. : DMPCSNW00015042400 (28/12/2024)

LUMPSUM REPAIR BILL
REF : CLM18377-N51 DATED 16/09/2024
BY DIRECT

Amount S\$
6,100.00

E. & O.E.	Sub S\$:	6,100.00
Add GST (9%)	S\$:	549.00
Total Amount	S\$:	6,649.00



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: 73776

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) EE CHUAN SENG
NRIC/PASSPORT No: S9006007D
Address (Res): 24 UPP SERANGOON VIEW
#15-25 S15342051
Name & Address of Employer: _____
Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: 24/02/1990
Tel: (O) _____ (R) _____ HP 96691902

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) CHEERL VICTORIA LEE SI HUI
NRIC/PASSPORT No: S9206592H
Address (Res): 24 UPP SERANGOON VIEW
#15-25 S15342051
Driving Licence No: S9206592H D/L Type: Local / International
Pass Date: 14/03/2016 Date of Birth: 19/02/1992
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS

RIGHT	FRONT	TOP	LEFT

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: SN7609E Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: H. Vezel Auto / Manual Group: _____
OUT: Date 14/09/24 Time: 1030HRS
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

CHARGES			
Daily	@ \$ <u>120</u>	per day <u>7</u>	<u>840</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>840</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 and 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>21/09/2024</u>	<u>12:30HRS</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: _____

*SMV 88754*Date: *16/9/24*

Item	Quantity	Description	Unit Price	Amount
		<i>Auto Hub to U6: D/A</i>		<i>\$100</i>
		<i>Reporting Two Trips</i>		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	<i>\$100</i>

Issued by: _____

CROWN



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

Print Date/Time : 14 Sep 2024 / 10:42:18
Receipt Date/Time : 14 Sep 2024 / 10:42:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240914-000611
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 - SLF3068L As at 13 Sep 2024/21:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLF3068L Enquiry Fee 20240914104106954115	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				
4jkqy008			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: SMV 8815U & SLF 3068 L
ALONG KPE (TRP) SLIP RD FROM PIE (CHANGI) ON 13/09/2024

I/We EE CHUAN SENG NRIC/Passport No: S9006007D
of 24 UPP SERANGOON VIEW #15-25 S15340051
the owner of vehicle no. SMV 8815U 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	16/09/2024 17:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/09/2024 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE(TPE) SLIP ROAD FROM PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8875U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EE CHUAN SENG
NRIC No	S9006007D
Email Address	EECHUANSENG@GMAIL.COM
Mobile Phone No	(Phone) +65-97880941
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197
Vehicle Fuel	Petrol
First Registration Date	29/12/2016
Chassis no	SJNFEAJ11U1797962
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00015042400

DRIVER

Name of Driver	CHERYL VICTORIA LEE SI HUI
NRIC No	S9206592H
Date Of Birth	19/02/1992
Occupation	Indoor
Driving Pass Date	14/03/2016
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	8 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96691902
Alt. Phone Number	-
Email Address	EECHUANSENG@GMAIL.COM
Address	24 UPPER SERANGOON VIEW
Address complement	#15-25
Postcode	534205
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	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)	3
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	-
Gender	Female

PASSENGER 2

Name	-
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

PLS REFER TO SKETCH PLAN & 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	SLF3068L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NANA
Contact Number	(Phone) +65-87494431
Address	-
Address complement	-
Postcode	-
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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

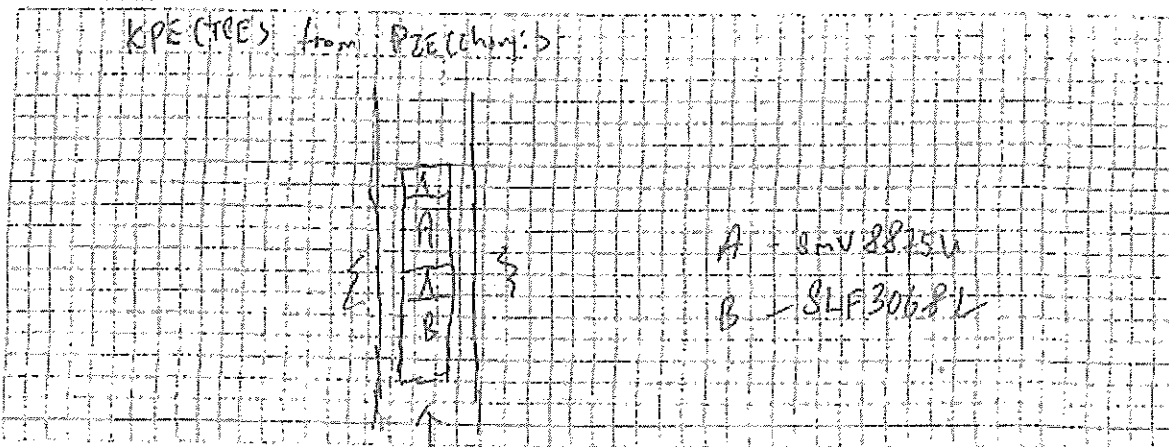

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

KPE (TRC) from PZC (Ching's)



A - 82V 8875U
B - SLF 30681


Describe Circumstances of the Accident


As per above date and time, I was driving
 SUV 887561 along KPE (TPE) slip rd from P28 (Changi).
 Somewhere after entering Tunnel, vehicle in front of me
 slowed down and stopped due to heavy traffic.
 As such, I applied brake and stopped accordingly.
 Out of sudden, Veh (BS) SLF3068L which was behind
 collided onto my vehicle rear portion. Video
 footage attached.

Declaration

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

7 
 Policyholder's Signature / Date &
 Time

5 
 Driver's Signature (If driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Control
 Personnel