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:

CLM18379 / SMA2314Y / SEPT-19/2024

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 SMA2314Y & SND7698D ON 15/09/2024 ALONG SHELL SEMBAWANG PETROL STATION PUMP #5

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SND7698D** whose vehicle was insured with you at the material date of the accident.

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

\$ 9,483.00 (Include 9% GST) Cost of repairs 1,000.00 (\$200 X 5 Days) Loss of rental \$ Additional 2 days loss of use for pre repair \$ 300.00 (\$150 X 2 Days) Towing fee \$ 100.00 LTA search fee 27.25 10,910.25 \$

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18379
- 2) Twincar Rental Invoice No: 13-4859, Vha No: 73779
- 3) Autobay Towing SMA2314Y (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMA2314Y

We look forward to your prompt reply.

Yours faithfully,

N-51 AUTOMOTIVE PTE LTD S.Y.NEO

Director









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

#U4-UU & #U5-UU IUB BUILDII

SINGAPORE 049711

TAX INVOICE

Date: 06/12/2024 Date in: 16/09/2024

Vehicle Num.: SMA2314Y

Make/Model: B.M.W. 730LI LED NAV HUD SR RCP-2018 Chassis/Eng#: WBA7E02060G913430/14185253B48B20B

Accident Date: 15/09/2024 Claim No: CLM18379 Reference: SEPT-19/2024

Policy No.: 5125085266-02 (22/12/2024)

LUMPSUM REPAIR BILL

REF: CLM18379-N51 DATED 17/09/2024

BY DIRECT

Amount S\$ 8,700.00

E. & O.E.

Sub S\$:

8,700.00

Add GST (9%) S\$:

783.00

Total Amount S\$:

9,483.00

ON LING

for N-51 AUTOMOTIVE PTE LTD









TWINCAR RENTAL

Business Registration Number: 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

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

Invoice To:

ZHENG SUHUA 33 BANGKIT ROAD

#16-04

SINGAPORE 679974

INVOICE

Invoice No.

13-4859

Date

21/09/2024

		Hirer's Car No.	VHA No.	Terms
		SMA2314Y	73779	CASH
No. of Day	Description		Per Day	Amount (S\$)
5	Car Rental from the period of 16/09/2024 to Vehicle no. SMW5151P Singapore Dollars One Thousand Only	21/09/2024.	200.00	1,000.00
			Total	\$1,000.00

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: 73779

ROC NO. 53092815M VEHICLE RENTA	AL AGREEMENT IN CARRELL RELIEF TO THE CONTROL OF THE PROPERTY					
HIRER'S PARTICULAR	Vehicle No: Smw 5 (51 P Replace Veh No:					
Name: (as in I/C) ZHENG SYMMA	Mileage Out:					
VD10/2400200711 < 6072450/	Make & Model: T. Harriso Auto / Manual Group:					
Address (Res): 33 BANGET 120 # 16-64 \$ (679974)						
#16-64 5/6799741	OUT: Date 16/09/24 Time: 16:30 (18)					
Name & Address of Employer:	HIRE/PERIOD EXPIRY					
ev us transitions drive clarification and social and transition and large transitions and the control of the co	NON-WAIVER EXCESS: \$					
Occupation: Driving Exp:	igless extended or as explainly requested by the Hirar.					
Driving Licence No: \$172454 D/L Type: Local / International	CHARGES and and the London and the L					
Pass Date: 20/12/7002 Date of Birth: 20/04/1969	Daily @\$ 200 per day 5 1,000 00					
Tel: (O)(R)HP <u>9380 1171</u>	Weekly @ \$ per week					
ADDITIONAL DRIVER'S PARTICULARS						
Name: (as in I/C)	Monthly @ \$ per month					
NRIC/PASSPORT No:	Hours @ \$ per hour					
Address (Res):	Others @\$					
	CDW @ \$ per day/month					
Driving Licence No: D/L Type: Local / International	PAI @\$ per day/month					
Pass Date: Date of Birth:	Delivery Service					
Occupation: Driving Exp:						
VEHICLE CHECKLIST	SUB-TOTAL \$ 1,000 00					
Ø	PETROL LEVEL					
REAR	Out E 1/4 1/2 3/4 F					
ATA MA	In E 1/4 1/2 3/4 F					
S - SCRATCHES S - SCRATCHES	EXTENSION					
	Collection Service					
	Misc.					
0	TOTAL CHARGE \$					
ACCIDENTS ACCIDENTS TOP LEFT	Rented out by:					
HI G						
A-ACCIDIA LINDICATE: A-ACCIDIA						
A -						
ACCESSORIES CHECK	Hirer's Signature					
Ashtray Cig Lighter S/Tyre	The statistical field between the second contract productions and also					
STD Tools Jack Hub Caps	althorough transcourse [a seef, More ray					
	Addition Driver's Signature					
Radio / Cass CD Cartidges	a Siria da tata Sidoko penjingka puas dalimbu kalada 3 John Childing ake i disa kasusan dalama pilah bumani ka tana sasa Kebu katin buka					

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

- 1. ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE TAHN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. 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.
- 4. 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.
- 5: 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	
21/09/2024	13:50 UPS	sedouch	inamenelua®		SIGNATURE OF HIRER/DRIVER

AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883 Tel: 9616 8988 (Ah Boon) Sold to: Sold to: Date: Left 9/24 Item Quantity Description Unit Price Amount Auto Hub to Auto Bay Reportly Two Tups

Sub Total :

100

Total

E. & O. E.

Issued by: __

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 16 Sep 2024 / 17:34:40

Receipt Date/Time: 16 Sep 2024 / 17:34:40

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240916-003995

Previous Receipt No.:

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	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			
gvqvtsqt		Credit Card	27.25
Total			27.25
Cash Change			0.00
Tendered Amount			27,25
Excess Refundable Amount			0.00
	Total Before Rounding Rounding Difference Total Amount Payable Paid By gvqvtsqt Total Cash Change Tendered Amount	Before GST (S\$) 25.00 Sub-Total 25.00 Total Before Rounding 25.00 Rounding Difference Total Amount Payable Paid By gvqvtsqt Total Cash Change Tendered Amount	Refore GST (S\$) 25,00 2,25 Sub-Total 25,00 2,25 Total Before Rounding 25,00 2,25 Rounding Difference Total Amount Payable Paid By gvqvtsqt Total Cash Change Tendered Amount

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: ACCI	DENT INVOLVING	VEHICLE NOS:	SMA 23144	&	-ND 1698 D
the owner of vehicle no. SMA 23/4.4 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 of 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 indequate, I/we undertake 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 disbursement incurred. My/Our insurer is/are Policy No. Expiry Date:	ALONG	SUELL SEMBAWAT	VI PETROL STATIO	ON PUMP #5	ON	15/09/2024
the owner of vehicle no.		NAME AND ADDRESS OF TAXABLE PARTY.			Princeton	5697245
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 of 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 indequate, 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 disbursement incurred. My/Our insurer is/are Policy No		BATTORN STREET, THE PARTY OF TH				r to the said
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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 disbursement incurred. My/Our insurer is/are Policy No. Expiry Date:	,					
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third party's insurers, I/we undertake to pay you and the cost of repairs settled and related expenses disbursement incurred. My/Our insurer is/are Policy No Expiry Date:	directly,	orally or in writing	g and I/we further unde	ertake not to accept any n	nonies or o	offer of settlement
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Date: Excess:		_		Expiry Date:		
	Date:			Excess:		
Owner's Signature/Co's stamp (if applicable) Witness Signature/Name		Signature/Co's stamp	p (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 witholding of material facts may allow insurance companies to repudiate

- 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 ladgement 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 17:56 (SGT)

Reported by Both Policyholder and Actual Driver

Date of Accident 15/09/2024 17:04 (SGT) Exact Location of Accident Sembawang, Singapore

Additional Location Information SHELL PETROL STATION (PUMP #5) Country/State of Loss

Singapore

Private use

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SMA2314Y**

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **ZHENG SUHUA** NRIC No S6972450G

Email Address SUHUA288@YAHOO,COM Mobile Phone No (Phone) +65-93801171

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 730li

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto

CC 3000

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited

Policy Number / Cover Note Number 5125085266-02

DRIVER

NRIC No
Date Of Birth
Occupation ZHENG SUHUA S6972450G Driving Pass Date 20/04/1969 Indoor 20/12/2002 Driving License Pass Class Driving License Validity Valid Driving experience 21 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-93801171 Alt. Phone Number Email Address SUHUA288@YAHOO.COM Address 33 BANGKIT RD #16-04 Address complement Postcode 679974 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 Chain 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 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 HO ZI JING Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER ABOVE DATE AND TIME MY VEHICLE SMA2314Y WAS STATIONARY PARKED AT PUMP #5 AT SHELL SEMBAWANG PETROL STATION FOR REFUELING WHILE I WAS MAKING PAYMENT VEHICLE B SND7698D GRAZED AGAINST MY VEHICLE FRONT PORTION AND COLLIDED ONTO VEHICLE C LEFT PORTION. IN BETWEEN VEHICLE B DID HIT VEHICLE D S WELL, AFTER THE ACCIDENT VEHICLE B DRIVER MENTIONED HE STEP ONTO WRONG PEDAL THAT CAUSES THIS ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSND7698DVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-Postcode-Insurance Company Name-Nature Of Damage-Details of property damaged in accident-No. Of Passenger (Including Driver)-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF6397K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration NumberSLK7158HVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-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 additiont to speed up the chire process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Diver.
- 3. Information provided must be as fruthful and accurate as nosable. Any withinksrepresentation 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.
- 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 haurence 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 ladgement 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 major 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 flaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (i) investigating the accident and/or my claims:
- (II) carrying out and/or dealing with my hatructions or responding to any enquiries by ms;
- (iv) administering my claims (including the malling of correspondence, statements, hydross, 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 yers 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 Signatura / Date & Diver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre & Three Personnel

Describe	Circumstar	ices of the Acc	ident						
ſ	1	abive				•			
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Declaration

We declare the foregoing particulars are true in every respect.

Folicyholder's Signature / Date & Time

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

Wilnessed by Reporting Centre Personnel