

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 : CLM18392 / SMH6340H / SEPT-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 SMH6340H & SLK9278G ON 27/09/2024 ALONG PIE(TUAS) UNDERNEATH TOH GUAN FLYOVER

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLK9278G** 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	\$	5,559.00	(Include 9% GST)
Loss of rental	\$	600.00	(\$120 X 5 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	27.25	
	S	<u>\$ 6,386.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18392
- 2) Twincar Rental - Invoice No: 13-4891 , Vha No: 73790
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SMH6340H

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 : 28/09/2024
Vehicle Num. : SMH6340H
Make/Model : HYUNDAI AD AVANTE 1.6 GLS (A) ELITE-2018
Chassis/Eng# : KMHD841CMKU846883/G4FGJU076284
Accident Date : 27/09/2024
Claim No : CLM18392
Reference : SEPT-32/2024
Policy No. : D20MPC0000598_04 (28/01/2025)

LUMPSUM REPAIR BILL
REF : CLM18392-N51 DATED 30/09/2024
BY DIRECT

Amount S\$
5,100.00

E. & O.E.	Sub S\$:	5,100.00
	Add GST (9%) S\$:	459.00
	Total Amount S\$:	<u>5,559.00</u>



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 :

ENG YONG HOCK
236 COMPASSVALE WALK
#07-522
SINGAPORE 540236

INVOICE

Invoice No. 13-4891

Date 03/10/2024

		Hirer's Car No.	VHA No.	Terms
		SMH6340H	73790	CASH
No. of Day	Description	Per Day	Amount (S\$)	
5	Car Rental from the period of 28/09/2024 to 03/10/2024. Vehicle no. SLP4051A Singapore Dollars Six Hundred Only	120.00	600.00	
			Total	\$600.00

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: **73790**

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) Eng Yong Hock
 NRIC/PASSPORT No: S1535963C
 Address (Res): 236 Compassvale Walk
#07-522 Singapore 540236
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: S1535963C D/L Type: Local / International
 Pass Date: 21/09/1982 Date of Birth: 15/09/1962
 Tel: (O) _____ (R) _____ HP 94553455

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) Ronald Eng Tien Hong
 NRIC/PASSPORT No: S9720922G
 Address (Res): Blk 236 Compassvale Walk
#07-522 Singapore 540236
 Driving Licence No: S9720922G D/L Type: Local / International
 Pass Date: 23/02/2016 Date of Birth: 17/06/1997
 Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
 D - DENTS
 S - SCRATCHES
 A - ACCIDENTS

RIGHT FRONT TOP LEFT

ACCESSORIES CHECK

- Ashtray Cig Lighter S/Tyre
 STD Tools Jack Hub Caps
 Radio / Cass CD Cartridges

Vehicle No: SLP4051A Replace Veh No: _____
 Mileage Out: _____ Mileage Out: _____
 Make & Model: Toyota Axio Auto / Manual Group: _____
 OUT: Date 28/9/24 Time: 12:15 Hrs
 HIRE/PERIOD EXPIRY _____
 NON-WAIVER EXCESS : \$ _____

CHARGES			
Daily	@ \$	per day	
Weekly	@ \$	per week	
Monthly	@ \$	per month	
Hours	@ \$	per hour	
Others	@ \$		
CDW	@ \$	per day/month	
PAI	@ \$	per day/month	
Delivery Service			
SUB-TOTAL \$			<u>600 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 [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
<u>03/10/2024</u>	<u>13:30 HRS</u>			<u>[Signature]</u> SIGNATURE OF HIRER/DRIVER

SMH63404 (MS)

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Sep 2024 / 11:31:18

Receipt Date/Time : 30 Sep 2024 / 11:31:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240930-001509

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 - SLK9278G As at 27 Sep 2024/16:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLK9278G Enquiry Fee 20240930113058653187	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				
mde9v7ev			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: SMH 6340H & SLK 9278 G
ALONG PIE (TUAS) UNDERNEATH TOH GUAN FLYOVER ON 27/09/2024

I/We ENG YONG HOCK NRIC/Passport No: S 1535963C
of 236 COMPASSVALE WALK #01-522 S(540236)
the owner of vehicle no. SMH 6340H 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: _____

Robson ESG
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	28/09/2024 15:08 (SGT)
Reported by	Actual Driver
Date of Accident	27/09/2024 16:40 (SGT)
Exact Location of Accident	Near Toh Guan Rd, Toh Guan Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6340H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Eng Yong Hock
NRIC No	S1535963C
Email Address	rethzxc@hotmail.com
Mobile Phone No	(Phone) +65-94553455
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591
Vehicle Fuel	Petrol
First Registration Date	29/01/2019
Chassis no	KMHD841CMKU846883
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0000598_04

DRIVER

Name of Driver	Ronald Eng Tien Hong
NRIC No	S9720922G
Date Of Birth	17/06/1997
Occupation	Indoor
Driving Pass Date	23/02/2016
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90628565
Alt. Phone Number	-
Email Address	rethzxc@hotmail.com
Address	Blk 236 Compassvale Walk
Address complement	#07-522 Singapore
Postcode	540236
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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	Unknown
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

Refer to sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK9278G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Mirza Bin Yusni
Contact Number	(Phone) +65-89131741
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

ROSEBERRY

[Signature]

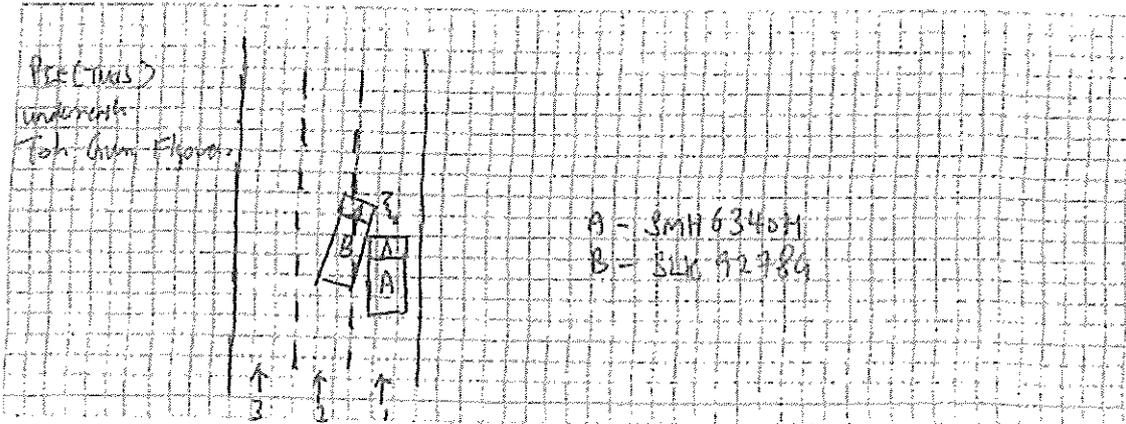
[Signature]

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 per above date and time, I was driving Jmt1634944 along P1E (11001) on the extreme right lane. Somewhere under Toh Guan Flyover, Veh (B) BLK 92786 from lane 2 filtered onto my lane without checking encroaching onto my lane. As a result, Veh (B)'s right side portion collided onto my vehicle's left front portion.

Declaration

We declare the foregoing particulars are true in every respect.

Roshan Singh
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel