



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

16 October 2024

Our Ref : CLM18303 / GBM333Y / JULY-15/2024

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 GBM333Y & SLD2297J ON 11/07/2024
ALONG OLD TAMPINES RD TWDS LOYANNG AVE SLIP RD INTO LOYANG AVE**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLD2297J** 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	\$	18,530.00	(Include 9% GST)
Loss of rental	\$	2,289.00	(\$163.50 X 14 Days)
Additional 2 days loss of use for pre repair	\$	260.00	(\$130 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	27.25	
	S	<u>21,206.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM18303
- 2) Chiang Kang Enterprises Co (Pte) Ltd - Invoice No: 95490
- 3) Autobay Towing - GBM333Y (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of GBM333Y

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 : 16/10/2024
Date in : 11/07/2024
Vehicle Num. : GBM333Y
Make/Model : BYD T3-2021
Chassis/Eng# : LC0CE4DB3M0011670/-
Accident Date : 11/07/2024
Claim No : CLM18303
Reference : JULY-15/2024
Policy No. : 5146297266 (14/06/2025)

LUMPSUM REPAIR BILL
REF : CLM18303-N51 DATED 12/07/2024
BY DIRECT

Amount S\$
17,000.00



E. & O.E.	Sub S\$:	17,000.00
	Add GST (9%) S\$:	1,530.00
	Total Amount S\$:	<u>18,530.00</u>

for N-51 AUTOMOTIVE PTE LTD





長江企業(私人)有限公司

Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

TOTAL DEFENCE

THERE'S A PART FOR EVERYONE

TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租: 汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K

I/We CARSTOMERS PTE LTD of 89 KAKI BUKIT AVE 1 #03-00 SUK LIND PARK S 417957 Tel: 9445 5088

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

- a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE
b) COMPREHENSIVE MOTOR VEHICLE COVERAGE
c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.

Gbm 333 Y (N-51)

Vehicle Regn No. 車輛註冊號碼 GBK 3997 Y Rental Agreement 合同號碼 No. A 95490
Section 1 Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄
姓名 Name: GURMEET SINGH
地址 Address: 89 KAKI BUKIT AVE 1 #03-00 SUK LIND PARK S 417957
居民證/護照號碼 I/C No./Passport No: G7988606N 駕駛執照號碼 Driving Licence No: G7988606N
Pass 日期 Pass Date: 15/03/2023
出生日期 Date of Birth: 09/03/1981 發出地 Place of Issue:
三號保險底金 \$1500/- a) Third Party Only Policy Excess \$1500/- b) Comprehensive Policy Excess \$2000/-
車牌號碼 Vehicle No: 1) 起 From: 至 To:
車牌號碼 Vehicle No: 2) 起 From: 至 To:
工具 Tools 輪胎 Spare Tyre 裝飾品 Accessories
車輛發出人 Vehicle Issued By 車輛接收人 Vehicle Collected By:
NOTE: 註 租車者或司機必須付所有停車及違反交通法例負起一切的責任。
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.



Handwritten signature

租車者不准載沙或石灰 HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE 我/我們同意以上及後頁租車公司所列的條規與條件。 I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期 Date:

租車者簽名 Signature of Hirer:



Handwritten signature

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Jul 2024 / 17:06:39

Receipt Date/Time : 11 Jul 2024 / 17:06:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240711-003275

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 - SLD2297J As at 11 Jul 2024/05:25:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLD2297J Enquiry Fee 20240711170621806264	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				
j6bdrf1c			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: G1BM 333 Y & SUD 2297 J
ALONG OLD TAMPINES RD TWD LOYANG AVE SLIP RD IMU LOYANG AVE ON 11/07/2024

I/We CARSTOMERS PTE LTD NRIC/Passport No: 202111783D
of 89 KAKI BUKIT AVE 1 #03-00 SUNN LI IND PARK S14179571
the owner of vehicle no. 9445 5888 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	12/07/2024 10:55 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2024 05:25 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	OLD TAMPINES ROAD TOWARDS LOYANG AVE SLIP ROAD INTO LOYANG AVE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBM333Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARSTOMERS PTE LTD
Company Reg No	202111783D
Email Address	DEARCARSTOMERS@GMAIL.COM
Mobile Phone No	(Phone) +65-96282100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	T3
Variant	EV
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	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146297266

DRIVER

Name of Driver	GURMEET SINGH
Passport No/FIN	G7988606N
Date Of Birth	09/03/1981

Occupation	Indoor
Driving Pass Date	15/03/2023
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94455088
Alt. Phone Number	-
Email Address	DEARCARSTOMERS@GMAIL.COM
Address	89 KAKI BUKIT AVE 1 #03-00
Address complement	-
Postcode	417957
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE GBM3337 ALONG OLD TAMPINES ROAD TOWARDS LOYANG AVE SLIP ROAD INTO LOYANG AVE. I SLOWED DOWN AND STOPPED MY VEHICLE DUE TO ONCOMING TRAFFIC, AS I STOPPED BEHIND THE GIVEWAY LINE, VEHICLE B SLD2297J 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	SLD2297J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	PHANG KEE CHONG
Contact Number	(Phone) +65-91143091
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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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



