

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 6744 0510 / 6842 0051 Fax No.: +65 6741 0510
Email: sales@n51.com.sg
Company Reg. No.: 200616038C
GST Registration No.: 200616038C

26-Feb-2018

Our Ref: CLM13746 / SFY 1080 J / OCT-33

AIG ASIA PACIFIC INSURANCE PTE LTD
NO. 78 SHENTON WAY
#07-16 CHARTIS BUILDING
SINGAPORE 079120

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Mdm,

Re: Accident involving SFY 1080 J & SKX 3763 E on 12/10/2016
Along Turf Club road carpark driveway

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SKX 3763 M** 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 abovementioned accident.

Cost of Repairs	\$ 2,354.00 (Include 7% GST)
Car Rental	\$ 600.00 (\$120.00 X 5 days)
GIA report	\$ 29.00
	<u>S \$ 2,983.00</u>

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Repair Bill No: CLM13746
- 2) Win Win Rent-A-Car Pte Ltd - Invoice No: WPLIN0000607
- 3) GIA report of SKX 3763 E
- 4) Letter of Authorisation To Act
- 5) Release Voucher (AIG Express Third Party Claim)
- 6) GIA report of SFY 1080 J

We look forward to your prompt reply.

Yours faithfully,



N-51 Automotive Pte Ltd
S.Y. NEO
Managing Director



N-51 AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub

2 Kaki Bukit Ave 2

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AIG ASIA PACIFIC INSURANCE PTE. LTD.

NO. 78 SHENTON WAY

#07-16 CHARTIS BUILDING

SINGAPORE 079120

MISS TANG SOO LAN JOCELYN

31 CHENG SOON GARDEN

SINGAPORE 599807

Contact : 9380 1284

TAX INVOICE

Date : 26/02/2018

Date in : 17/10/2016

Vehicle Num. : SFY1080J

Make/Model : AUDI A6 2.0 TFSI MU

Chassis/Eng# : WAUZZZ4G0DN037855/CDN293021

Accident Date : 12/10/2016

Claim No : CLM13746

Reference : OCT-33/2016

Policy No. : 2100324866-03000 (17/12/2016)

LUMP SUM REPAIR BILL

REF : CLM13746 - N51 DATED 19/10/2016

BY LKK

Amount S\$
2,200.00



E. & O.E.	Sub S\$:	2,200.00
	Add GST (7%) S\$:	154.00
	Total Amount S\$:	<u>2,354.00</u>

for N-51 AUTOMOTIVE PTE LTD



*bizSAFE*₃



WIN WIN RENT-A-CAR PTE LTD

Invoice

SFY1080Y
TANG SOO LAN JOCELYN
31 CHENG SOON GARDEN
S(599807)

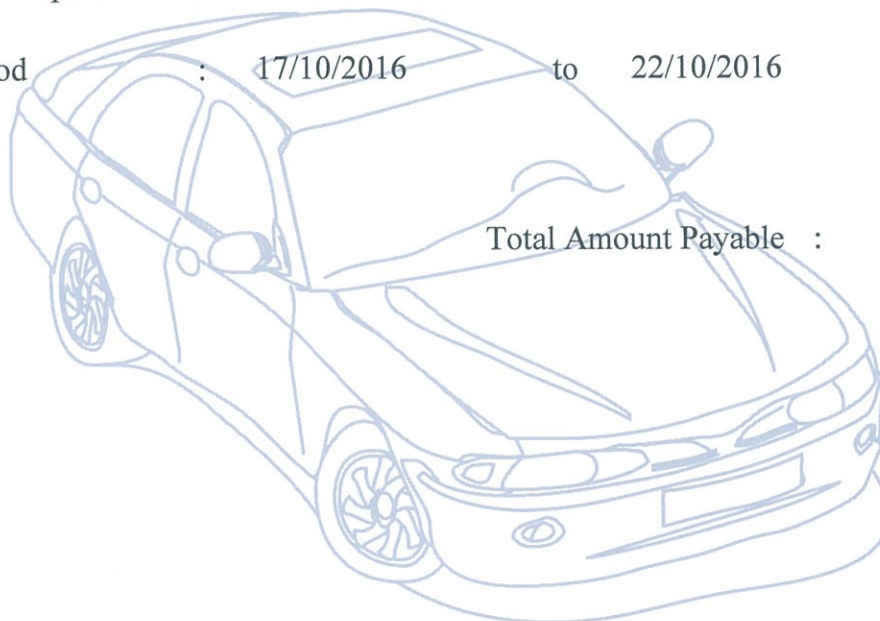
Invoice No : WPLIN0000607
Invoice Date : 22/10/2016
Due Date : 22/10/2016
VHA No : 0932
Referral ID : N001

Description :	Amount
Rental for 5 Day/s @ \$120 per Day	\$600

Vehicle No : SLG2840A

Vehicle Description : Honda Fit 1.3A

Rental Period : 17/10/2016 to 22/10/2016



Total Amount Payable : \$600

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

WPLIN607

VHA No: 0932

SFY 1080 Y (NSI)

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) TANG SOO LAN JOCELYN

NRIC/PASSPORT No: S 6834940 J

Address (Res) 31 CHENG SOON GARDEN
SINGAPORE 599807

Name & Address of Employer

Occupation: Driving Exp:

Driving Licence No: S6834940J D/L Type: Local / International

Issue Date: 09/01/2010 Date of Birth: 13/09/1968

Tel: (O) (R) HP/PG 93801284

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC/PASSPORT No:

Address (Res):

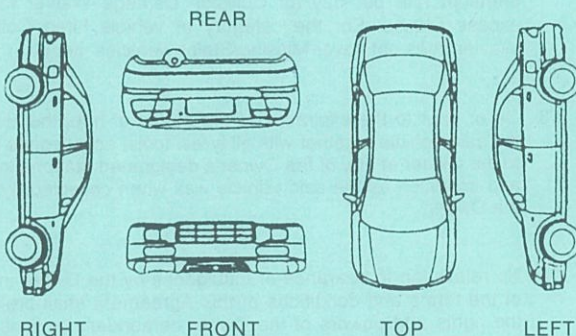
Driving License No: D/L Type: Local / International

Issue Date: Date of Birth:

Occupation: Driving Exp:

VEHICLE CHECK LIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



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: SLG2840A Replace Veh No:

Mileage Out: 0371 Mileage Out:

Make & Model: HONDA FIT Auto / Manual Group:

Out : Date 17/10/2016 Time: 16:50HRS

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$ 2000/-

CHARGES

Daily	5	@ \$ 120	per day	\$ 600	-
Weekly		@ \$	per week		
Monthly		@ \$	per month		
Hours		@ \$	per hour		
Others		@ \$			
CDW		@ \$	per day/month		
PAI		@ \$	per day/month		

Delivery/Collection Service

SUB-TOTAL \$

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION

Misc.

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the 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 WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

*IMPORTANT

- ONLY PERSON 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 WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD 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
22/10/16	18:10HRS				

TAX INVOICE

Our Ref No: GR-16-122407

Date of Request: 14/10/2016

Your Ref No: WALK IN SIAH

N-51 AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: SFY1080J

Date of Accident: 12/10/2016

Place of Accident: TURF CLUB RD CARPARK DRIVEWAY

Involving Vehicle No: SKX3763E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-16-122408

Date of Request: 14/10/2016

Your Ref No: WALK IN SIAH

N-51 AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 12/10/2016

Vehicle No: SFY1080J

Place of Accident: TURF CLUB RD CARPARK DRIVE WAY

Involving Vehicle No: SKX3763E

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKX3763E	TURF CLUB RD CARPARK DRIVE WAY	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

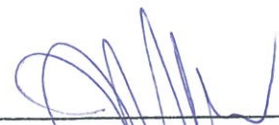
AUTHORISATION TO ACT

I, TANG SOD LAN JOCELYN (the third party claimant) of 31 HENG SOON GARDEN
SINGAPORE 599807 (address), owner of SFY 1080J (vehicle no.)
hereby authorize N-51 AUTOMOTIVE PTE LTD ("the workshop") to act for me
with respect to my claim for repair costs and/or rental and/or ~~loss of use~~ ("claim") for my vehicle
no. SFY 1080J that was damaged pursuant to the accident which occurred on 12/10/2016
(date) along TURF CLUB ROAD CARPARK DRIVEWAY (location) involving vehicle no/s
SKX 3763 E ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 17 (day) of OCTOBER (month) 2016 (year)


Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)

RELEASE VOUCHER
(AIG Express Third Party Claim)

"We/I, N-51 AUTOMOTIVE PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$ 2354.00 (Repair Cost), S\$ (Loss of rental/use), S\$ (Disbursement), for vehicle no. SFY 1080 J that was damaged pursuant to the accident which occurred on 12/10/16 (date) along TURF CLUB ROAD CARPARK DRIVEWAY (location) involving vehicle no/s SKY 3763 E. This is pursuant to the inspection conducted on 19/10/2016 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TANG SOO LAN, JOCELYN ("the third party claimant") of vehicle no. SFY 1080 J make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SFY 1080 J (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ (day) of _____ (month) 20____ (year)



Signed by appointed surveyor

Signed by "the workshop" (with chop)

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 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 ability
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 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 Report	13/10/2016 16:59
Date Of Accident	12/10/2016 18:40
Exact Location Of Accident	TURF CLUB RD CARPARK DRIVE WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY1080J
Insured/Policyholder	
Name Of Registered Owner	TANG SOO LAN JOCELYN
NRIC No	S6834940J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93801284
Alternative Phone No	Others-93801284

Vehicle Particulars

Manufacturer	AUDI
Model	A6 2.0 TFSI MU
Exact Purpose for which vehicle was being used at time of accident	DINNER MEETING
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100324866-03000
Cover Note Number	

Driver

Name of Driver	TANG SOO LAN JOCELYN
NRIC No	S6834940J
Date Of Birth	13/09/1968
Occupation	Indoor
Date Of Driving Pass	09/01/2010
Driving Experience	6 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-93801284
Fax Number	
Contact Number	Others-93801284
EMail Address	NOEMAIL

Address	31 CHENG SOON GARDEN
Postcode	599807
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX3763E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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 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 purposes 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

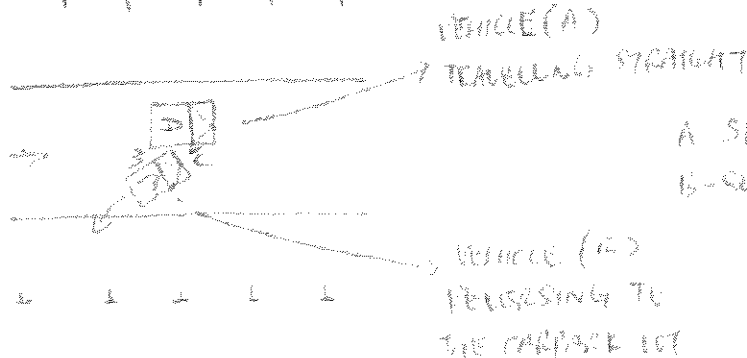
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

TYPE (ONLY PRINT OR WRITE ONLY WAY)

T T T T T T



Sketch Plan #2

Describe Circumstances of the Accident

I WAS DRIVING ALONG TWEED CLUB ROAD CARPARK WHILE ONLY ON ONE LANE ONE WAY TRAFFIC, I DRIVING STRAIGHT AHEAD THE SAID ROAD WAS ON A SUNDAY, I FELT A STRONG IMPACT FROM THE RIGHT SIDE PORTION OF MY VEHICLE BEFORE THE ACCIDENT, I OUGHTED AND FIGURE THAT VEHICLE (B) REVERSING TO THE CARPARK LOT AND COLLIDED DIRECTLY ONTO MY VEHICLE. DRIVER OF VEHICLE (B) ADMITS THAT HIS FAULT, VEHICLE (B) ASK TO PROCEED TO THE INSURANCE CLAIMING FOR THIS ACCIDENT I INTENTION THAT FRONT LH PORTION OF VEHICLE (A) COLLIDED ONTO REAR RIGHT PORTION OF MY VEHICLE.

A - SEV 1661

B - CRX 27636

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel