

# 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 / 6744 0510 Fax No. : +65 6741 0510  
Company Reg. No. : 200616038C  
GST Registration No. : 200616038C

25 October 2019

Our Ref : CLM15195 / SLP7220J / APR-39/2019

## **LONPAC INSURANCE BHD**

100 BEACH ROAD  
#19-00 SHAW TOWER  
SINGAPORE 189702

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving SLP7220J & XE4412H on 24/04/2019**  
**Along Keppel Rd twds Changi on The Flyover**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **XE4412H** 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	\$	1,819.00	(Include 7% GST)
Loss of rental/use	\$	331.80	(\$82.95 X 4 Days)
Additional 2 days loss of use/rental for pre repair	\$	165.90	(\$82.95 X 2 Days)
LTA Search	\$	7.45	
	S	<u>\$ 2,324.15</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15195
- 2) Grab Rentals Pte Ltd - Letter of Understanding
- 3) LTA search
- 4) Letter of Authorisation to Act
- 5) GIA report of SLP7220J

We look forward to your prompt reply.

Yours faithfully,



**N-51 AUTOMOTIVE PTE LTD**

S.Y.NEO

Director



P.I.C - Melody Chin

Reply to :huixin@n51.com.sg



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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

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LONPAC INSURANCE BHD

100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

GRAB RENTALS PTE LTD

18 SIN MING LANE #01-08 MIDVIEW CITY

SINGAPORE 573960

Contact : 66550005 97585062

## TAX INVOICE

Date : 24/09/2019

Date in : 29/04/2019

Vehicle Num. : SLP7220J

Make/Model : HONDA VEZEL HYBRID 1.5X AUTO-2016

Chassis/Eng# : RU31218342/LEB5918354

Accident Date : 24/04/2019

Claim No : CLM15195

Reference : APR-39/2019

Policy No. : A29114756MKF (31/01/2020)

LUMPSUM REPAIR BILL

REF : CLM15195-N51 DATED 30/04/2019

BY DIRECT

Amount S\$

1,700.00



E. & O.E. Sub S\$ : 1,700.00

Add GST ( 7% ) S\$ : 119.00

Total Amount S\$ : 1,819.00

for N-51 AUTOMOTIVE PTE LTD



bizSAFE<sub>3</sub>



CONFIDENTIAL

Date:

Grab Rentals Pte Ltd  
201617200G  
Grab Rentals 2 Pte. Ltd.  
201701345N

28 Sin Ming Lane  
#01-138 Midview City  
Singapore 573972

Dear Sir / Madam,

Accident Date:	24/04/2019	Time:	19:05 HRS
Accident Location:	KEPPEL RD TOWARDS CHANGI ON THE FLYOVER		

We refer to the above-mentioned accident & wish to inform the following details at the time of occurrence of the aforementioned accident:

Registered Owner:	Grab Rentals Pte. Ltd. / Grab Rentals 2 Pte. Ltd.*
Vehicle Registration No. (the "private hire"):	SLP 7220 J
Registered Hirer Name:	TEO TECK WAH
Registered Hirer NRIC:	S 0096631 B
Rental Rate (per day inclusive of GST):	SG\$ 82.95
Rental Period:	

\* delete as applicable

The following procedures were followed:

Period of repair	From:	29/04/2019
	To:	03/05/2019
Rental	The company:	Collects <del>Does not collect</del>
	Replacement vehicle:	<del>Provided</del> Not provided*
	From:	
	To:	

\* delete as applicable

Please liaise with our appointed workshop, N51 Automotive Pte. Ltd. directly for any settlement of claims in respect of the said accident.

We hereby authorize all agreed settlement payments made in favour of N51 Automotive Pte. Ltd.

Yours faithfully

Name: Tay Chee  
Senior Operations Associate



GRAB Singapore

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Apr 2019 / 15:07:07

Receipt Date/Time : 25 Apr 2019 / 15:07:07

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190425-002139

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 - XE4412H As at 24 Apr 2019/19:05:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - XE4412H Enquiry Fee 20190425150540586571	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxx0379	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

Print Receipt

OK

Save as PDF



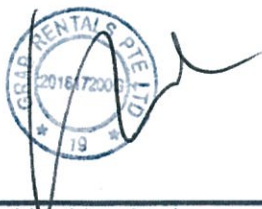
**AUTHORISATION TO ACT**

I, Grab Rentals Pte Ltd of 18 Sin Ming Lane #01-08 Midview City Singapore 573960, owner of SLP7220J hereby authorize N-51 Automotive Pte Ltd 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. SLP7220J that was damaged pursuant to the accident which occurred on 24/04/2019 along Keppel Rd towards Changi on the Flyover involving vehicle no/s XE4412H.

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 24 of APR 2019

A circular blue ink stamp for Grab Rentals Pte Ltd is visible. The stamp contains the text "GRAB RENTALS PTE LTD" around the top edge, "2016172000" in the center, and "19" at the bottom. A handwritten signature in black ink is written over the stamp.

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

A circular blue ink stamp for N-51 Automotive Pte Ltd is visible. The stamp contains the text "AUTOMOTIVE PTE LTD" around the top edge, "N-51" in the center, and "19" at the bottom. A handwritten signature in black ink is written over the stamp.

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 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 Report	25/04/2019 14:29
Date Of Accident	24/04/2019 19:05
Exact Location Of Accident	KEPPEL RD TOWARDS CHANGI ON THE FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7220J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD

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 HIRE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29114756MKF
Cover Note Number	

### Driver

Name of Driver	TEO TECK WAH
NRIC No	S0096631B
Date Of Birth	14/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1972
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97585062
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NIL  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 5  
 Passenger 1 NAME: : PASSENGER 1  
 GENDER: : MALE  
 Passenger 2 NAME: : PASSENGER 2  
 GENDER: : MALE  
 Passenger 3 NAME: : PASSENGER 3  
 GENDER: : FEMALE  
 Passenger 4 NAME: : PASSENGER 4  
 GENDER: : FEMALE

#### 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

I WAS DRIVING ALONG KEPPEL RD TOWARDS CHANGI . VEHICLE B WAS DRIVING AT MY RIGHT SIDE . SUDDENLY VEHICLE B CUT INTO MY LANE AND COLLIDED ONTO RIGHT REAR SIDE OF MY VEHICLE . NO INJURIES INVOLVED.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: RETRIEVING  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

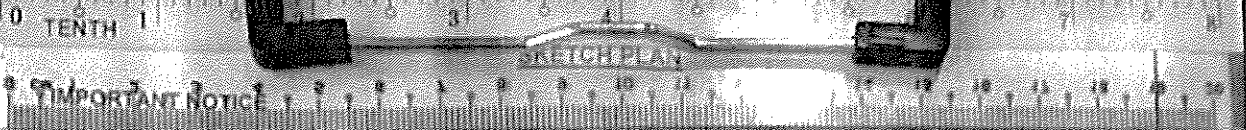
Vehicle Registration Number XE4412H  
 Vehicle Make/Model/Colour SCANIA/P410LA4X2MSZ

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	98647753
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



# Sketch Plan



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 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 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 be 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 be 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.

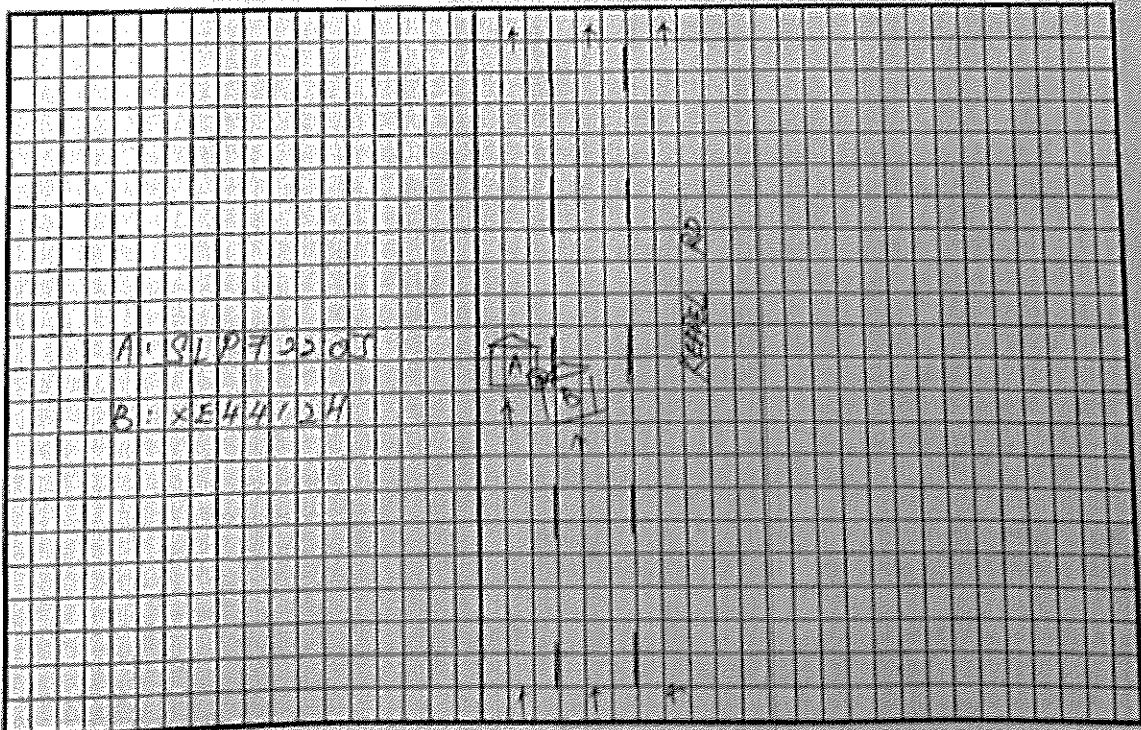
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG KEPPEL RD TOWARDS CHANGI . VEHICLE B WAS DRIVING AT MY RIGHT SIDE . SUDDENLY VEHICLE B CUT INTO MY LANE AND COLLIDED ONTO RIGHT REAR SIDE OF MY VEHICLE . NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

25 April 2019 at 11:48 AM

Date/Time:

25 April 2019 at 11:48 AM