

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

CC4/III 20000092/AgS3

21 September 2020

Our Ref : CLM15891 / SKT5805B / DEC-74/2019

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 SKT5805B & SHC3981M on 25/12/2019
Along Blk 288 Punggol Place MSCP Lot No. 72

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC3981M** 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	\$	7,597.00	(Include 7% GST)
Loss of rental	\$	1,200.00	(\$100 X 12 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
Towing fee	\$	160.00	
LTA search fee	\$	7.45	
	S \$	<u>9,124.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15891
- 2) Island Towing Services - Invoice No: 63236
- 3) Autobay Towing - SKT5805B (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SKT5805B

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO
Director



bizSAFE₃

P.I.C - Melody Chin
Reply to :huixin@n51.com.sg

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

LTS CAPITAL
60 PAYA LEBAR ROAD #05-41
SINGAPORE 409051

Contact : 97356567 , 87800618

TAX INVOICE

Date : 06/05/2020
Date in : 26/12/2019
Vehicle Num. : SKT5805B
Make/Model : NISSAN SYLPHY 1.5 4AT-2009
Chassis/Eng# : JN1BAAG11Z0107559/HR15107550B
Accident Date : 25/12/2019
Claim No : CLM15891
Reference : DEC-74/2019
Policy No. : 5107851575-000007 (10/06/2020)

LUMPSUM REPAIR BILL
REF : CLM15891-N51 DATED 30/12/2019
BY DIRECT

Amount S\$
7,100.00

E. & O.E.	Sub S\$:	7,100.00
	Add GST (7%) S\$:	497.00
	Total Amount S\$:	7,597.00



for N-51 AUTOMOTIVE PTE LTD





HOTLINE: 9182 8211

ISLAND TOWING SERVICES

Blk 3026, Ubi Road 1 #04-146 Singapore 408719

Telephone: 6747 7400

Email: islandrecovery@ymail.com

Facsimile: 6844 7233

Web: www.islandrecovery.com.sg

Co. Reg. 53269210A

Cash Sales/ Work Order

NO. 63236

Date: 25.12.19

M/S:

CASH

Vehicle No:

SKT 5805

Model :

Nissan Sylphy

From:

Singapore 822288

Time Start:

07:32

To:

2 Kaki Bukit Ave 2

Time End:

08:03

Remarks:

N-51

☐ Change Tyres / Jump Start

☒ Accident

☐ Use Car Carrier

☐ Basement / Multi Carpark

☐ Crane Up / Winch Out

☐ Open Door

☐ Using King Dolly

☐ Dismantle Shaft / Brake

☐ Loaded

AMOUNT S\$

60.00

Received By

Island Recovery Services

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 26/12/19

Sold to: _____

SKT 5805 B**CROWN**

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Ubi D/C		\$100
		Reportly Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Dec 2019 / 16:40:06

Receipt Date/Time : 26 Dec 2019 / 16:40:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191226-002760

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 - SHC3981M				
As at 25 Dec 2019/06:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHC3981M Enquiry Fee 20191226163918407778	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				
	xxxxxxxxxxxx0379	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.

LETTER OF AUTHORISATION

To: **M/s N-51 Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SKT 5805 B & SHC 3981 M
ALONG BLK 288 PUNGGOL PLACE mscP LOT NO. 72 ON 25/12/2019 @ 6:00HRS

I/We LTS CAPITAL NRIC/Passport No: 5 XXXX135C
of 60 PAYA LEBAR ROAD #15-41 S(409051)
the owner of vehicle no. SKT 5805 B 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 or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident' claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful 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 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 irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the 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 my/our solicitor 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 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	26/12/2019 19:11
Date Of Accident	25/12/2019 06:00
Exact Location Of Accident	BLK 288 PUNGGOL PLACE MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5805B
Insured/Policyholder	
Name Of Registered Owner	LTS CAPITAL
Co Reg No	5XXXX135C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97356567
Alternative Phone No	OFFICE-97356567

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107851575
Cover Note Number	

Driver

Name of Driver	HNG KIAN ANN (FANG JIAN'AN)
NRIC No	SXXXX302B
Date Of Birth	11/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87800618
Fax Number	
Contact Number	OFFICE-87800618
EMail Address	NOEMAIL

Address	BLK 288B PUNGGOL PLACE #04-813
Postcode	822288
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191225/2101.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3981M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKV5309G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



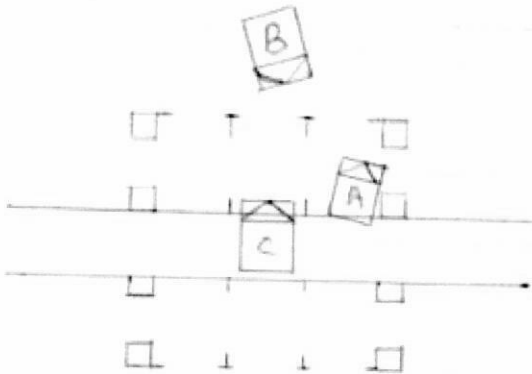
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Veh A: SKT5805B
Veh B: SHC3981M
Veh C: SKV5309G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191225 / 2101

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191225/2101

Police Station Of Origin
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No: T/20191225/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 25/12/2019 22 06		Vide Report No F/20191225/0085	Station Diary No 134
Informant's Particulars			
Name of Informant HNG KIAN ANN		Address APT BLK 288B PUNGGOL PLACE #04-813 SINGAPORE 822288	
ID Type / ID No NRIC NO / S7340302B		Contact No Home/Office	Mobile: 87800618
Nationality SINGAPORE CITIZEN		Email	
Sex: Male	Age 46	Date of Birth 11/10/1973	Type of Informant Driver
Race Chinese		Language English	Institution / School Name
Occupation Other car and light goods vehicle drivers nec		Driving Licence Information Class: 3	Date of Expiry

General Information of the Accident

Type of Accident	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident 25/12/2019 06 00	Type of Location Car Park
Location Along Road 1 PUNGGOL PLACE Blk 288 MSCP lot number 72				
Weather		Road Surface	Road Speed Limit	
Traffic Flow		Traffic Control Not Controlled	Traffic Volume No Traffic	
Type of Collision Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3981M	Taxi					0
SKT5805B	Car				Seriously Damaged	0
SKV5309G	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20191225/2101

Police Station Of Origin:
Punggol N.P.C
21A Tehing Lane SINGAPORE 828637
Tel No: 1800-6049999

2 of 3

Report No: T/20191225/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT5805B	NTUC Income Insurance Co-Operative Limited	5107851575-000007	11/06/2019	10/06/2020
SKV5309G	AIG ASIA PACIFIC INSURANCE PTE LTD	2100429919-04	22/09/2019	21/09/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HNG KIAN ANN	ID No	S7340302B
Related Vehicle	SKT5805B (Car)	Contact No	87800618
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On the 24th December 2019 at about 2330hrs, I parked my vehicle SKT 5805B at the MSCP of Blk 288 Punggol Place lot number 72.

On the 25th December 2019 at about 0600hrs, when I returned back to my vehicle, I discovered that my vehicle was found to be over the stopping kerb at the parking lot. The front left portion of my vehicle was damaged. I also found a piece of note written by Traffic Police. It was written 'Dear car owner, Vehicle SHC 3981M was involved accident with your vehicle. Traffic Police was at scene to investigate the accident case. Kindly lodge accident report vide case number F/20191225/0085. Thank you'.

Police Report



SINGAPORE
POLICE FORCE



T/20191225/2101

Police Station Of Origin
Punggol N.P.C.
21A Tebing Lane SINGAPORE 828837
Tel No. 1800-6049999

3 of 3

Report No. T/20191225/2101

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report
F/
Staff Sgt ZAKI FAHMY RAZALI

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
25/12/2019 22.06

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168

To Dof: 65476187