



# 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

30 June 2020

Our Ref : CLM15923 / S5030TE / JAN-21/2020

## MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving S5030TE & SHC7248X on 05/01/2020**  
**Along Junc of Pasir Ris Dr 3 & Elias Rd opp Stratum Cond**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC7248X** 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	\$	3,210.00	(Include 7% GST)
Loss of use	\$	1,080.00	(\$180 X 6 Days)
Additional 2 days loss of use for pre repair	\$	300.00	(\$150 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>4,697.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15923
- 2) Autobay Towing - S5030TE (receipt attached)
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of S5030TE

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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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

## TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580

MR.OZGUR KILIC  
279 BEDOK SOUTH AVE 3 #08-33  
SINGAPORE 465458

Contact : 84444872 , 96430835

Date : 06/05/2020  
Date in : 06/01/2020  
Vehicle Num. : S5030TE  
Make/Model : MITSUBISHI GRANDIS 2.4A-2004  
Chassis/Eng# : JMYLRNA4W4Z000677/4G69KK2855  
Accident Date : 05/01/2020  
Claim No : CLM15923  
Reference : JAN-21/2020  
Policy No. : 1800105260-01 (16/09/2020)

LUMP SUM REPAIR BILL  
REF : CLM15923-N51 DATED 07/01/2020  
BY DIRECT

Amount S\$  
3,000.00

E. & O.E.	Sub S\$ :	3,000.00
Add GST ( 7% )	S\$ :	210.00
Total Amount	S\$ :	3,210.00



for N-51 AUTOMOTIVE PTE LTD



bizSAFE<sub>3</sub>

**AUTOBAY TOWING**

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

**CASH SALE**

No. \_\_\_\_\_

Date: 6/1/20

Sold to: \_\_\_\_\_

(N-51)

S 5030 TE

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Ubi DAC		\$100
1		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: \_\_\_\_\_

CROWN

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jan 2020 / 13:02:48

Receipt Date/Time : 06 Jan 2020 / 13:02:48

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200106-001664

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 - SHC7248X				
As at 05 Jan 2020/14:10:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC7248X			
	Enquiry Fee	7.00	0.49	7.49
	20200106130118557929			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	xxxxxxxxxxxx0379	Credit Card:		7.45
		Visa/MasterCard		
	<b>Total</b>			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: S 5030 TE & SHC 7248 X  
ALONG Junc of PASIR RIS DR 3 & ELIAS RD OPP STRATUM COND ON 05/01/2020 @ 14:10HRS

I/We OZGUR KILIC NRIC/Passport No: G XXXX651 L  
of 279 BEDOK SOUTH AVE 3 #08-33 S (465458)  
the owner of vehicle no. S 5030 TE 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 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 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