

# 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

21 September 2020

Our Ref : CLM15994 / SJW7831H / JAN-54/2020

## MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving SJW7831H & SJA8155J on 20/01/2020**  
**Along Anson Rd junc Bernam St**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SJA8155J** 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	\$	1,070.00	(Include 7% GST)
Loss of rental	\$	1,080.00	(\$120 X 9 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>2,357.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15994
- 2) Journey Motors - Invoice No: 000101
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SJW7831H

We look forward to your prompt reply.

Yours faithfully,



**N-51 AUTOMOTIVE PTE LTD**

S.Y.NEO

Director



*bizSAFE<sub>3</sub>*

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

JOURNEY MOTORS  
BLK 603 HOUGANG AVE 4 #04-227  
SINGAPORE 530603

Contact : 98575910 , 93366733

## TAX INVOICE

Date : 06/05/2020  
Date in : 10/02/2020  
Vehicle Num. : SJW7831H  
Make/Model : KIA CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR-2010  
Chassis/Eng# : KNAFU411MA5200352/G4FCAH362993  
Accident Date : 20/01/2020  
Claim No : CLM15994  
Reference : JAN-54/2020  
Policy No. : 5109123823-000020 (06/10/2020)

LUMPSUM REPAIR BILL  
REF : CLM15994-N51 DATED 12/02/2020  
BY DIRECT

Amount S\$  
1,000.00

E. & O.E.	Sub S\$ :	1,000.00
	Add GST ( 7% ) S\$ :	70.00
	Total Amount S\$ :	1,070.00



for N-51 AUTOMOTIVE PTE LTD



# ***JOURNEY MOTORS***

Reg. No. 53390528A

Invoice No: 000101

Invoice Date: 20 Feb 2020

Bill To : Abill Fida Bin Karis

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Re : VEHICLE – SJW7831H (Kia)

Being billed for rental charges of vehicle SJW7831H from 10 Feb 2020 to 18 Feb 2020.

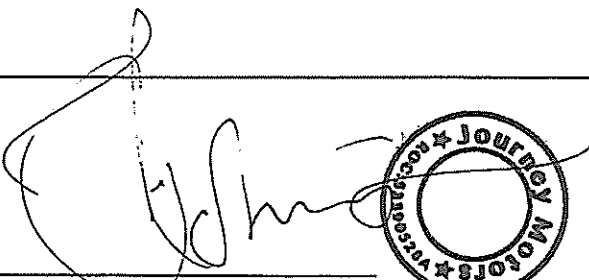
Number of days – 9 days

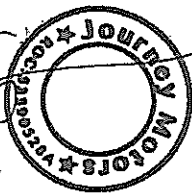
Rate per day – \$120.00

Total rental amount - \$1,080.00

Amount: Singapore Dollars One Thousand and Eighty Only. (S\$ 1,080.00)

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Journey Motors



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43 Springside Walk Singapore 786628 Telephone - 66739023 / Mobile 98575910

## TERMS & CONDITIONS FOR VEHICLE RENTAL

1. The hiring shall commence on the date and at the time specified and shall continue for the period and end on the date and at the time stated unless extended or as expressly requested by the Hirer.

Relief Driver (if any) \_\_\_\_\_ Nric No. \_\_\_\_\_

Commencement: 15<sup>th</sup> JAN 2020 Time: 1:15 PM Contract Period: 2 (days/ months)

Daily / Weekly Rental: \$120 Deposit amount: \$500 Installment (if any)           

3. The said vehicle may only be driven by the Hirer or by person who have been expressly designated and authorised in the contract. The driver or drivers must be in possession of a valid driving licence and shall at all times drive the aid vehicle in a careful and skilful manner, observing the traffic regulation and laws and in the event of any breach thereof, the Hirer shall pay all fines and penalties which may be incurred and shall also answered all Police and Traffic Court Summonses, Notices and Inquires in connection therewith. Particular attention is to be accorded to the following:-

- a) The car must not be overloaded. At all times the car must be provided with sufficient oil, water and the prescribed tyre pressure.
- b) The Hirer shall not drive the said vehicle whilst under the influence of intoxicating liquor or drugs.
- c) It is expressly forbidden to hire the said vehicle out to third persons or to let unauthorised persons or learners to use the said vehicle or to permit the said vehicle to be used for illegal purposes (for instance: in connection with theft, drug pedalling or trafficking, smuggling or any other criminal activities) or the purposed of test or racing. Failure to comply may entail serious consequences as the Hirer assumes full responsibility and in the event of the said vehicle being seized, confiscated or forfeited as a result thereof, the Hirer shall indemnify the Owner for all losses incurred including the value of the said vehicle.
- d) The Hirer and the Driver must be over 23 years of age and be holding a valid licences and have a minimum of 2 years regular and qualified driving experience.

- 4 The Hirer or Driver shall report all accidents involving the said vehicles to the Owner immediately and also to the police not later than 24 hours after the accident. The Hirer or Driver shall not admit or compound any claims either partially or in full. Hirer is to secure the names and addresses of all witnesses as well as the registration number of all vehicle involved in the accident. All communications or letters received from the police or third parties are to be referred to the Owner immediately. The Hirer shall not abandon the said vehicles without adequate provisions for safe guarding and securing the same. Failure to comply with rule 4 will render Hirer liable for all cost and third party claims.



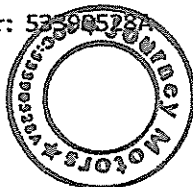
5. The Owner shall not under any circumstances be liable to make any payment to the Hirer in respect of or to indemnify the Hirer against any loss, injury or damage sustained by the Hirer or by any third party as a result of the use of the said vehicle or as a result of any defects therein and in taking delivery of the said vehicle the Hirer shall be deemed to have satisfied himself that it is in all respect roadworthy and in a proper and safe condition.
6. The Hirer or drivers acknowledge that the insurance effected by the Owner does not covered personal injuries or death to the driver of the vehicle.
7. The said vehicle shall be covered under a Motor Vehicle Insurance Policy which contains an excess clause of \$2,000 for 1<sup>st</sup> party (ie own) vehicle within Singapore and \$3,000 for West Malaysia and also \$2,000 excess for damage claim by 3<sup>rd</sup> party for each and every accident.
8. In the event of any damage or loss to the vehicle caused by the negligence, fault, default, act or omission of the Hirer or drivers which has resulted in the Owner's insurers repudiating liability for such damage or loss, the Hirer shall be liable for all damage to or loss of the vehicle and shall indemnify and keep the Owner indemnified against all costs (including legal costs on a full indemnity basis), claims and liabilities (whether civic or criminal) relating to or arising out of such negligence, fault, action or omission.
9. In the breach of the terms and conditions of the agreement the Owner reserves the right to resume possession of the hired vehicle at anytime from the Hirer in the Owner's interest without prejudice.
10. The Owner shall not be liable to the Hirer or any person for any loss or damage whatsoever and howsoever caused or occasioned by reason of the Owner resuming possession of the vehicle nor shall the Owner be liable to any person for monies, goods, articles or things not belonging to the Owner which are in or alleged to be in the vehicle at the time the Owner resumes possession of the vehicle.
11. A 24-hour breakdown / towing service is provided by the Owner, free of charge, for the vehicle which is situated anywhere within the Republic of Singapore Notwithstanding hereof (tyre puncture not included), filling up empty petrol tank or in procuring replacement keys for the Hirer or drivers had misplaced them.

Both the Company (Shin-Han Motors Pte Ltd) and the abovementioned (thereinafter called "the Hirer") hereby agreed with the above terms and conditions.

Owner : Journey Motors

Name : Vincent Ng

Business Registration Number: 53890528



Hirer Name :

Nric No. :

Relief Driver Name :

Nric No :

REMARKS:



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Jan 2020 / 17:45:28

Receipt Date/Time : 21 Jan 2020 / 17:45:28

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200121-003213

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHA8155J

As at 20 Jan 2020/09:00:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHA8155J

Enquiry Fee

20200121174507479037

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: SJW 7831H & SJA 8155J  
ALONG ANSON RD JUNC BERNAM ST ON 20/01/2020 @ 9:00HRS

I/We JOURNEY MOORS NRIC/Passport No: 5XXXX528A  
of BLK 603 HOUGANG AVE 4 #04-227 S(530603)  
the owner of vehicle no. SJW 7831H 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 \_\_\_\_\_

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

## 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	21/01/2020 09:10
Date Of Accident	20/01/2020 09:00
Exact Location Of Accident	ANSON RD JUNC BERNAM ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7831H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOURNEY MOTORS
Co Reg No	5XXXX528A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5109123823
Cover Note Number	

### Driver

Name of Driver	ABILL FIDA BIN KARIS
NRIC No	SXXXX252A
Date Of Birth	16/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93266733
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 240B JURONG EAST AVE 1 #21-13
Postcode	602240
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 - MAJOR/MINOR RD
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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8155J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KHONG WENG ONN
NRIC/Passport Number	
Contact Number	84466681
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ABILL FIDA BIN KARIS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJW7831H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

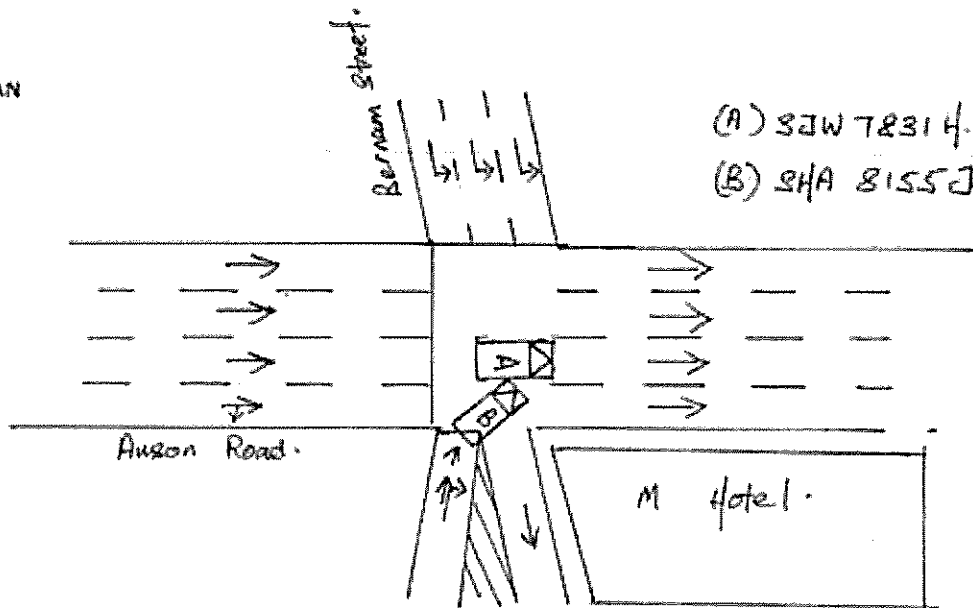
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/01/2020 at @ 0900 hrs, I stopped my vehicle (3JW 7831 H) along Anson Road junction Bernam Street on the second lane from the right due to red light. When the traffic turned green, the two vehicles in front of me moved forward and I follow to move forward too. Suddenly, a taxi (34A 8155 J) dashed out from the back lane of M Hotel, and collided onto the right side of my vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Police Officer's Signature  
Date & Time:

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

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