



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 20002129/Ag93

21 September 2020

Our Ref : CLM16025 / PC3702H / FEB-13/2020

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 PC3702H & SH6751J on 04/02/2020 Along Telok Blangah Rd twds West Coast Rd

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH6751J** 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	\$	5,136.00	(Include 7% GST)
Loss of rental	\$	1,820.00	(\$260 X 7 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>7,363.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16025
- 2) Hup Hoe Coach Service - Invoice No: 6571
- 3) Autobay Towing - PC3702H (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of PC3702H

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

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Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
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INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

JESRAY COACH TRANSPORT
BLK 725 JURONG WEST AVE 5 #06-124
SINGAPORE 640722

Contact : 83883279

TAX INVOICE

Date : 12/06/2020
Date in : 05/02/2020
Vehicle Num. : PC3702H
Make/Model : TOYOTA HIACE COMMUTER 3.0 GL AT 2WD 4DR LWB-2015
Chassis/Eng# : KDH2230023443/1KD2500862
Accident Date : 04/02/2020
Claim No : CLM16025
Reference : FEB-13/2020
Policy No. : 5072299967-04 (16/06/2020)

LUMPSUM REPAIR BILL
REF : CLM16025-N51 DATED 06/02/2020
BY DIRECT

Amount S\$
4,800.00



E. & O.E.	Sub S\$:	4,800.00
	Add GST (7%) S\$:	336.00
	Total Amount S\$:	5,136.00

for N-51 AUTOMOTIVE PTE LTD





合和旅游巴士服务
HUP HOE COACH SERVICE

Registration No. 52879439J

50 Serangoon North Ave 4 #05-18 First Centre Singapore 555856

HP: +65-9322 7087 Email: huphoecoach2@hotmail.com

*Rental, Hire & Chartered For Overland
Cars, MPV, Lorries, Mini Buses*

No.: **6571**

OFFICIAL RECEIPT

Date: 12/2/20

兹收到
Received From WILLIAMS RAYMOND /c: S7231442/E
来大银
The Sum Of Dollars ONE THOUSAND EIGHT HUNDRED TWENTY ONLY

系还
Being Payment Of RENTAL of BUS fm 5/2/20 To 12/2/20

\$ 1820/XX

HUP HOE COACH SERVICE

PC3702H

Cash

Cheque No: _____

HIRING AGREEMENT

Vehicle No.

PC 7890X

Owner

Hup Hoe Coach Service

Hirer

WILLIAMS RAYMOND

Address

BLK 114 SIMEI ST. 1

#03-624 S(520114)

Contact No.

83883279

Hiring Period

5/2/20 WED 12pm

12/2/20 WED 8.30AM

Hiring Rate

7 Days x \$260/- = \$1820/-

Hiring Rules

Full tank of diesel at the point of vehicle-hand-over before and after used.

DOB

All damages, summons and accident's excess during the hiring period are to be borne by the hirer.

4/9/1972

The standard terms and conditions of hiring services apply over the hiring period.

Pickup point

Please pickup the vehicle at 15 KAKI BUKIT ROAD 4 #01-53

Attn : Mr Lim 93227087

: Ms Lilian 96881679

: Ms Sandy 97306185

Signature of Owner

I/C no.

Name :

Date :

96881679

S1627039/C

Lim Jw THIAN G

5/2/20

Signature of hirer

I/C no.

Name :

Date :

S7231442E

WILLIAMS RAYMOND

5/2/20

(Please attach copies of I/C, Driving Licence & Vocational Licence of the hirer.)

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 5/2/20

Sold to: _____

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

Issued by: _____

CROWN



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

Print Date/Time : 05 Feb 2020 / 12:39:54

Receipt Date/Time : 05 Feb 2020 / 12:39:54

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200205-001387

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 - SH6751J

As at 04 Feb 2020/18:00:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SH6751J

Enquiry Fee

20200205123932690146

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

xxxxxxxxxxx0379	Credit Card: Visa/MasterCard	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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: PC 3702 H & SH 6751 J
ALONG TELOK BLANGAH RD TWDS WEST COAST RD ON 04/02/2020 @ 18:00HRS

I/We JESRAY COACH TRANSPORT NRIC/Passport No: 5 XXXX 593 L
of BLK 722 JURONG WEST AVE S #06-124 S(640722)
the owner of vehicle no. PC 3702 H 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 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	05/02/2020 14:18
Date Of Accident	04/02/2020 18:00
Exact Location Of Accident	TELOK BLANGAH RD TWDS WEST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3702H
Insured/Policyholder	
Name Of Registered Owner	JESRAY COACH TRANSPORT
Co Reg No	5XXXX593L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83883279

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072299967-04
Cover Note Number	

Driver

Name of Driver	WILLIAMS RAYMOND
NRIC No	SXXXX442E
Date Of Birth	04/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83883279
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 722 JURONG WEST AVE 5 #06-124
Postcode	640722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6751J
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 INJURED PERSON 1

Name

WILLIAMS RAYMOND

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

PC3702H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

X

Policyholder's Signature
Date & Time:



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

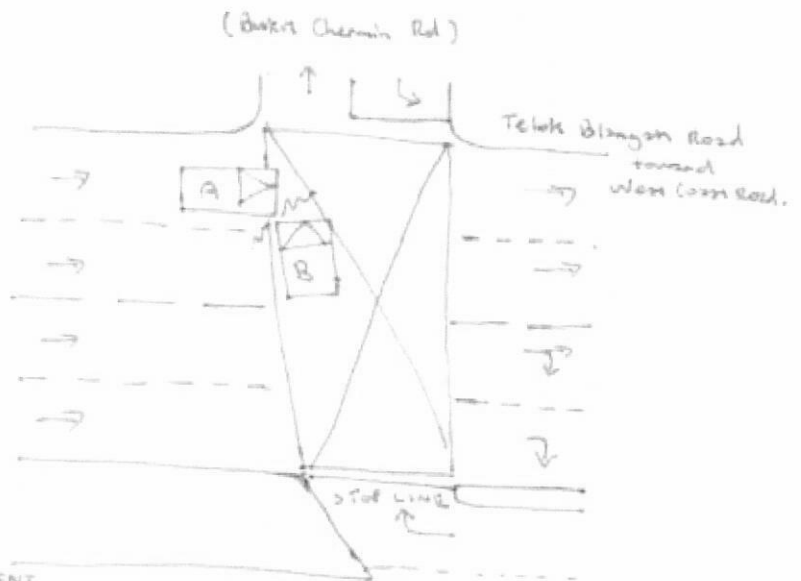
Receiving Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

Vehicle A
- PC 370214

Vehicle B
- SH 67513



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Teluk Blangah Road towards West Coast Road direction I was on the extreme left lane.

While driving straight ahead, while approaching the intersection of (Teluk Blangah Road / Bukit Chermin Road) as my way of path was clear I proceed forward, suddenly a vehicle made a left turn from opposite direction going into Bukit Chermin Road without checking on the on-going vehicle on my side, which then causing the collision into the front right portion of my vehicle.

Aghast from my vehicle and realized it was a vehicle with licence plate (SH 67513) which collided into my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - PC 370214

Vehicle B - SH 67513

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

Signature 05/02/20
Road & Centre Personnel's Signature
Name
NRIC/IN No