

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

12 October 2020

Our Ref : CLM16040 / SLK5521E / FEB-30/2020

MS FIRST CAPITAL INSURANCE LIMITED
6 RAFFLES QUAY
#21-00
SINGAPORE 048580
ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SLK5521E & SHB6687Z on 11/02/2020
Along Havelock Road

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB6687Z** 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	\$ 8,292.50	(Include 7% GST)
Loss of rental	\$ 609.50	(\$60.95 X 10 Days)
Additional 2 days loss of use for pre repair	\$ 121.90	(\$60.95 X 2 Days)
LTA Search	\$ 7.45	
	<u>S \$ 9,031.35</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16040
- 2) Grab Rentals Pte Ltd - Letter of Understanding
- 3) LTA search
- 4) Letter of Authorisation to Act
- 5) GIA report of SLK5521E

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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6 RAFFLES QUAY
#21-00
SINGAPORE 048580

GRAB RENTALS PTE LTD
18 SIN MING LANE #01-08 MIDVIEW CITY
SINGAPORE 573960

TAX INVOICE

Date : 05/05/2020
Date in : 11/02/2020
Vehicle Num. : SLK5521E
Make/Model : TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT-2016
Chassis/Eng# : MR053REH104558420/1ZRY333842
Accident Date : 11/02/2020
Claim No : CLM16040
Reference : FEB-30/2020
Policy No. : A29141713MKF (31/12/2020)

LUMP SUM REPAIR BILL
REF : CLM16040-N51 DATED 13/02/2020
BY DIRECT

Amount S\$
7,750.00

E. & O.E.	Sub S\$:	7,750.00
	Add GST (7%) S\$:	542.50
	Total Amount S\$:	8,292.50



for N-51 AUTOMOTIVE PTE LTD



*bizSAFE*₃

CONFIDENTIAL



Grab Rentals Pte Ltd
201617200G
18 Sin Ming Lane
#01-08 Midview City
Singapore 573960

Date of Accident: 11/02/2020	Time: 17:10 HRS
Accident Location: HAVELOCK ROAD	

Rental information of the accident vehicle

Registered Owner:	Grab Rentals Pte Ltd
Vehicle Number:	SLK 5521 E
Hirer Name:	MUHAMMAD NUR IZZUDDIN BIN SHAMSUDDIN
Hirer NRIC last 4 Digit: (XXXXB)	263Z
Rental Rate: (inclusive GST)	\$60.95

Details of repair

Date in:	11/02/2020
Date out:	20/02/2020

We hereby authorize our appoint workshop, N51 Automotive Ptd Ltd to handle any settlement of claims and receiving settlement payments in respect of the said accident.



Grab Rentals – Accident Team



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Feb 2020 / 11:14:21

Receipt Date/Time : 12 Feb 2020 / 11:14:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200212-001158

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 - SHB6687Z				
As at 11 Feb 2020/17:10:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB6687Z Enquiry Fee 20200212111316040557	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.

AUTHORISATION TO ACT

I, Grab Rentals Pte Ltd of 18 Sin Ming Lane #01-08 Midview City Singapore 573960, owner of SLK5521E 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. SLK5521E that was damaged pursuant to the accident which occurred on 11/02/2020 along Havelock Road involving vehicle no/s SHB6687Z.

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 11 of FEB 2020



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



Signed by 'the workshop'
(with chop)

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	11/02/2020 19:02
Date Of Accident	11/02/2020 17:10
Exact Location Of Accident	ALONG HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5521E
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	2XXXXX200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31388644
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)

Exact Purpose for which vehicle was being used at time of accident

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	29141713
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR IZZUDDIN BIN SHAMSUDDIN
NRIC No	SXXXX263Z
Date Of Birth	16/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82964657
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 324 UBI AVE 1 #03-551
Postcode	400324
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
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)	1

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

ON 11/02/2020 AROUND 1710HRS, I WAS TRAVELLING ALONG HAVELOCK ROAD, RIGHT BEFORE SOLOMAN ST JUNCTION. I WAS AT THE EXTREME LEFT LANE ABOUT TO MAKE A LEFT TURN INTO SOLOMAN ST TO PICK UP A PASSENGER WHEN I SAW AN OLD LADY CROSSING THE ROAD. THERE WAS NO CROSSING OF ANY TYPE THERE BUT I DID NOT WANT TO STARTLE HER; HENCE I SLOWED DOWN GRADUALLY AND WHEN I WAS ABOUT TO BE STATIONARY, VEHICLE B HIT MY VEHICLE FROM THE BACK. I ASSUME HE TRIED TO AVOID ME AS VEHICLE B'S LEFT FRONT PORTION HIT INTO MY VEHICLE'S REAR RIGHT PORTION. MY VEHICLE'S REAR RIGHT PORTION IS DAMAGED. THERE WAS NO INJURIES.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6687Z
Vehicle Make/Model/Colour	MERCEDES / WHITE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	LIEW THONG SOON
NRIC/Passport Number	SXXXXX036E
Contact Number	96807811
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT LEFT PORTION

1

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:



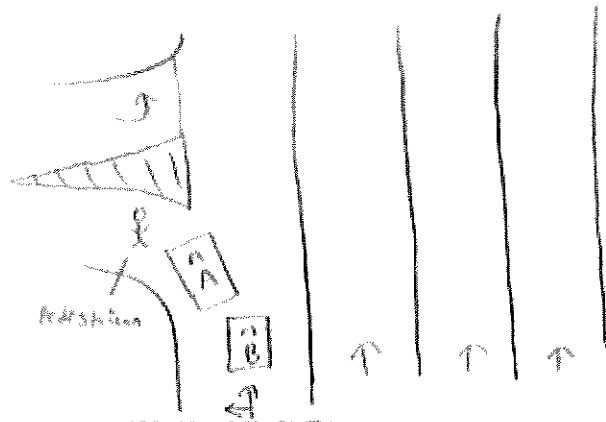
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Along Havelock Rd at Solomon St Junction.



Veh A: SLK5521E

Veh B: SHB 66872

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/2/20 around 17/043, I was travelling along Havelock Rd. right before Solomon St Junction. I was on the extreme left lane about to make a left turn into Solomon St to pick up a passenger when I saw an old lady crossing the road. There was no crossing of any type there but I did not want to startle her hence I slowed down gradually and when I was about to be stationary, Veh B hit my vehicle from the back. I assume he tried to avoid me as Veh B's left front portion hit into my vehicle's rear right portion. My vehicle's rear right portion is damaged. There was no injuries.

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.:

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