

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 : CLM16211 / SMA5871K / APR-25/2020

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SMA5871K & SHA610P on 18/04/2020
Along Pick-Up/Drop-off Point @ White Sands Shopping Ctr

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA610P** 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	\$ 4,708.00	(Include 7% GST)
Loss of rental	\$ 455.70	(\$75.95 X 6 Days)
Additional 2 days loss of use for pre repair	\$ 151.90	(\$75.95 X 2 Days)
3rd party GIA report	\$ 29.00	
LTA Search	\$ 7.45	
	S \$ 5,352.05	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16211
- 2) Grab Rentals Pte Ltd - Letter of Understanding
- 3) Tax Invoice of 3rd party GIA report
- 4) LTA search
- 5) Letter of Authorisation to Act
- 6) GIA report of SMA5871K

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

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

TAX INVOICE

Date : 03/09/2020
Date in : 04/05/2020
Vehicle Num. : SMA5871K
Make/Model : TOYOTA SIENTA HYBRID 1.5X CVT-2018
Chassis/Eng# : NHP1707126823/1NZ8548883
Accident Date : 18/04/2020
Claim No : CLM16211
Reference : APR-25/2020
Policy No. : A29141713MKF (31/12/2020)

LUMPSUM REPAIR BILL
REF : CLM16211-N51 DATED 04/05/2020
BY DIRECT

Amount S\$
4,400.00

E. & O.E.	Sub S\$:	4,400.00
	Add GST (7%) S\$:	308.00
	Total Amount S\$:	<u>4,708.00</u>



for N-51 AUTOMOTIVE PTE LTD



CONFIDENTIAL



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

Date of Accident: 18/04/2020	Time: 16:30 HRS
Accident Location: PICK-UP / DROP-OFF POINT @ WHITE SANDS SHOPPING CTR	

Rental information of the accident vehicle

Registered Owner:	Grab Rentals Pte Ltd
Vehicle Number:	SMA 5871 K
Hirer Name:	LEONG CHEE WAI RICHARD
Hirer NRIC last 4 Digit: (XXXXB)	980 I
Rental Rate: (inclusive GST)	\$75.95

Details of repair

Date in:	04/05/2020
Date out:	06/05/2020

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



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-059470

Date of Request: 23/04/2020

Your Ref No: BY MAIL

N-51 AUTOMOTIVE PTE LTD (KAKI BUKIT AUTOHUB)
KAKI BUKIT AUTOHUB 2 KAKI BVUKIT AVE 2 #01-18
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: SMA5871K

Date of Accident: 18/04/2020

Place of Accident: WHITE SAND

Involving Vehicle No: SHA610P

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-059472
Date of Request: 23/04/2020

Your Ref No: BY MAIL

N-51 AUTOMOTIVE PTE LTD (KAKI BUKIT AUTOHUB)
KAKI BUKIT AUTOHUB 2 KAKI BVUKIT AVE 2 #01-18
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 18/04/2020
Vehicle No: SMA5871K
Place of Accident: PICK-UP/DROP-OFF POINT @ WHITE SANDS SHOPPING CTR
Involving Vehicle No: SHA610P

With reference to your application for the accident report, we have attached the following accident reports as requested:

Table with 5 columns: DOCUMENTS, ACCIDENT LOCATION, PER DOC (S\$), QTY, AMOUNT (S\$). Rows include SHA610P, GST Amount, and Total Amount Due (GST Inclusive).

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

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	21/04/2020 08:33
Date Of Accident	18/04/2020 16:30
Exact Location Of Accident	WHITE SANDS MRT STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA610P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	TAN BUAN SENG JAMES
NRIC No	SXXXX606C
Address	BLK 17 CANBERRA DRIVE #09-34

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Apr 2020 / 09:36:04

Receipt Date/Time : 21 Apr 2020 / 09:36:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200421-000453

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 - SHA610P As at 18 Apr 2020/16:30:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHA610P Enquiry Fee 20200421093204306284	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			
	411911XXXXXX0379 eNETS Credit Card			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 SMA5871K 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. SMA5871K that was damaged pursuant to the accident which occurred on 18/04/2020 along Pick-up/Drop-off Point@White Sands Shopping Ctr involving vehicle no/s SHA610P.

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 18 of APR 2020


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


Signed by 'the workshop'
(with chop)

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	20/04/2020 16:37
Date Of Accident	18/04/2020 16:30
Exact Location Of Accident	PICK-UP/DROP-OFF POINT @ WHITE SANDS SHOPPING CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5871K
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	SIENTA-1.5 HYBRID (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	LEONG CHEE WAI RICHARD
NRIC No	SXXXX980I
Date Of Birth	04/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90704034
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	9 PASIR RIS DR 4 #02-14
Postcode	519642
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	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?	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 18/04/2020 AT ABOUT 4:30PM, I WAS AT THE PICK-UP AND DROP-OFF POINT AT WHITE SANDS SHOPPING CENTRE. MY VEHICLE'S ENGINE WAS OFF AND I WAS WAITING TO PICK UP PASSENGER. SUDDENLY, I FELT AN IMPACT AT THE REAR. I ALIGHTED FROM MY CAR TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY CAR'S REAR PORTION, CAUSING DAMAGES.

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	SHA610P
Vehicle Make/Model/Colour	HYUNDAI / YELLOW
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	TAN BUAN SENG JAMES
NRIC/Passport Number	SXXXX606C
Contact Number	93624169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Adrian X

[Signature]

Policyholder's Signature
Date & Time:

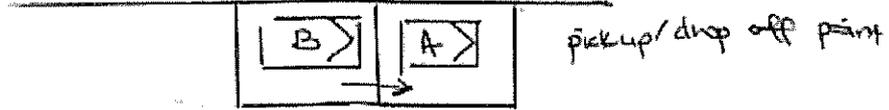
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SIA 5871

SKETCH PLAN

White Sands Shopping Centre



VM A: SMA 5871E

B: SHA 610Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/4/2020 at about 4:30pm, I was at the pickup and drop-off point at white sands shopping centre. My vehicle's engine was off and I was waiting to pick up passenger. Suddenly I felt an impact at the rear. I alighted from my car to check. I realized that van B had collided into my car's rear partition causing damages

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.: