

Company & GST Registration No. 200616038C

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 68420051

Fax: 67410510

Email: sales@n51.com.sg

01 July 2021

Our Ref:

CLM16575 / SLX4127Z / DEC-08/2020

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 SLX4127Z & SH9511R on 03/12/2020 Along Balestier Road

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: SH9511R whose vehicle was insured with you at the material date of the accident.

We are prosposing 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
 \$ 4,815.00
 (Include 7% GST)

 Loss of rental
 \$ 341.70
 (\$56.95 X 6 Days)

 Additional 2 days loss of use for pre repair
 \$ 113.90
 (\$56.95 X 2 Days)

 LTA Search
 \$ 7.45

 S \$ 5,278.05

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16575
- 2) Grab Rentals Pte Ltd Letter of Understanding
- 3) LTA search
- 4) Letter of Authorisation to Act
- 5) GIA report of SLX4127Z

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



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 Fax No.: +65 6741 0510

E-Mail: sales@n51.com.sg Company Reg. No.: 200616038C GST Registration No.: 200616038C

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711

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

TAX INVOICE

Date: 21/05/2021 Date in: 07/12/2020 Vehicle Num.: SLX4127Z

Make/Model: HONDA VEZEL HYBRID 1.5X BRILLIANT STYLE AUTO-2017

Chassis/Eng#: RU31262564/LEB5962579

Accident Date: 03/12/2020 Claim No: CLM16575 Reference: DEC-08/2020

Policy No.: A29141713MKF (31/12/2020)

LUMPSUM REPAIR BILL

REF: CLM16575-N51 DATED 07/12/2020

BY DIRECT

Amount S\$ 4,500.00



for N-51 AUTOMOTIVE PTE LTD







E. & O.E. Sub SS: 4,500.00 Add GST (7%) S\$: 315.00 Total Amount S\$:

4,815.00

CONFIDENTIAL



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

| Date of Accident: | 03 /17 / 0000 | Time: 15:00 URS | |
|--------------------|----------------|-----------------|--|
| Accident Location: | BALESTIER ROAD | | |

Rental information of the accident vehicle

| Registered Owner: | Grab Rentals Pte Ltd |
|----------------------------------|----------------------|
| Vehicle Number: | SLX 4177 Z |
| Hirer Name: | VICTOR CHUNG KIN FAI |
| Hirer NRIC last 4 Digit: (XXXXB) | 140 G |
| Rental Rate: (inclusive GST) | \$56.95 |

Details of repair

| Date in: | 000(01/40 | |
|-----------|---------------|---|
| Date out: | 11 /12 / 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

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

04 Dec 2020 / 09:44:50

Receipt Date/Time: 04 Dec 2020 / 09:44:50

Tax Invoice/Receipt

Receipt No.: ITNET-00000-201204-000633

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 - SH9511R As at 03 Dec 2020/15:20:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SH9511R | | | | |
| Enquiry Fee 20201204094437813060 | | 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 | | | |
| | 7st36m52 | 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, <u>Grab Rentals Pte Ltd</u> of <u>18 Sin Ming Lane #01-08 Midview City Singapore 573960</u>, owner of <u>SLX4127</u> hereby authorize <u>N-51 Automotive Pte Ltd</u> 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. <u>SLX4127Z</u> that was damaged pursuant to the accident which occurred on <u>03/12/2020</u> along <u>Balestier Road</u> involving vehicle no/s <u>SH9511R</u>.

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is futher authorized to receive payment futher to settlement of my claim with payment cheque/s being made in favour of the workshop.

I futher 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

2

of

DEC

2020

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

Signed by 'the workshop' (with chop)

SF0D20C30002-01 / FormTeam Accident Services Taskforce Pte Ltd ENTRY DATE & TIME: 03/12/2020 17:48 (SGT) SUBMITTED BY: Yuan ShiYun VERSION: 2 (04/12/2020 12:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 A The issue and acceptance of this Form by insurance companies.

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 By the todgement 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

Outdoor

| Date of Submission | 03/12/2020 17:48 (SGT) |
|---------------------------------|-------------------------|
| Date of Accident | 03/12/2020 15:20 (SGT) |
| Exact Location of Accident | Balestier Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

| | Ciligaporo |
|---|---|
| DETAILS OF | OWN VEHICLE |
| Vehicle Registration Number | SLX4127Z |
| INSURED/POLICYHOLDER | |
| s company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No | Yes GRAB RENTALS PTE LTD 2XXXXX200G gr.sg.accident@grab.com (Phone) +65-31388644 (Office) +65-31388644 |
| VEHICLE PARTICULARS | |
| Manufacturer Model Variant 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? Vehicle Category | Honda Vezel No - Claiming third party Private hire |
| INSURANCE COMPANY | |
| Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number | MSIG Comprehensive Yes 29141713 |
| DRIVER | |
| Name of Driver NRIC No Date Of Birth | VICTOR CHUNG KIN FAI SXXXX142G 04/08/1976 |

Occupation

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 13/07/1998 22 YEARS AND 5 MONTHS Male (Phone) +65-97905299 - gr.sg.accident@grab.com 5 PEMIMPIN DRIVE #13-02 - 576149 No Hirer No |
|---|---|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Head to Rear Raining Wet |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No 2 No - Yes 2 No |
| PASSENGER 1 | |
| Name | LIM SIN YEE Female |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? | No No |

CIRCUMSTANCES OF ACCIDENT

ON 03/12/2020 AT AROUND 3:20PM, I STOPPED MY CAR ON LANE 2 OF BALESTIER ROAD TOWARDS LAVENDER ST AS THE TRAFFIC WAS HEAVY. WHILE I WAS STATIONARY, VEHICLE B DROVE UP FROM BEHIND AND COLLIDED INTO MY CAR. MY CAR SUSTAINED REAR DAMAGES. NO ONE WAS INJURED.

ATTACHMENT(S)

| Are accident photos available for attachment? | Yes |
|---|-----|
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer | SH9511R Hyundai |
|--|--------------------|
| Vehicle Model | loniq |
| Vehicle Variant | · |
| Vehicle Colour | Blue |
| Vehicle Category | Tavi |



| Name of Driver | GAN SIEW CHING |
|---|----------------------|
| NRIC No | SXXXX390A |
| Contact Number | (Phone) +65-86178838 |
| Address | - - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | |
| Nature Of Damage | - |
| Details of property damaged in accident | VEH B |
| No. Of Passenger (Including Driver) | 2 |

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)

Lunderstand, acknowledge, agree and consent that:

- 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:
 - (f) 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

(a) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time:

Driver's Signature

rif driver is not the policyholderi

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No

SKETCH PLAN

| B1k (23) 1 1 1 1 | (A) SLX HIDE Z |
|------------------|----------------|
| Balestier Road | (B) SH 9511 R. |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| THE ACCIDENT | |
|--|------|
| On 03/12/2020 at around 3.20p.m., I stopped my | |
| car coin. A SIX 4137 Z) on Lone I of Balestiler | |
| Road Lowards Lavendor Street as the traffic was | |
| heavy. Whole I was startonary, Uch. B (SH | |
| 9511 R) drove up from behind and collided in | O |
| my car. My car sustained rear damages. No | > |
| one was Injuoed. | |
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| | |
| DECLARATION | |
| 1/We declare the foregoing particulars are true in every respect. 4.20p. m. Dennis | |
| Policyholder's Signature Criver's Signature Reporting Centre Personnel's Signature | |
| Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No. | |

Accident report SF0D20C30002