

N-51 AUTOMOTIVE PTE LTD

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

27 September 2021

Our Ref : CLM16701 / SMH7836M / FEB-16/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SMH7836M & SH8310K on 05/02/2021

Along Chai Chee Drive twds Chai Chee St

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH8310K** 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	\$	2,568.00	(Include 7% GST)
Loss of rental	\$	385.20	(\$128.40 X 3 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>3,160.65</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16701
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS20110
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SMH7836M

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

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 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

TAX INVOICE

Date : 18/08/2021
Date in : 02/03/2021
Vehicle Num. : SMH7836M
Make/Model : HONDA SHUTTLE HYBRID 1.5 AUTO-2018
Chassis/Eng# : GP72000694/LEB7101059
Accident Date : 05/02/2021
Claim No : CLM16701
Reference : FEB-16/2021
Policy No. : COI-SPMF1000000402-SMH7836M

LUMPSUM REPAIR BILL
REF : CLM16701-N51 DATED 03/03/2021
BY DIRECT

Amount S\$
2,400.00

E. & O.E.	Sub S\$:	2,400.00
	Add GST (7%) S\$:	168.00
	Total Amount S\$:	2,568.00



for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

TwinCar LEASING PTE LTD

Company & GST Registration Number : 201533046C
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921
Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg

Invoice To

YA'ACOB BIN WAKAM
BLK 773 BEDOK RESERVOIR VIEW
#16-135
SINGAPORE 470773

TAX INVOICE

Invoice No. TLCS 20110
Date 07/04/2021
Terms Cash

No. Days	Description	Rate	Amount
3	SLB5119G - Car rental fee for period from 02/03/2021 to 05/03/2021 (ref. SMH7836H) Tax collected on sales	120.00 7.00%	360.00 25.20
		7% GST	\$25.20
		Total Amount	\$385.20

TWINCAR LEASING PTE



Authorised Signature

Note : Kindly make payable to " TWINCAR LEASING PTE LTD"
or by Bank-in/transfer to UOB Bank A/c No. 310-307-697-6 (Bank Code 7375)



TWINCAR LEASING PTE. LTD.

Company Registration Number : 201533046C
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921
Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg



VEHICLE RENTAL AGREEMENT

VHA NO: 509

HIRER'S PARTICULAR

Name(as in I/C): YA'ACOB BIN WAKAM
NRIC/PASSPORT No: S2002180B
Address(Res):BLK 773 BEDOK RESERVOIR VIEW #13-135 SINGAPORE 470773
Occupation: DRIVER Driving Exp: 384
Driving License No: S2002180B D/L Type: Local
Issue Date: 1980-09-01 Date of Birth: 1954-02-12
Tel: (HP) 91426464
Email: WAKAMYA@GMAIL.COM

ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C):
NRIC/PASSPORT No:
Address(Res):
Occupation: Driving Exp:
Driving License No: D/L Type:
Issue Date: Date of Birth:

Vehicle No: SLB5119G

Make: HONDA

Model: VEZEL 1.5X

Year: 2016

Mileage Out:

OUT: Date 2021-03-02

NON-WAIVER EXCESS:

Section1: \$2000

Auto/Manual Group: Auto

Colour: SILVER

Time: 10:03

Section2: \$2000

[Signature]

CHARGES

Daily rate	120.00
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PETROL-LEVEL

Out	E	1/4	1/2	3/4	F		1/4
In	E	1/4	1/2	3/4	F		E

Extension (Accessories)	0.00
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Collection Service	0.00
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Misc.	0.00
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Security Deposit Collected	0.00
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Rental Term	Cash
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Start Date	2021-03-02
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End Date	2021-03-15
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Rented out by:	Fong Toh Hng
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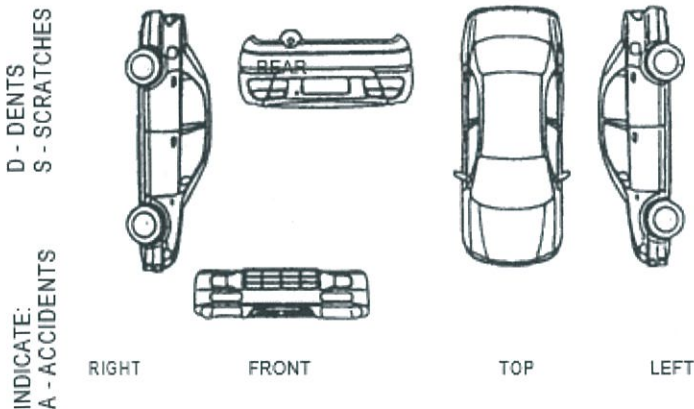
Hirer signature:

[Signature]

Yaacob Wakam
S2002180B.

Addition Driver's Signature:

VEHICLE CHECKLIST



ACCESSORIES CHECK

☒ Camera Recorder ☒ Reverse Camera ☒ CD/ Radio Player
☒ Remote Control ☒ Reverse Sensor ☐ S/Tyre

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given TWINCAR LEASING PTE. LTD. in connection with this agreement is true.

IMPORTANT

- YOU HEREBY EXPRESSLY CONSENT AND AUTHORIZE TWINCAR LEASING PTE LTD AND GRABCAR TO DEDUCT FROM THE FARES GENERATED BY YOU AND/OR GRATUITY GRANTED TO YOU BY GRABCAR (IF ANY) FOR THE CAR RENTAL FEE AND ANY CHARGES PROVIDED HEREIN AND IN THE EVENT THAT THE FARES ARE INSUFFICIENT, ANY BALANCE SHALL BE PAID TO US IMMEDIATELY. THESE CHARGES SHALL INCLUDE BUT ARE NOT LIMITED TO CHARGES FOR 1.CAR RENTAL. 2. COST OF INSURANCE EXCESS, REPAIRS, REPLACEMENT OF PARTS TO THE CAR AND/OR DAMAGE TO THIRD PARTY PROPERTIES WHERE THE DAMAGES ARE DUE TO YOUR ACTIONS OR LACK OF CARE. 3. ANY UNSETTLED SUMMONS, FINES, PARKING CHARGES AND TOLL.
- THE VEHICLE SHALL BE RENTED OUT ON A DAILY BASIS, WITH A MINIMUM RENTAL PERIOD OF SIX MONTH.
- IN THE EVENT THAT THE HIRER RETURN THE VEHICLE PRIOR TO THE END OF THE MINIMUM RENTAL PERIOD, THE HIRER WILL BE REQUIRED TO PAY THE FULL RENTAL FEE APPLICABLE FOR THE REMAINING PERIOD UP TO THE END OF THE MINIMUM RENTAL PERIOD.
- ONLY PERSONS ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT THE HIRER SHOULD REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR LEASING PTE. LTD..
- AN ADDITIONAL EXCESS OF \$2000 OF ALL CLAIM WILL APPLY FOR VEHICLE USE OUTSIDE SINGAPORE AND \$3000 FOR AGE ABOVE 65.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
5/3/2021	11:09am				<i>[Signature]</i>

> Back to OneMotoring



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

Print Date/Time : 06 Feb 2021 / 19:03:34

Receipt Date/Time : 06 Feb 2021 / 19:03:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210206-001930

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SH8310K				
As at 05 Feb 2021/17:10:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH8310K Enquiry Fee 20210206190321735124	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				
aqp7fd4h			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.

LETTER OF AUTHORISATION

To: **M/s N-51 Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SMH 7836 M & SH 8310 K
ALONG CHAI CHEE DRIVE TWDS CHAI CHEE ST ON 05/02/2021 - 17:10HRS

I/We TWINCAR LEASING PTE LTD NRIC/Passport No: 201533046C
of 2 KAKI BUKIT AME 2 #01-17 KAKI BUKIT AUTOMOB S14179211
the owner of vehicle no. SMH 7836M 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 ALLIANZ
Policy No. CDI-SPMF1000000402 - SMH7836M Expiry Date: 18/10/2021

Date: 05/02/2021

Excess:



Owner's Signature/Co's stamp (if applicable)

Witness Signature/Name

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 Submission	06/02/2021 14:37 (SGT)
Date of Accident	05/02/2021 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHAI CHEE DRIVE TOWARDS CHAI CHEE STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7836M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Company Reg No	2XXXXX046C
Email Address	TWINCAR.RENTAL@N51.COM.SG
Mobile Phone No	(Phone) +65-83802233
Alternative Phone No	(Office) +65-83802233

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Allianz
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	COI-SPMF1000000402-SMH7836M
Cover Note Number	-

DRIVER

Name of Driver	YA'ACOB BIN WAKAM
NRIC No	SXXXX180B
Date Of Birth	12/02/1954
Occupation	Indoor

Date Of Driving Pass	01/09/1980
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91426464
Alt. Phone Number	-
Email Address	WAKANYAACOB@GMAIL.COM
Address	APT BLK 773 BEDOK RESORVOIR VIEW #13-135 S 470773
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHD FADLI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

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	SH8310K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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 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.

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;

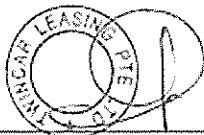
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

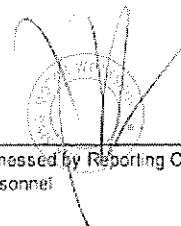
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

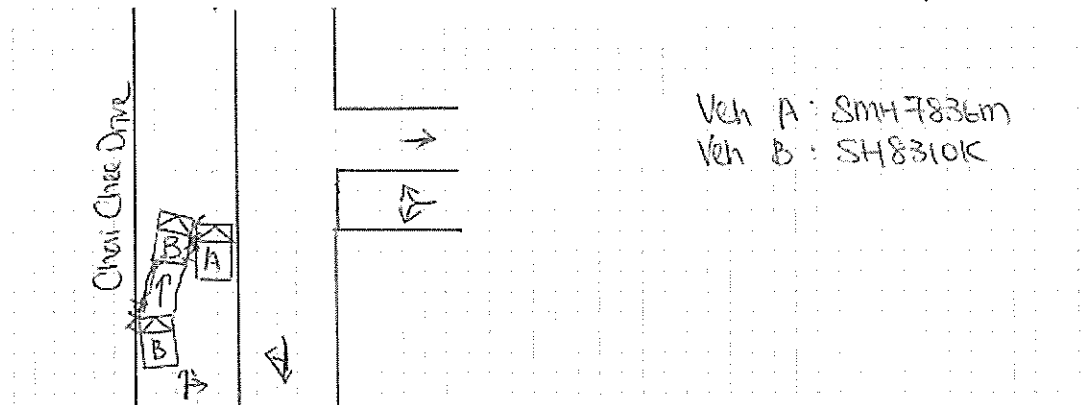
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SMH 7836M) traveling along Chai Chee Drive towards Chai Chee Street on single lane, two way road. My vehicle was stationary in front of Blk 55 Chai Chee Drive entrance waiting to turn right. Out of sudden, vehicle B (SH830K) came from behind and overtake my vehicle from left. As a result, the right portion collided onto the left portion of my vehicle.

Allianz	
SMH 7836 M	5-2-2021
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input checked="" type="checkbox"/> Other Workshop	
TBA	

Declaration

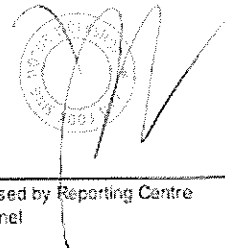
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel