

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 : CLM16712 / GBK8033X / MAR-05/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving GBK8033X & SH7430D on 05/02/2021
Along Cuscaden Road

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH7430D** 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	\$	1,605.00	(Include 7% GST)
Loss of rental	\$	321.00	(\$160.50 X 2 Days)
Additional 2 days loss of use for pre repair	\$	260.00	(\$130 X 2 Days)
3rd party GIA report	\$	29.00	
	S \$	<u>2,215.00</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16712
- 2) Chiang Kang Enterprises Co (Pte) Ltd - Invoice No: 93329
- 3) Tax Invoice of 3rd party GIA report
- 4) Letter of Authorisation
- 5) GIA report of GBK8033X

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

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 : 15/09/2021
Date in : 05/02/2021
Vehicle Num. : GBK8033X
Make/Model : TOYOTA DYNA 150 5MT-2020
Chassis/Eng# : JTFAT35Y20K215953/1KDB063558
Accident Date : 05/02/2021
Claim No : CLM16712
Reference : MAR-05/2021
Policy No. : 2070166499 (01/12/2021)

LUMPSUM REPAIR BILL
REF : CLM16712-N51 DATED 09/03/2021
BY DIRECT

Amount S\$
1,500.00



E. & O.E.	Sub S\$:	1,500.00
	Add GST (7%) S\$:	105.00
	Total Amount S\$:	<u>1,605.00</u>

for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃



長江企業(私人)有限公司

Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K

HIRER'S PARTICULARS

If Different From

Section ①

I/We

of YUEN FISHERY TRADING
8 LIM CHU KANG LANE 9A

S 718877

Tel: 9191 2758

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (PTE.) LTD. hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$1500/= for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE

the Excess which is the maximum amount of \$2000/= for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle. whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me or the terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼		Rental Agreement 合同號碼 No. A 93329	
Section ① Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間	
姓名 Name: Lim PENG NAM		Date & Time OUT 9/3/21 @ 1600hrs	
地址 Address: 8 Lim CHU KANG LANE 9A		交車日期及時間	
S 718877		Date & Time IN 10/3/21 @ 1445hrs	
居民證/護照號碼 I/C No./Passport No: S1446344E		Chargeable	
駕駛執照號碼 Driving Licence No: S1446344E		Rates	
居民證/護照種類 Type of I/C/Passport:		Amount	
Pass 日期 Pass Date: 01/12/1990		天 Days @ \$	
出生日期 Date of Birth: 25/05/1960		星期 Weeks @ \$	
發出地 Place of Issue:		月 Month @ \$	
三號保險底金 \$1500/=		ADD 7% GST	
a) Third Party Only Policy Excess \$1500/=		821/-	
b) Comprehensive Policy Excess \$2000/=		8321/-	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		送車/費 Delivery Fees	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge	
		8321/-	
		按金 Security Deposit	
		總金額 Total Payable	
		來銀 Amount Paid	
		收車費用 Collection Fees/Misc.	
		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT		租費不包括汽油 Rates Do Not Include Fuel	
E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		添油 Refuelling	
車牌號碼 Vehicle No: 1)		至 To:	
起 From:			
車牌號碼 Vehicle No: 2)		至 To:	
起 From:			
工具 Tools		加額費用 Total Additional Charges	
輪胎 Spare Tyre			
裝飾品 Accessories			
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:	
NOTE: 註		源鱼业贸易	
租車者或司機必須付所有停車及違反交通法例負起一切的責任。		Grand Total	
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.		YUEN Fishery Trading	

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

我/我們同意以上及後頁租車公司所列的條款與條件。
I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期 Date:

08/03/2021

租車者簽名
Signature of Hirer:

源鱼业贸易
YUEN Fishery Trading
No. 8 Lim Chu Kang Lane 9A, Singapore 718877
H/P: 9191 2758 / 9274 2593
GST Registration No.: 58176802C



RECORD 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

Date of Request: 08/02/2021

Your Ref No: T140-GBK8033X-21-ATV

Dear Sir/Madam,

Date of Accident: 05/02/2021 00:00 (SGT)

Vehicle No: GBK8033X

Place of Accident: 50 Cuscaden Rd, Singapore 249724

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH7430D	50 Cuscaden Rd, Singapore 249724	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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.

LETTER OF AUTHORISATION

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

RE: ACCIDENT INVOLVING VEHICLE NOS: GBK 8033 X & SH 74.30 D
ALONG CUSCADEN ROAD ON 05/02/2021 - 12:25HRS

I/We YUEN FISHERY TRADING NRIC/Passport No: 53176802C
of 8 LIM CHU KANG LANE 9A S (718877)
the owner of vehicle no. GBK 8033 X 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 ALG
Policy No. 2010166499 Expiry Date: 01/12/2021

Date: 05/02/2021

Excess:

源鱼业贸易

Yuen Fishery Trading

No. 8 Lim Chu Kang Lane 9A Singapore 748877

H/P: 9191 2758 / 9274 2593

GST Registration No.: 53176802C

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 13:45 (SGT)
Date of Accident	05/02/2021 12:25 (SGT)
Exact Location of Accident	Cuscaden Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8033X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YUEN FISHERY TRADING
Company Reg No	5XXXX802C
Email Address	YUENFISHERY@GMAIL.COM
Mobile Phone No	(Phone) +65-91912758
Alternative Phone No	+65-91912758

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070166499
Cover Note Number	-

DRIVER

Name of Driver	LIM PENG NAM
NRIC No	SXXXX344E
Date Of Birth	25/05/1960
Occupation	Outdoor

Date Of Driving Pass	01/12/1980
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91912758
Alt. Phone Number	-
Email Address	YUENFISHERY@GMAIL.COM
Address	8 LIM CHU KANG LANE 9A
Address complement	-
Postcode	718877
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210205/2066 & STATEMENT.

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	SH7430D
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.
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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.

源鱼业贸易

Yuen Fishery Trading

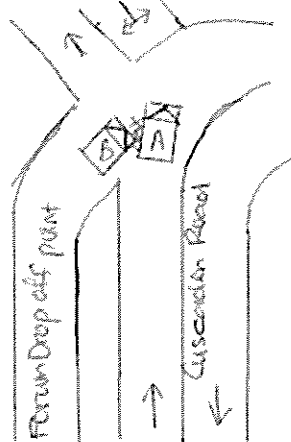
No. 8 Lim Chuan Kang Lane 9A, Singapore 716877

HP: 9197 9561 9274 2593

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: GBK8033X
Veh B: SH7430D

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (GBK8033X) traveling along Cascaden Road on single lane, two way road. Somewhere at the Forum building drop off point, vehicle B (ST17430D) failed to give way, drove out from the drop off point and the front right portion of vehicle B collided onto the left portion of my vehicle.

Declaration

源鱼业贸易 I declare the foregoing particulars are true in every respect.

Yuen Fishery Trading

No. 8 Lim Chu Kang Lane 9A, Singapore 718877

H/P: 9191 2758 / 9191 2593

GST Registration No. S53176802C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel