

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 : CLM16732 / SJV6577D / MAR-17/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SJV6577D & SHA3745P on 11/03/2021
Along Blk 162 open carpark

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA3745P** 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	\$	3,424.00	(Include 7% GST)
Loss of rental	\$	720.00	(\$120 X 6 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S	<u>4,451.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16732
- 2) Twincar Rental - Invoice No: 13-3293 , Vha No: 72685
- 3) Autobay Towing - SJV6577D (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SJV6577D

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 : 18/08/2021
Date in : 12/03/2021
Vehicle Num. : SJV6577D
Make/Model : TOYOTA VIOS E AUTO-2009
Chassis/Eng# : MR053HY9305148875/1NZY032691
Accident Date : 11/03/2021
Claim No : CLM16732
Reference : MAR-17/2021
Policy No. : DMHCSNA00006382000

LUMPSUM REPAIR BILL
REF : CLM16732-N51 DATED 12/03/2021
BY DIRECT

Amount S\$
3,200.00

E. & O.E.	Sub S\$:	3,200.00
	Add GST (7%) S\$:	224.00
	Total Amount S\$:	<u>3,424.00</u>



for N-51 AUTOMOTIVE PTE LTD



TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :
EZY-1 LEASING PTE LTD 15 YISHUN INDUSTRIAL ST 1 #01-21 SINGAPORE 768091

INVOICE

Invoice No. 13-3293

Date 17/03/2021

Hirer's Car No.	VHA No.	Terms
SJV6577D	72685	CASH

No. of Day	Description	Per Day	Amount (S\$)
6	Car Rental from the period of 12/03/2021 to 17/03/2021. Vehicle no. SKT6872A Singapore Dollars Seven Hundred and Twenty Only	120.00	720.00
		Total	\$720.00

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

SJV 6577D (N51)

VHA No: 72685

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) EZY-1 LEASING PTE LTD
NRIC/PASSPORT No: 20A26333W
Address (Res): 15 YISHUN INDUSTRIAL ST 1
#01-21 S(768091)
Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: _____
Tel: (O) _____ (R) _____ HP 9104 0309

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) CHITAMBARAM PUNITAVEL
NRIC/PASSPORT No: F 7720369U
Address (Res): 162 WOODLANDS ST 13
#08-611 S(730162)
Driving Licence No: F 7720369U D/L Type: Local / International
Pass Date: 22/08/2019 Date of Birth: 25/06/1969
Occupation: _____ Driving Exp: _____

Vehicle No: SKT6872A Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: TOYOTA ALTIIS Auto / Manual Group: _____
OUT: Date 12/03/2021 Time: 09:35 HRS
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

CHARGES			
Daily	@ \$	<u>120</u> per day	<u>6</u> <u>720 00</u>
Weekly	@ \$	per week	
Monthly	@ \$	per month	
Hours	@ \$	per hour	
Others	@ \$		
CDW	@ \$	per day/month	
PAI	@ \$	per day/month	
Delivery Service			
SUB-TOTAL \$			

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

EXTENSION
Collection Service _____
Misc. _____
TOTAL CHARGE \$ 720 00

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS

RIGHT FRONT TOP LEFT

ACCESSORIES CHECK

- | | | |
|---------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Ashtray | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre |
| <input type="checkbox"/> STD Tools | <input type="checkbox"/> Jack | <input type="checkbox"/> Hub Caps |
| <input type="checkbox"/> Radio / Cass | <input type="checkbox"/> CD | <input type="checkbox"/> Cartidges |

Rented out by: _____
Hirer's Signature [Signature]
Addition Driver's Signature [Signature]



I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, 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 ANY 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 SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>17/03/2021</u>	<u>17:30 HRS</u>				<u>[Signature]</u>



> Back to OneMotoring



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

Print Date/Time : 12 Mar 2021 / 10:34:46

Receipt Date/Time : 12 Mar 2021 / 10:34:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210312-000979

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 - SHA3745P As at 11 Mar 2021/21:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA3745P Enquiry Fee 20210312103434242029	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				
240fv42a			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: SV 6577 D & SHA 3745 P
ALONG BLK 162 OPEN CARPARK ON 11/03/2021 - 21:00HRS

I/We EZY-1 LEASING PTE LTD NRIC/Passport No: 201726333W
of 15 YISHUN INDUSTRIAL ST 1 #01-21 S17880911
the owner of vehicle no. SV 6577 D 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 underake 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.

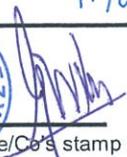
Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are CHINA TAIPING
Policy No. DMHCSNA 00006382000 Expiry Date: 19/09/2021

Date: 11/03/2021

Excess: _____


Witness Signature/Name

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

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	12/03/2021 10:40 (SGT)
Date of Accident	11/03/2021 21:00 (SGT)
Exact Location of Accident	162 Woodlands Street 13, Block 162, Singapore 730162
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6577D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	2XXXXX333W
Email Address	JEFFTAI@EZY-1.COM
Mobile Phone No	(Phone) +65-68730308
Alternative Phone No	+65-68730308

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00006382000
Cover Note Number	-

DRIVER

Name of Driver	CHITHAMBARAM PUNITHAVEL
Work Permit No	FXXXXX369U
Date Of Birth	05/06/1969
Occupation	Outdoor

Date Of Driving Pass	22/08/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91040309
Alt. Phone Number	-
Email Address	PUNITHAVEL@LEYCHOON.COM
Address	BLK 162 WOODLANDS STREET 13 #08-611
Address complement	-
Postcode	730162
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SHA3745P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-83894097
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

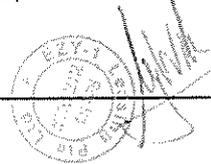
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd via email / fax.

SKETCH PLAN

IMPORTANT NOTICE

Signature: _____



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:

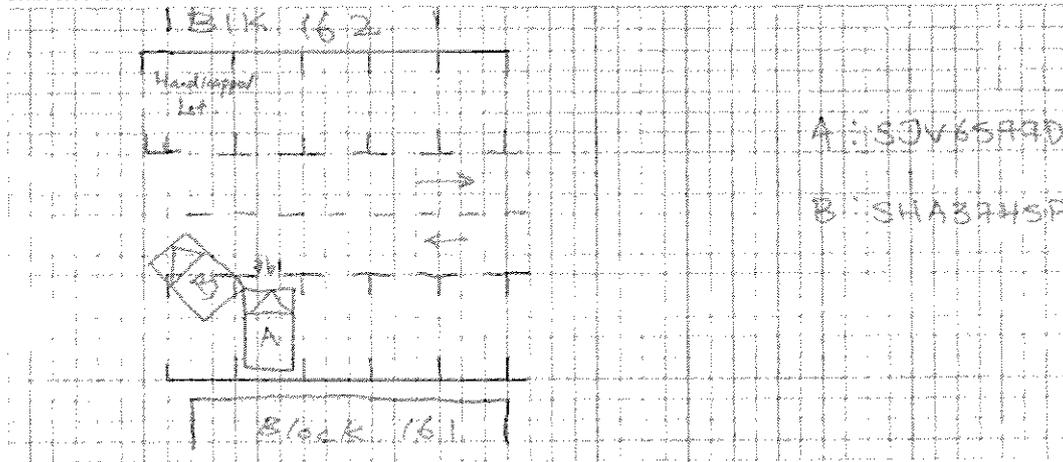
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/03/2021, I came back home and parked (Lot 198) my vehicle (3JY6577D) at the open space car park below my residential place at about 19:30 hrs. I received a call from my friend at about 22:30 hrs that my vehicle was damaged and there was a written slip placed on my windscreen stating third party details and his contact no. I contacted third party and he advise to proceed with insurance claims as he is not capable to pay for the repair cost.

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.: