

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 : CLM16738 / SLP1216L / MAR-22/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SLP1216L & SHA3284C on 17/03/2021

Along Junc of Buangkok Drive and Hougang Ave 10

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA3284C** 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	\$	2,889.00	(Include 7% GST)
Loss of rental	\$	1,000.00	(\$200 X 5 Days)
Additional 2 days loss of use for pre repair	\$	360.00	(\$180 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>4,256.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16738
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 15428
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SLP1216L

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

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 : 17/03/2021

Vehicle Num. : SLP1216L

Make/Model : TOYOTA WISH 1.8 CVT-2017

Chassis/Eng# : JTDGG20W30J006816/2ZR1947269

Accident Date : 17/03/2021

Claim No : CLM16738

Reference : MAR-22/2021

Policy No. : SI20V06056/VPC/R02

Amount S\$

2,700.00

LUMPSUM REPAIR BILL

REF : CLM16738-N51 DATED 18/03/2021

BY DIRECT

E. & O.E. Sub S\$: 2,700.00

Add GST (7%) S\$: 189.00

Total Amount S\$: 2,889.00



for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃



福泉興汽車出租及貿易私人有限公司

HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD.

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

SLP12162 (NS)

I/We

SIN TAI TOYS IMPORT & EXPORT TRADING

HIRER'S PARTICULARS
If Different From
Section ①

of

163 ROBINSON ROAD

S 188438

Tel: 9388 7785

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & TRADING 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 to cover 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 of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 SJV7131A		Rental Agreement 合同號碼 No. H 15428	
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 Date & Time OUT 17/03/2021, 12:40hrs	
姓名 Name: SOH HOCK WAH		交車日期及時間 Date & Time IN 22/03/2021, 13:20hrs	
地址 Address: BLK 311B ANCHORAGE LANE #04-16 S 542311		Chargeable	Rates Amount
居民證/護照號碼 I/C No./Passport No: S69059380		5	天 Days @ \$ 151000/-
駕駛執照號碼 Driving Licence No: S69059380			星期 Weeks @ \$
居民證/護照種類 Type of I/C/Passport:			月 Months @ \$
出生日期 Date of Birth: 01/02/1989			
發出地 Place of Issue:			
三號保險底金 \$1500/-		保險 Insurance	
a) Third Party Only Policy Excess \$1500/-		總計 Total Charge	
一號保險底金 \$2000/-			
b) Comprehensive Policy Excess \$2000/-			
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:			
備註與付款記錄 Remarks & Payment Records		按金 Security Deposit	
		總金額 Total Payable 151000/-	
		來銀 Amount Paid	
		送車/費 Delivery Fees	
		收車費用 Collection Fees/Misc.	
		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		租費不包括汽油 Rates Do Not Include Fuel	
出車油箱 Fuel Tank IN 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:	
車牌號碼 Vehicle No: 2)		至 To:	
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		總計 Grand Total	
租車者或司機必須付所有停車, 違反交通及噴過量黑煙法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION.			

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE
PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING.

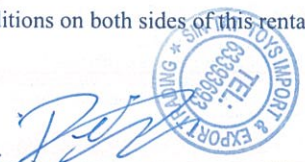
我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期
Date:

17/03/2021

租車者簽名
Signature of Hirer:





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

Print Date/Time : 17 Mar 2021 / 14:57:12

Receipt Date/Time : 17 Mar 2021 / 14:57:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210317-002446

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 - SHA3284C				
As at 17 Mar 2021/11:15:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA3284C Enquiry Fee 20210317145655723801	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				
bpm84q61			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: SLP 1216 L & SHA 3284C
ALONG JUNG OF BUANGKOK DRIVE AND HOUGANG AVE 10 ON A/03/2021 - 11:15HRS

I/We SIN TAT TOYS IMPORT & EXPORT TRADING NRIC/Passport No: 52819617X
of 163 ROCHOR ROAD S (188438)

the owner of vehicle no. SLP 1216 L 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 LIBERTY
Policy No. SI20V06056/VPC/RD2 Expiry Date: 25/05/2021
Date: 17/03/2021 Excess: _____
 
Owner's Signature/Co's stamp (if applicable) Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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 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. 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	17/03/2021 14:25 (SGT)
Date of Accident	17/03/2021 11:15 (SGT)
Exact Location of Accident	Near 105 Punggol Rd, Singapore 546636
Additional Location Information	Junction of Buangkok Drive and Hougang Avenue 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1216L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sin Tat Toys Import & Export Trading
Company Reg No	5XXXX617X
Email Address	sintat@singnet.com.sg
Mobile Phone No	(Phone) +65-63393693
Alternative Phone No	(Office) +65-63393693

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V06056/VPC/R02
Cover Note Number	-

DRIVER

Name of Driver	Soh Hock Wah
NRIC No	SXXXX938D
Date Of Birth	01/02/1969
Occupation	Outdoor

Date Of Driving Pass	31/10/1989
Driving experience	31 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93887785
Alt. Phone Number	-
Email Address	soh_sintat@singnet.com.sg
Address	Apt Blk 311B Anchorvale Lane #04-16
Address complement	Singapore
Postcode	542311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 Sketch Plan.

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	SHA3284C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98367515
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS


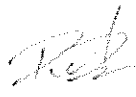

INJURED 1

Name of injured person Soh Hock Wah
Address Apt Blk 311B Anchorvale Lane #04-16
Address Complement Singapore
Post Code 542311
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLP1216L
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

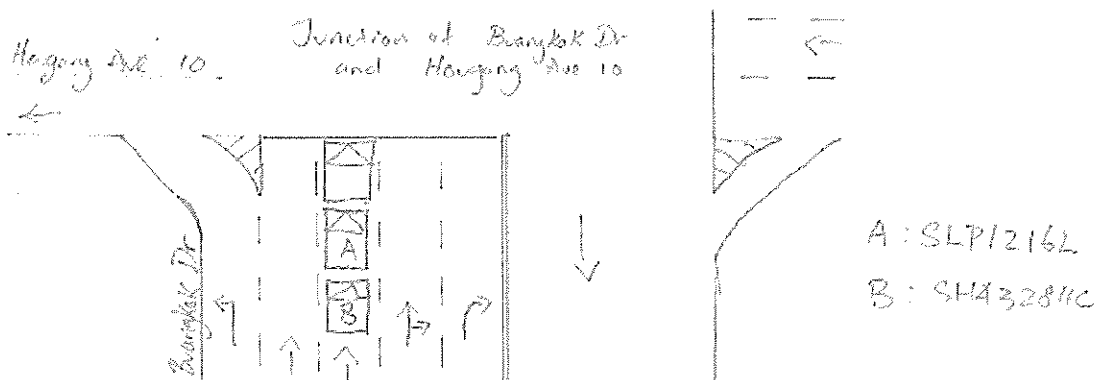
SKETCH PLAN

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 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 making 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	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan




Describe Circumstances of the Accident


On 17/03/2021 at about 11:15hrs, I was driving my vehicle (SLP1216L) along Buangkok Drive heading towards Bang Hong. Traffic was smooth and weather is clear. At the junction of Buangkok Drive and Housay Ave 10, my vehicle was stationary due to traffic light is red. Suddenly, I felt an impact from the rear. I alerted and realise that Veh B (SHA32842) had collided into the rear portion of my vehicle.

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