



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

29 November 2021

Our Ref : CLM16785 / SLA5948K / APR-38/2021

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 SLA5948K & GBB9962E ON 20/04/2021
ALONG GREENWICH DRIVE**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBB9926E** 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	\$ 23,754.00	(Include 7% GST)
Loss of rental	\$ 2,311.20	(\$128.40 X 18 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	
3rd party GIA report	\$ 29.00	
PHC Decal	\$ 20.00	
	S \$ 26,421.65	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16785
- 2) Twincar Leasing Pte Ltd - Invoice No:
- 3) Autobay Towing - SLA5948K (receipt attached)
- 4) LTA search fee
- 5) Tax Invoice of 3rd party GIA report
- 6) Vicom Inspection Centre Pte Ltd - Receipt No: VICKBAB21014053
- 7) Letter of Authorisation
- 8) GIA report of SLA5948K

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

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

TAX INVOICE

Date : 29/11/2021

Date in : 27/04/2021

Vehicle Num. : SLA5948K

Make/Model : HONDA VEZEL 1.5X CVT-2015

Chassis/Eng# : RU11111745/L15B4031749

Accident Date : 20/04/2021

Claim No : CLM16785

Reference : APR-38/2021

Policy No. : COI-SPMF1000000402-SLA5948K

LUMPSUM REPAIR BILL

REF : CLM16785-N51 DATED 28/04/2021

BY DIRECT

Amount S\$

22,200.00

E. & O.E. Sub S\$: 22,200.00

Add GST (7%) S\$: 1,554.00

Total Amount S\$: 23,754.00



for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

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

TAX INVOICE

TAN CHOON SENG

Blk 527 Hougang Avenue 6

#09-207

Singapore 530527

Invoice No.

TLCS 21048

Date _____

29/11/2021

Terms

Cash

No. Days	Description	Rate	Amount
18	LOSS OF RENTAL FOR SLA5948K - ACCIDENT DATED ON 20/04/2021 FROM 20/04/2021 TO 07/05/2021 (\$ 120 PER DAY)	120.00	2,160.00
	VEHICLE NO : SLA5948K VEHICLE MODEL : HONDA VEZEL 1.5X CVT MANUFACTURING YEAR : 2015 ENGINE NO : L15B4031749 CHASSIS NO : RU11111745 Tax collected on sales	7.00%	151.20
		7% GST	\$151.20
		Total Amount	\$2,311.20

TWINCAR LEASING PTE. LTD.

TWINCAR LEASING PTE. LTD.

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)



AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 27/4/21

Sold to: _____

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Defu lane		\$100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____



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

Print Date/Time : 27 Apr 2021 / 13:12:10

Receipt Date/Time : 27 Apr 2021 / 13:12:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210427-001679

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBB9962E As at 20 Apr 2021/07:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBB9962E Enquiry Fee 20210427131152780972	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				
0rrn3zg7			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.



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: 29/04/2021

Your Ref No: PC-115459-21-ATV

Dear Sir/Madam,

Date of Accident: 20/04/2021 00:00 (SGT)

Vehicle No: SLA5948K

Place of Accident: Greenwich Dr, Singapore

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\$)
GBB9962E	Greenwich Dr, Singapore	(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.

VICOM INSPECTION CENTRE PTE LTD
23, Kaki Bukit Avenue 4(415933)
REG NO : 200102514D
GST REG NO : M9-0000652-A

07 May 2021 10:14 AM

Receipt No : VICKBAB21014053

Vehicle No : PHCDecal

Cust Code : CS

Customer : Walk-in

(Accident)

SLA5948K

Item	Qty	Amount
PHC Decal Installation	1	18.69

Sub Total	18.69
GST @ 7 %	1.31
AMT DUE	20.00
ATM CARD	20.00

*** THANK YOU ***

VICOM INSPECTION CENTRE PTE LTD
23, Kaki Bukit Avenue 4(415933)
REG NO : 200102514D
GST REG NO : M9-0000652-A

07 May 2021 10:14 AM

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PHC Decal Installation	1	18.69

Sub Total	18.69
GST @ 7 %	1.31
AMT DUE	20.00
ATM CARD	20.00

*** THANK YOU ***

LETTER OF AUTHORISATION

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

RE: ACCIDENT INVOLVING VEHICLE NOS: SLA 5948K & GBB996JE
ALONG GREENWICH DRIVE ON 20/04/2021 - 7:40PM

I/We TWINCAR LEASING PTE LTD NRIC/Passport No: 201533046C
of 2 CAKI BUKIT AVE 2 #01-17 CAKI BUKIT AUTOMOB S(417921)
the owner of vehicle no. SLA 5948K 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 _____
Policy No. _____ Expiry Date: _____
Date: _____ Excess: _____

Owners 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 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	27/04/2021 14:41 (SGT)
Date of Accident	20/04/2021 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENWICH DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5948K
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) +65-68420051
Alternative Phone No	(Office) +65-68420051

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X CVT
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	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	COI-SPMF1000000402-SLA5948K
Cover Note Number	19/10/2020 TO 18/10/2021

DRIVER

Name of Driver	TAN CHOON SENG
NRIC No	SXXXX788I

Date Of Birth	09/08/1959
Occupation	Outdoor
Date Of Driving Pass	13/09/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87773787
Alt. Phone Number	-
Email Address	choonseng@gmail.com
Address	APT BLK 527 HOUGANG AVE 6 #09-207 (S) 530527
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	ARYAN MUNSIAHMI ABDUL RAHMAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9962E
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS


INJURED 1

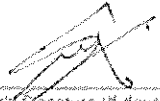
Name of injured person	TAN CHOON SENG
Address	APT BLK 527 HOUGANG AVE 6 #09-207 (S) 530527
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SENGKANG GENERAL HOSPITAL - 18 DAYS MC
Injured person in which vehicle?	SLA5948K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

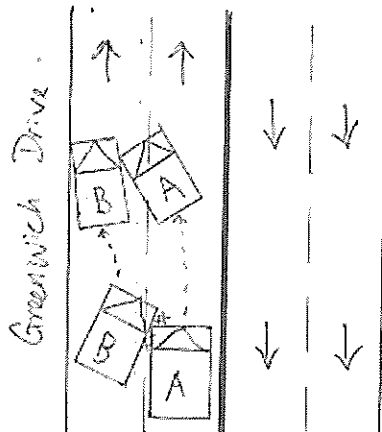
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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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' law yers/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' law yers/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 law yers/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

Sketch Plan



A: SLA5948K

B: GBB9962E

Describe Circumstances of the Accident

On 20/04/2021 at about 07:40 hrs, I was driving along Greenwich Drive on a two lane road in my vehicle (SLA594BK). As I was driving straight suddenly I felt an impact and lost control of the vehicle. Ambulance arrived and I was conveyed to the hospital.

Refer to Police Report.

Report No.: T/20210425/2009

Declaration

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