

# 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 : CLM16802 / SLS716B / MAY-10/2021

**AXA INSURANCE PTE LTD**

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving SLS716B & SHC3572K on 06/05/2021**  
**Along KJE(BKE) b4 Choa Chu Kang Way Exit (4)**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC3572K** 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	\$	5,243.00	(Include 7% GST)
Loss of rental	\$	600.00	(\$120 X 5 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>6,150.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16802
- 2) Twincar Rental - Invoice No: 13-3331 , Vha No: 73228
- 3) Autobay Towing - SLS716B (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SLS716B

We look forward to your prompt reply.

Yours faithfully,



**N-51 AUTOMOTIVE PTE LTD**

S.Y.NEO

Director



*bizSAFE*<sub>3</sub>

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 : 28/10/2021  
 Date in : 07/05/2021  
 Vehicle Num. : SLS716B  
 Make/Model : CITROEN DS4 CROSSBACK 1.6 BLUEHDI S&S EAT6-2016  
 Chassis/Eng# : VF7NXBHZTGY551718/10JBHX3013389  
 Accident Date : 06/05/2021  
 Claim No : CLM16802  
 Reference : MAY-10/2021  
 Policy No. : 1700047774-03 (05/09/2021)

LUMPSUM REPAIR BILL  
 REF : CLM16802-N51 DATED 10/05/2021  
 BY DIRECT

Amount S\$  
 4,900.00

E. & O.E.	Sub S\$ :	4,900.00
	Add GST ( 7% ) S\$ :	343.00
	Total Amount S\$ :	<u>5,243.00</u>



for N-51 AUTOMOTIVE PTE LTD



# TWIN CAR 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 :

TOH HONG EEE  
1 QUEENSWAY  
#02-66  
SINGAPORE 149053

## INVOICE

Invoice No. 13-3331

Date 12/05/2021

Hirer's Car No.	VHA No.	Terms
SLS716B	73228	CASH

No. of Day	Description	Per Day	Amount (S\$)
5	Car Rental from the period of 07/05/2021 to 12/05/2021. Vehicle no. SKT6805U  Singapore Dollars Six Hundred Only	120.00	600.00
		<b>Total</b>	<b>\$600.00</b>

TWINCAR RENTAL



-----  
Authorised Signature



ROC NO. 53092815M

**VEHICLE RENTAL AGREEMENT**

16100R PA011

<b>HIRER'S PARTICULAR</b>		Vehicle No: <u>SKT6805U</u> Replace Veh No: _____															
Name: (as in I/C) <u>TOH HONG EE</u>		Mileage Out: _____ Mileage Out: _____															
NRIC/PASSPORT No: <u>S 710291 G</u>		Make & Model: <u>TOYOTA ALTIS</u> Auto / Manual Group: _____															
Address (Res): <u>1 QUEENSWAY #02-66 SINGAPORE 199053</u>		OUT: Date <u>07/05/2021</u> Time: <u>13:00 Hrs.</u>															
Name & Address of Employer: _____		HIRE/PERIOD EXPIRY _____															
Occupation: _____ Driving Exp: _____		NON-WAIVER EXCESS : \$ _____															
Driving Licence No: <u>S710291G</u> D/L Type: Local / International		<b>CHARGES</b>															
Pass Date: <u>10/02/1996</u> Date of Birth: <u>13/06/1971</u>		Daily @ \$ <u>120</u> per day <u>(5)</u> \$ <u>600 00</u>															
Tel: (O) _____ (R) _____ HP <u>96257565</u>		Weekly @ \$ _____ per week															
<b>ADDITIONAL DRIVER'S PARTICULARS</b>		Monthly @ \$ _____ per month															
Name: (as in I/C) _____		Hours @ \$ _____ per hour															
NRIC/PASSPORT No: _____		Others @ \$ _____															
Address (Res): _____		CDW @ \$ _____ per day/month															
Driving Licence No: _____ D/L Type: Local / International		PAI @ \$ _____ per day/month															
Pass Date: _____ Date of Birth: _____		Delivery Service _____															
Occupation: _____ Driving Exp: _____		<b>SUB-TOTAL \$</b> _____															
<b>VEHICLE CHECKLIST</b>		<b>PETROL LEVEL</b>															
<p>D - DENTS S - SCRATCHES</p> <p>INDICATE: A - ACCIDENTS</p> <p>RIGHT FRONT TOP LEFT</p>		<table border="1"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </table>		Out	E	1/4	1/2	3/4	F		In	E	1/4	1/2	3/4	F	
Out	E	1/4	1/2	3/4	F												
In	E	1/4	1/2	3/4	F												
<b>ACCESSORIES CHECK</b>		EXTENSION															
<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		Collection Service _____															
		Misc. _____															
		<b>TOTAL CHARGE \$</b> <u>600 00</u>															
		Rented out by: _____															
		Hirer's Signature															
		Addition Driver's 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>12/05/2021</u>	<u>11:25 HRS</u>				





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

Print Date/Time : 07 May 2021 / 14:09:05

Receipt Date/Time : 07 May 2021 / 14:09:05

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210507-002075

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 - SHC3572K As at 06 May 2021/17:40:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC3572K Enquiry Fee 20210507140846361103	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				-0.04
<b>Total Amount Payable</b>				7.45
Paid By				
aak7nd1e			Credit Card	7.45
<b>Total</b>				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: SLS 716 B & SHC 3572K  
ALONG KJE (BKE) B4 CHOA CHU KANG WAY EXIT (4) ON 06/05/2021 - 17:40HRS

I/We TOH HONG EE NRIC/Passport No: S 7120291G  
of 1 QUEENSWAY #02-66 S (149053)  
the owner of vehicle no. SLS 716 B 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 AIG  
Policy No. 17000 47774-03 Expiry Date: 05/09/2021

Date: \_\_\_\_\_

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 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 ..... 07/05/2021 14:24 (SGT)  
Date of Accident ..... 06/05/2021 17:40 (SGT)  
Exact Location of Accident ..... KJE, Singapore  
Additional Location Information ..... (BKE)B4 CHOACHUANGWAY EXIT 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS716B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name of Registered Owner ..... TOH HONG EE(ZHOU HONGYI)  
NRIC No ..... SXXXX291G  
Email Address ..... FELIXTOH8@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96257565  
Alternative Phone No ..... +65-96257565

### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... Ds4  
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  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700047774-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOH HONG EE(ZHOU HONGYI)  
NRIC No ..... SXXXX291G

Date Of Birth ..... 18/06/1971  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 10/02/1996  
 Driving Experience ..... 25 YEARS AND 3 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-96257565  
 Alt. Phone Number ..... +65-96257565  
 Email Address ..... FELIXTOH8@HOTMAIL.COM  
 Address ..... 1 QUEENSWAY  
 Address complement ..... #02-66  
 Postcode ..... 149053  
 Is the driver the policyholder? ..... Yes  
 If No, Relationship of the Driver with the Insured ..... -  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 3  
 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

PLS REFER TO THE ATTACHED STATEMENT.

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 ..... SHC3572K  
 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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... YQ8480J  
 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 ..... TOH HONG EE(ZHOU HONGYI)  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SLS716B  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**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

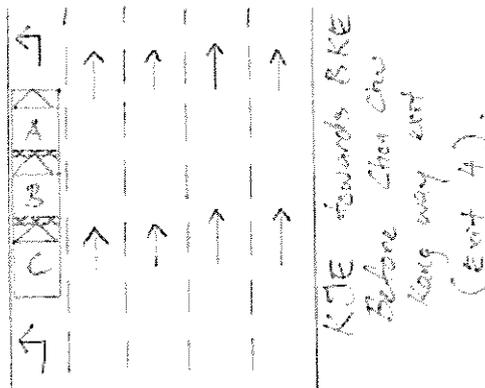
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SL9716B  
 B: SHC 3592K  
 C: YG 8480J

**Describe Circumstances of the Accident**

On 06/05/2021 at about 17:40 hrs, I was driving my vehicle (SL9716B) along KJE towards BKE before Chan Chu Kang Way Exit on the extreme left lane. The front traffic was heavy and slow and my vehicle was travelling slowly as well. Suddenly I felt a strong impact from the rear. I alerted and realise it was a chain collision involving three vehicle. Ambulance and traffic police came and a vehicle B (9HC3572K) driver was convey to hospital. Traffic police took my SD card and gave me a CR report no. 3/20210506/0093.

**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