

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

03 December 2021

Our Ref:

CLM16913 / GBE4381Z / AUG-25/2021

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 GBE4381Z & SLV2127Y ON 25/08/2021 ALONG THOMSON RD TWDS CITY (LAMP POST 44F)

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLV2127Y** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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		\$ 3,959.00	(Include 7% GST)
Loss of rental		\$ 802.50	(\$160.50 X 5 Days)
Additional 2 days loss of use for pre repair		\$ 260.00	(\$130 X 2 Days)
Towing Fee		\$ 100.00	
LTA search fee		\$ 7.45	
	S	\$ 5,128.95	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16913
- 2) Chiang Kang Enterprises Co (Pte) Ltd Invoice No: 93514
- 3) Autobay Towing GBE4381Z (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of GBE4381Z

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.sa



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 : 01/12/2021 Date in : 26/08/2021 Vehicle Num. : GBE4381Z

Make/Model: NISSAN NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC-2015

E. & O.E.

Sub S\$:

Add GST (7%) S\$:

Total Amount S\$:

Chassis/Eng#: VSKYBAM20Z0115473/K9KC400D054928

Accident Date : 25/08/2021 Claim No : CLM16913 Reference : AUG-25/2021

Policy No.: 5076020511-05 (02/12/2021)

LUMPSUM REPAIR BILL
REF: CLM16913-N51 DATED 26/08/2021
BY DIRECT

Amount S\$ 3,700.00

3,700.00

259.00 3,959.00



for N-51 AUTOMOTIVE PTE LTD



GBEHS816 (N-51)

長江企業(私人)有限公司 hiang Kang Enterprises Co. (Pte.) Ltd



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 GST Reg.No. 19-8304039-K

出和:汽車、廣告車、必甲與輕重型羅厘

INSTRUMENTATION PIE LID

HIRER'S PARTICULARS

If Different From Section 1

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/= 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. uch 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

Vehicle Regn No. 車輛	前注冊號碼 G	3K 303'	1).	e Owner shall	Rental Agreem	ent 合同號碼。	No. A 9351	Thrused to suop
TO SUCH CONTROL OF THE PROPERTY OF THE PROPERT				租出日期及時 Data & Time	間 NUT 26	108/202	1-10:00hr	
CHANDRA BUSE			Date & Time OUT 26 08 1702 1- 交車日期及時間 30 18 201 - 17			17 25 UPS		
地址 Address: ノン D	Ety LANE	to a maximum Scoverage	newori Die stift Diemini	HE OWINER IN	O1 11	F ANY KIND EXPRESS D	Rates	Amount
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租車者或司機必須付		214 mid to 124	ト 神田 / T					

租車者不准載沙或石灰 HIRER <u>MUST NOT</u> 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規與條件。

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

日期 Date

租車者簽名 Signature of Hirer:

			AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883	CASH SA	ALE
	Sold to:	N-51)	Tel: 9616 8988 (Ah Boon) GBE 438/Z	No	/8/21
1	Item	Quantity	Description	Unit Price	Amount
			Auto Hub to Detu lane		\$100
CROWN			Reporting Two Trips		
		3	E. & O. E.	Sub Total :	
	Issued b	y:		Total :	8100

> B ack to OneMotoring

14488



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 26 Aug 2021 / 10:30:12

Receipt Date/Time: 26 Aug 2021 / 10:30:12

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210826-000949

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 - SLV2127Y				
As at 25 Aug 2021/17:10:00				
Insurance Co: INDIA INT'L INS PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAR Insurance Enquiry - SLV2127Y	PORE) PIE LID			
1 Insurance Enquiry - SLV2127Y Enquiry Fee 20210826102957524271		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			
	mp7e6wm9		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: THOMSON RD TWOS CMY (LAMP) NRIC/Passport No: I/We of 2 hereby authorise you to commence repair to the said the owner of vehicle no. vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request. 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. 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. If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is indequate, 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 Expiry Date: Policy No. Excess:

Witness Signature/Name

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



SINGAPORE ACCIDENT STATEMENT

IMPORT ANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Formmust be completed by the Policyholder and/or the Authorised Driver

- 3. Inform to provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy lia ility.
- 4. The is seand acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any fallss reporting may be referred to the Police for investigation.
 6. This responsible beforwarded 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	26/08/2021 10:37 (SGT)
Date of Accident	25/08/2021 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD TOWARDS CITY (LAMP POST 44F)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4381Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes KH INSTRUMENTATION PTE LTD 201008675E dawood@kianhock.com (Phone) +65-81837608 +65-81837608
VEHICLE PARTICULARS	T03-6163/006
Manufacturer Model 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? Vehicle Category Transmission CC	Nissan NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC - No - Claiming third party Commercial vehicle Manual 1461

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5076020511-05
Cover Note Number	03/12/2020 TO 02/12/2021

DRIVER

Name of Driver	 CHINNAIAH CHANDRA BOSE
Work Permit No	 G2869320L

A Project Control of the Control of	
Date O f Birth Occup	19/01/1994
Date Of Driving Pass	Outdoor 12/12/2018
Driving experience	2 YEARS AND 8 MONTHS
Gende	Male
Mobile Number	(Phone) +65-81929818
Alt. Phone Number	
Email Address Address	chandrabose1994@gmail.com
Addres s complement	17 DEFU LANE 3 (S) 539445
Postco de	
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	
Insurarace Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	A remain and the second of the
Type of Accident Weather Conditions	Collision - Change/cross lane
Road Surface	Clear 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 vehicle or property damaged?	- V
Number of Passengers (Including Driver)	Yes 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN PASSENGER
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No 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?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SLV2127Y
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	E.
Vehicle Category	Private car

Name of Driver	TOH PEK LIN
Contact Number	(Phone) +65-91115922
Address	
Address complement	-
Postco de	-
Insurar nce Company Name	_
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul 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)

Lunderstand, 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 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' 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.



Winessed by Reporting Centre Personnel

Sketch Plan

Thomson	Rood	towals	City (Li	m po4	445)	
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Declaration We declare the foregoing particula	ers are true in every respect.	