

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

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 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	\$	3,959.00	(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 \$	<u>5,128.95</u>	

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



bizSAFE₃

P.I.C - Melody Chin

Reolv to :huixin@n51.com.sa

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 : 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
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

E. & O.E.	Sub S\$:	3,700.00
	Add GST (7%) S\$:	259.00
	Total Amount S\$:	3,959.00



for N-51 AUTOMOTIVE PTE LTD





長江企業(私人)有限公司

Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

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

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K**HIRER'S PARTICULARS**

If Different From

Section (1)

I/We

KH INSTRUMENTATION PTE LTD

of

50 BUKIT BATOK ST 23

#05-17

S

659578

Tel:

8192 9818

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. 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		GBK 3031J.		Rental Agreement 合同號碼		No. A 93514	
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			
姓名 Name:				Date & Time OUT			
CHINNAIAH CHANDRA BOSE				26/08/2021 - 10:00hrs			
地址 Address:				交車日期及時間			
17 DEFU LANE 3				Date & Time IN			
				30/08/2021 - 17:25hrs			
居民證/護照號碼 I/C No./Passport No:		駕駛執照號碼 Driving Licence No:		Chargeable		Rates Amount	
G 2869320L		G 2869320L		天 Days		@ \$	
居民證/護照種類 Type of I/C/Passport:		Pass 日期 Pass Date:		星期 Weeks		@ \$	
12/12/2018		12/12/2018		月 Month		@ \$	
出生日期 Date of Birth:		發出地 Place of Issue:		ADD 7% GST			
19/01/1994				852.50			
三號保險底金 \$1500/=		一號保險底金 \$2000/=		送車/費 Delivery Fees			
a) Third Party Only Policy Excess \$1500/=		b) Comprehensive Policy Excess \$2000/=		總計 Total Charge		8802.50	
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			
- CHANDRA BOSE				總金額 Total Payable			
-81929818 - Chandra Bose				來銀 Amount Paid			
				收車費用 Collection Fees/Misc.			
				超過/小時 Extra Hours			
				租費不包括汽油 Rates Do Not Include Fuel			
				添油 Refuelling			
				加額費用 Total Additional Charges			
				總計 Grand Total			

IMPORTANT! For Singapore Use only!

出車油箱 Fuel Tank OUT		出車油箱 Fuel Tank IN		租費不包括汽油 Rates Do Not Include Fuel		添油 Refuelling	
E 1/4 3/4 1/2 3/8 1/8 F		E 1/4 3/4 1/2 3/8 1/8 F		至 To:		至 To:	
車牌號碼 Vehicle No:		起 From:		至 To:		至 To:	
1)		起 From:		至 To:		至 To:	
車牌號碼 Vehicle No:		起 From:		至 To:		至 To:	
2)		起 From:		至 To:		至 To:	
工具 Tools		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							
租車者或司機必須付所有停車及違反交通法例負一切的責任。							
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE							
I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement							

日期 Date:

26/08/2021

租車者簽名 Signature of Hirer:



AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 26/8/21

Sold to: _____

GBE 4381Z(N-51)

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: _____

CROWN



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 (SINGAPORE) PTE LTD				
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:

GBE 4381 Z

&

SLV 21274

ALONG

THOMSON RD TWDS CITY (LAMP POST 42F)

ON

25/08/2021 - 17:10HRS

I/We

KH INSTRUMENTATION PTE LTD

NRIC/Passport No:

201008675 E

of

50 BUKIT BATOK ST 23 #05-17 S16595781

the owner of vehicle no.

GBE 4381 Z

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

Policy No.

Expiry Date:

Date:

Excess:



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

Witness Signature/Name

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 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? Yes
Name of Registered Owner KH INSTRUMENTATION PTE LTD
Company Reg No 201008675E
Email Address dawood@kianhock.com
Mobile Phone No (Phone) +65-81837608
Alternative Phone No +65-81837608

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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 Manual
CC 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

Date Of Birth	19/01/1994
Occupation	Outdoor
Date Of Driving Pass	12/12/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81929818
Alt. Phone Number	-
Email Address	chandraboze1994@gmail.com
Address	17 DEFU LANE 3 (S) 539445
Address complement	-
Postcode	-
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	UNKNOWN PASSENGER
Gender	Male

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 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2127Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TOH PEK LIN
Contact Number	(Phone) +65-91115922
Address	-
Address complement	-
Postcode	-
Insurance 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 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

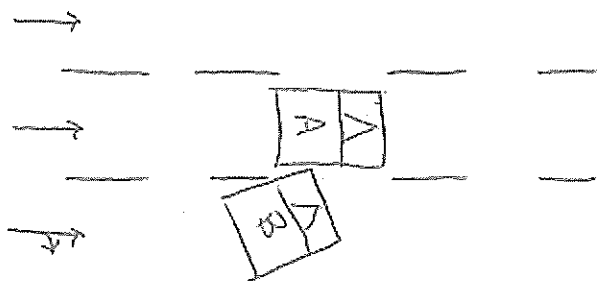
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Thomson Road towards City (Lane 444 44F)



Veh A - GBE 4381Z

Veh B - SLV 2127Y

Describe Circumstances of the Accident

As per above date and time, I was driving my Van (GBE 43d12) along Thomson Road towards City on the center lane. Somewhere at lamp post No. 44, Veh B (SLV 2127Y) from my right suddenly filtered onto my lane without checking and collided onto my vehicle rear right portion. We exchange particulars and left the scene accordingly. No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Charles...

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



Witnessed by Reporting Centre Personnel