

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

04 April 2022

Our Ref : CLM16974 / SLM7401U / NOV-01/2021

AXA INSURANCE PTE LTD
ROBINSON ROAD
P.O.BOX 1094
SINGAPORE 902144
ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SLM7401U & SHD4814B ON 31/10/2021
ALONG JALAN EUNOS JUNC PIE

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD4814B** 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	\$	4,922.00	(Include 7% GST)
Loss of rental	\$	480.00	(\$120 X 4 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>5,709.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16974
- 2) Twincar Rental - Invoice No: 13-3484 , Vha No: 73357
- 3) Autobay Towing - SJM7401U (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SJM7401U

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

AXA INSURANCE PTE LTD
ROBINSON ROAD
P.O.BOX 1094
SINGAPORE 902144

TAX INVOICE

Date : 15/03/2022
Date in : 01/11/2021
Vehicle Num. : SLM7401U
Make/Model : HONDA VEZEL 1.5X CVT-2016
Chassis/Eng# : RU11210662/L15B4410664
Accident Date : 31/10/2021
Claim No : CLM16974
Reference : NOV-01/2021
Policy No. : MT/00618323/02 (09/04/2022)

LUMPSUM REPAIR BILL
REF : CLM16974-N51 DATED 02/11/2021
BY DIRECT

Amount S\$
4,600.00

E. & O.E.	Sub S\$:	4,600.00
	Add GST (7%) S\$:	322.00
	Total Amount S\$:	<u>4,922.00</u>



for N-51 AUTOMOTIVE PTE LTD



TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

LIM THIAM LENG
25 TAMPINES ST 86
#02-18 S (528569)

INVOICE

Invoice No. 13-3484

Date 05/11/2021

		Hirer's Car No.	VHA No.	Terms
		SLM7401U	73357	CASH
No. of Day	Description	Per Day	Amount (S\$)	
4	Car Rental from the period of 01/11/2021 to 05/11/2021. Vehicle no. SLP4051A Singapore Dollars Four Hundred and Eighty Only	120.00	480.00	
Total			\$480.00	

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL
Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: **73357**
13-3484

ROC No. 53092815M

VEHICLE RENTAL AGREEMENT

SLM 7401 U (N-51)

<p>HIRER'S PARTICULAR</p> <p>Name: (as in I/C) <u>Lim Tianm Leng</u></p> <p>NRIC/PASSPORT No: <u>S 7924202 J</u></p> <p>Address (Res): <u>25 TAMPIRES ST 86</u> <u>#02-18 S (528561)</u></p> <p>Name & Address of Employer: _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Driving Licence No: <u>S7924202J</u> D/L Type: Local / International</p> <p>Pass Date: <u>2/10/2008</u> Date of Birth: <u>14/08/1979</u></p> <p>Tel: (O) _____ (R) _____ HP <u>8139191A</u></p> <p>ADDITIONAL DRIVER'S PARTICULARS</p> <p>Name: (as in I/C) _____</p> <p>NRIC/PASSPORT No: _____</p> <p>Address (Res): _____</p> <p>Driving Licence No: _____ D/L Type: Local / International</p> <p>Pass Date: _____ Date of Birth: _____</p> <p>Occupation: _____ Driving Exp: _____</p>	<p>Vehicle No: <u>SLP 4051 A</u> Replace Veh No: _____</p> <p>Mileage Out: _____ Mileage Out: _____</p> <p>Make & Model: <u>TOYOTA AXIO</u> Auto / Manual Group: _____</p> <p>OUT: Date <u>01/11/2021</u> Time: <u>10.50 hrs.</u></p> <p>HIRE/PERIOD EXPIRY _____</p> <p>NON-WAIVER EXCESS : \$ _____</p>
CHARGES	
Daily @ \$ <u>120</u> per day (<u>4</u>) <u>\$ 480</u>	
Weekly @ \$ _____ per week	
Monthly @ \$ _____ per month	
Hours @ \$ _____ per hour	
Others @ \$ _____	
CDW @ \$ _____ per day/month	
PAI @ \$ _____ per day/month	
Delivery Service _____	
SUB-TOTAL \$ _____	
PETROL LEVEL	
Out E 1/4 1/2 3/4 F	
In E 1/4 1/2 3/4 F	
EXTENSION	
Collection Service _____	
Misc. _____	
TOTAL CHARGE \$ <u>480/-</u>	
Rented out by: _____	
<p>Hirer's Signature </p> <p>Addition Driver's Signature _____</p>	

VEHICLE CHECKLIST

INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS

D - DENTS
S - SCRATCHES
A - ACCIDENTS

RIGHT
FRONT
TOP
LEFT

ACCESSORIES CHECK

<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

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 TAHN 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	
<u>05/11/2021</u>	<u>12:05 hrs</u>				 SIGNATURE OF HIRER/DRIVER



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

Print Date/Time : 01 Nov 2021 / 11:17:00

Receipt Date/Time : 01 Nov 2021 / 11:17:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211101-001107

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 - SHD4814B As at 31 Oct 2021/16:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD4814B Enquiry Fee 20211101111648567268	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				
aqvzhtqr			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: SLM 7401 U & SND 484 B
ALONG JALAN EUNOS JUNC PIE ON 31/10/2021 - 16/5/2022

I/We Lim THIAM LENG NRIC/Passport No: S7924002 J
of 25 AMPINES ST 86 #02-18 S(528569)
the owner of vehicle no. SLM 7401U 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 DIRECT ASIA
Policy No. MT/006/8323/02 Expiry Date: 09/07/2022

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	01/11/2021 12:37 (SGT)
Date of Accident	31/10/2021 16:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	JALAN EUNOS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7401U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM THIAM LENG
NRIC No	S7924202J
Email Address	D_SHULOTO@YAHOO.COM
Mobile Phone No	(Phone) +65-83191917
Alternative Phone No	+65-83191917

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00618323/02
Cover Note Number	-

DRIVER

Name of Driver	LIM THIAM LENG
NRIC No	S7924202J

Date Of Birth	14/08/1979
Occupation	Indoor
Date Of Driving Pass	22/10/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-83191917
Alt. Phone Number	+65-83191917
Email Address	D_SHULOTO@YAHOO.COM
Address	25 TAMPINES ST 86 #02-18
Address complement	-
Postcode	528569
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	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 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	lim jing xin
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 TO SKETCH PLAN.

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	SHD4814B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM THIAM LENG
Gender	Male
Phone No	(Phone) +65-81391917
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM7401U
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 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 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

Jalan Luno 8.

(A) SLM THOI U.
(B) SH/O A814B

Describe Circumstances of the Accident

On 31/10/2021 at @ 1615 hrs. I stopped my vehicle (SLM7401U) along Jalan Eunos towards Hongkong direction junction PIE on the extreme right lane due to red light, waiting to turn right into PIE towards Changi. Suddenly, a taxi (S4D 4814.B) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel