

# 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

10 August 2022

Our Ref : CLM17005 / SKS2861M / NOV-32/2021

**AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SKS2861M & SH7740J ON 29/11/2021**  
**ALONG BLK 785A WOODLANDS CRESCENT DRIVEWAY**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH7740J** 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	\$	7,062.00	(Include 7% GST)
Loss of rental	\$	1,600.00	(\$200 X 8 Days)
Additional 2 days loss of use for pre repair	\$	240.00	(\$120 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>9,009.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17005
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 15648
- 3) Autobay Towing - SKS2861M (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SKS2861M

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.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 : 13/07/2022  
Date in : 29/11/2021  
Vehicle Num. : SKS2861M  
Make/Model : MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT-2015  
Chassis/Eng# : JM6GJ1072G0203941/PE20630971  
Accident Date : 29/11/2021  
Claim No : CLM17005  
Reference : NOV-32/2021  
Policy No. : 5117091652-01 (05/04/2022)

LUMPSUM REPAIR BILL  
REF : CLM17005-N51 DATED 01/12/2021  
BY DIRECT

Amount S\$  
6,600.00



E. & O.E.	Sub S\$ :	6,600.00
Add GST ( 7% )	S\$ :	462.00
Total Amount S\$ :		7,062.00

for N-51 AUTOMOTIVE PTE LTD



bizSAFE<sub>3</sub>





福泉興汽車出租及貿易私人有限公司

HOCK CHUAN HENG CAR RENTAL &amp; TRADING PTE LTD.

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

HIRER'S PARTICULARS  
If Different From  
Section ①

I/We

of

ZHOU CHAOQUN

BLK 664 WOODLANDS RING RD

#07-208

S

730664

Tel:

8878 3862

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL &amp; TRADING 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		SLK 4766Y		Rental Agreement 合同號碼		No. H 15648	
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 Date & Time OUT			
姓名 Name: JI LUYAN				29/11/21 1600hrs.			
地址 Address: BLK 788B WOODLANDS CRESCENT				交車日期及時間 Date & Time IN			
#13-140				07/12/21 15/5hrs			
S 732788				Chargeable		Rates Amount	
居民證/護照號碼 I/C No./Passport No: S 8984681A				天 Days @ \$		81600/-	
駕駛執照號碼 Driving Licence No: S 8984681A				星期 Weeks @ \$			
居民證/護照種類 Type of I/C/Passport:				月 Months @ \$			
Pass 日期 Pass Date: 15/10/2014							
出生日期 Date of Birth: 03/02/1989				發出地 Place of Issue:			
三號保險底金 \$1500/- a) Third Party Only Policy Excess \$1500/-				一號保險底金 \$2000/- b) Comprehensive Policy Excess \$2000/-			
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:				保險 Insurance		總計 Total Charge	
備註與付款記錄 Remarks & Payment Records				按金 Security Deposit			
				總金額 Total Payable		81600/-	
				來銀 Amount Paid			
				送車/費 Delivery Fees			
IMPORTANT! For Singapore Use only.				收車費用 Collection Fees/Misc.			
				超過/小時 Extra Hours @ \$			
出車油箱 Fuel Tank OUT		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		出車油箱 Fuel Tank IN		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	
車牌號碼 Vehicle No:		1)		起 From:		至 To:	
車牌號碼 Vehicle No:		2)		起 From:		至 To:	
工具 Tools		輪胎 Spare Tyre		裝飾品 Accessories		加額費用 Total Additional Charges	
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, 違反交通及噴過量黑煙法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION.				總計 Grand Total			

租車者不准載沙或石灰  
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE  
PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING.

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 agreement.

日期  
Date:

29/11/2021

租車者簽名  
Signature of Hirer:

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**AUTOBAY TOWING**

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

**CASH SALE**

No. \_\_\_\_\_

Date: 29/11/21

Sold to: \_\_\_\_\_

*SKS 2861 M*

Item	Quantity	Description	Unit Price	Amount
		<i>Auto Hub to Dele lane</i>		<i>100</i>
		<i>Reporting Two Trips</i>		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	<i>100</i>

Issued by: \_\_\_\_\_

**CROWN**

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 Nov 2021 / 16:54:32

Receipt Date/Time : 29 Nov 2021 / 16:54:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-211129-003105

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 - SH7740J				
As at 29 Nov 2021/12:15:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH7740J Enquiry Fee 20211129165417831946	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				
0dinvkdt0			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: SKS 2861M & SH 7740 J  
ALONG BLK 785A WOODLANDS CRESCENT DRIVEWAY ON 29/11/2021  
I/We ZHOU CHAOQUN NRIC/Passport No: S 9174032 Z  
of BLK 664 WOODLANDS RING RD #02-208 S1730664  
the owner of vehicle no. SKS 2861M 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 MUC  
Policy No. 5117091652-01 Expiry Date: 05/04/2022  
Date: \_\_\_\_\_ Excess: \_\_\_\_\_  
ZL \_\_\_\_\_  
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	29/11/2021 17:37 (SGT)
Date of Accident	29/11/2021 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 785A WOODLANDS CRESCENT DRIVEWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS2861M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHOU CHAOQUN
NRIC No	S9174032Z
Email Address	cqzhou91@gmail.com
Mobile Phone No	(Phone) +65-83229569
Alternative Phone No	+65-83229569

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6 4-DOOR SEDAN 2.0L SP.6EAT
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	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117091652-01
Cover Note Number	06/04/2021 TO 05/04/2022

#### DRIVER

Name of Driver	JI LUYAN
NRIC No	S8984681A

Date Of Birth	03/02/1989
Occupation	Indoor
Date Of Driving Pass	15/10/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88783862
Alt. Phone Number	-
Email Address	jiluyan0203@yahoo.com
Address	APT BLK 788B WOODLANDS CRESCENT #13-140 (S) 732788
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Major/Minor Rd
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)	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

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	SH7740J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KWEH SZE CHYE
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	JI LUYAN
Gender	Female
Phone No	(Phone) +65-88783862
Address	APT BLK 788B WOODLANDS CRESCENT #13-140 (S) 732788
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKS2861M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

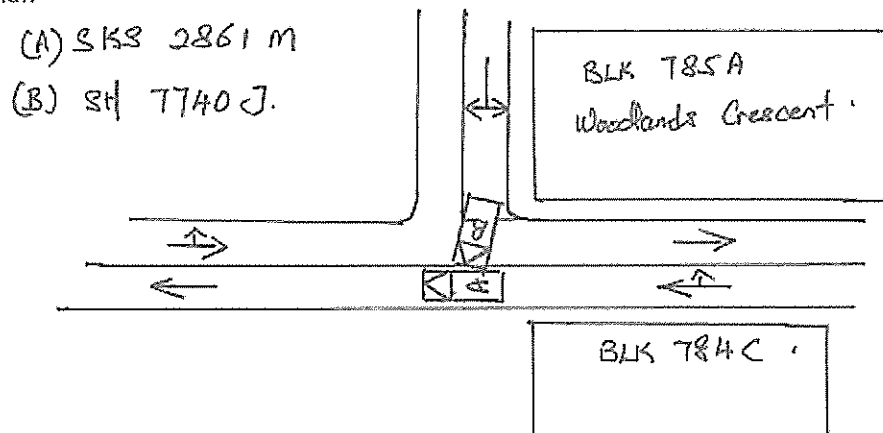
SKETCH PLAN

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/are 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.

<p><i>M</i></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p>15.00 <i>M. 29/1/21</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i></p> <p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**



Describe Circumstances of the Accident

On 29/11/2021 at @ 1215 hrs. I was travelling in my vehicle (SKS 2861M) intent of BLK 784C Woodlands Crescent on the driveway travelling straight. Suddenly, a taxi (SA 7740J) on my right from BLK 785A, dashed out without stopping at the stop line to give way. As a result, the said taxi front partition collided onto the right side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect

15:00  
29/11/21

*Jh*

*W.*



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel