

# 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

13 September 2022

Our Ref : CLM17046 / SMU9774B / JAN-06/2022

## **AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SMU9774B & SH8758C ON 03/01/2022**  
**ALONG PICKERING ST TWDS CHURCH ST AT CHINA ST JUNC**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH8758C** 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	\$	6,955.00	(Include 7% GST)
Loss of rental	\$	1,027.20	(\$128.40 X 8 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>8,289.65</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17046
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS21560
- 3) Autobay Towing - SMU9774B (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMU9774B

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 : 10/09/2022  
Date in : 03/01/2022  
Vehicle Num. : SMU9774B  
Make/Model : AUDI A1 SB S LINE 1.0 TFSI S TRONIC-2020  
Chassis/Eng# : WAUZZZGB8LR044561/DKJ052732  
Accident Date : 03/01/2022  
Claim No : CLM17046  
Reference : JAN-06/2022  
Policy No. : MA015915 (23/09/2022)

LUMPSUM REPAIR BILL  
REF : CLM17046-N51 DATED 05/01/2022  
BY DIRECT

Amount S\$  
6,500.00

E. & O.E.	Sub S\$ :	6,500.00
	Add GST ( 7% ) S\$ :	455.00
	Total Amount S\$ :	6,955.00



for N-51 AUTOMOTIVE PTE LTD



# TwinCar

## LEASING PTE LTD

Company & GST Registration Number : 201533046C  
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921  
Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg

### Invoice To

OH HUI CHIN  
BLK 737 YISHUN STREET 72  
#05-93  
SINGAPORE 760737

### TAX INVOICE

Invoice No. TLCS 21560  
Date 10/3/2022  
Terms Cash

No. Days	Description	Rate	Amount
8	Vehicle No. SML6217K - Car Rental for the period 03/01/2022 to 11/01/2022 (ref. Vehicle SMU9774B) Tax collected on sales	120.00 7.00%	960.00 67.20
		7% GST	\$67.20
		<b>Total Amount</b>	<b>\$1,027.20</b>

TWINCAR LEASING PTE. LTD.

Authorised Signature

Note : Kindly make payable to " TWINCAR LEASING PTE LTD"  
or by Bank-in/transfer to UOB Bank A/c No. 310-307-697-6 (Bank Code 7375)





# TWINCAR LEASING PTE. LTD.

Company Registration Number : 201533046C

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg

SML9774B (N51)

## VEHICLE RENTAL AGREEMENT

VHA NO: 624

### HIRER'S PARTICULAR

Name(as in I/C): OH HUI CHIN

NRIC/PASSPORT No: S96072611

Address(Res):BLK 737 YISHUN STREET 72 #05-93 SINGAPORE 760737

Occupation: DRIVER

Driving Exp: 84

Driving License No: S96072611

D/L Type: Local

Issue Date: 2015-06-08

Date of Birth: 1996-02-29

Tel: (HP) 96454552

Email: triciia.oh@gmail.com

### ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C):

NRIC/PASSPORT No:

Address(Res):

Occupation:

Driving Exp:

Driving License No:

D/L Type:

Issue Date:

Date of Birth:

Vehicle No: SML6217K

Make: HONDA

Model: FIT HYBRID 1.5

Auto/Manual Group: Auto

Year: 2018

Colour: WHITE

Mileage Out:

OUT: Date 2022-01-03

Time: 15:28

NON-WAIVER EXCESS:

Section1: 2000

Section2: 2000

### CHARGES

Daily rate	120.00
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### PETROL-LEVEL

Out	E	1/4	1/2	3/4	F	E
In	E	1/4	1/2	3/4	F	E

Extension (Accessories)	0.00
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Collection Service	0.00
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Misc.	0.00
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Security Deposit Collected	0.00
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Rental Term	Cash
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Start Date	2022-01-03
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End Date	2022-01-17
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Rented out by:	Jacky Siah
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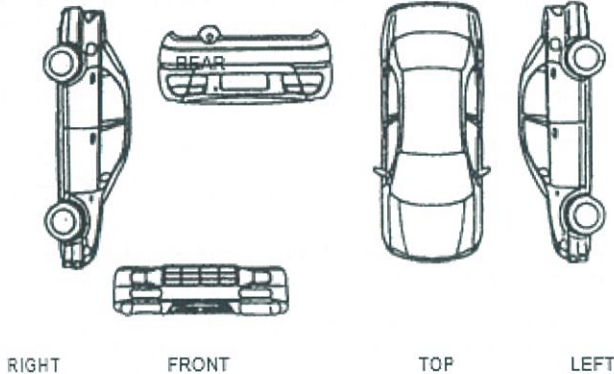
Hirer signature:

Addition Driver's Signature:

### VEHICLE CHECKLIST

D - DENTS  
S - SCRATCHES

INDICATE:  
A - ACCIDENTS



### ACCESSORIES CHECK

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Camera Recorder | <input checked="" type="checkbox"/> Reverse Camera | <input checked="" type="checkbox"/> CD/ Radio Player |
| <input checked="" type="checkbox"/> Remote Control  | <input checked="" type="checkbox"/> Reverse Sensor | <input checked="" type="checkbox"/> S/Tyre           |

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given TWINCAR LEASING PTE. LTD. in connection with this agreement is true.

### IMPORTANT

- YOU HEREBY EXPRESSLY CONSENT AND AUTHORIZE TWINCAR LEASING PTE LTD AND GRABCAR TO DEDUCT FROM THE FARES GENERATED BY YOU AND/OR GRATUITY GRANTED TO YOU BY GRABCAR (IF ANY) FOR THE CAR RENTAL FEE AND ANY CHARGES PROVIDED HEREIN AND IN THE EVENT THAT THE FARES ARE INSUFFICIENT, ANY BALANCE SHALL BE PAID TO US IMMEDIATELY. THESE CHARGES SHALL INCLUDE BUT ARE NOT LIMITED TO CHARGES FOR 1.CAR RENTAL 2. COST OF INSURANCE EXCESS, REPAIRS, REPLACEMENT OF PARTS TO THE CAR AND/OR DAMAGE TO THIRD PARTY PROPERTIES WHERE THE DAMAGES ARE DUE TO YOUR ACTIONS OR LACK OF CARE. 3. ANY UNSETTLED SUMMONS, FINES, PARKING CHARGES AND TOLL.
- THE VEHICLE SHALL BE RENTED OUT ON A DAILY BASIS, WITH A MINIMUM RENTAL PERIOD OF SIX MONTH.
- IN THE EVENT THAT THE HIRER RETURN THE VEHICLE PRIOR TO THE END OF THE MINIMUM RENTAL PERIOD, THE HIRER WILL BE REQUIRED TO PAY THE FULL RENTAL FEE APPLICABLE FOR THE REMAINING PERIOD UP TO THE END OF THE MINIMUM RENTAL PERIOD.
- ONLY PERSONS ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, 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 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 SHOULD REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR LEASING PTE. LTD..
- AN ADDITIONAL EXCESS OF \$2000 OF ALL CLAIM WILL APPLY FOR VEHICLE USE OUTSIDE SINGAPORE AND \$3000 FOR AGE ABOVE 65.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
11/01/2022	16:00hrs				

**AUTOBAY TOWING**

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

**CASH SALE**

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

Date: 3/1/22Sold to: SMU 9774B

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Auto Bay		\$100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

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

> Back to OneMotoring



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

Print Date/Time : 03 Jan 2022 / 15:36:34

Receipt Date/Time : 03 Jan 2022 / 15:36:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220103-002973

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - SH8758C

As at 03 Jan 2022/10:35:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SH8758C

Enquiry Fee

20220103153616787300

7.00	0.49	7.49
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**Sub-Total**

7.00	0.49	7.49
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**Total Before Rounding**

7.00	0.49	7.49
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**Rounding Difference**

-0.04

**Total Amount Payable**

7.45

**Paid By**

6cbxj2mn

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: SMU 977A B & SM 8758 C  
ALONG PICKERING ST TWDs CHURCH ST AT CHINA ST JUNG ON 03/01/2022

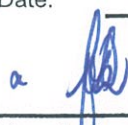

I/We OH HUI CHIN NRIC/Passport No: S 9607261 I  
of BLK 737 YISMN ST 72 #05-93 S(760737)  
the owner of vehicle no. SMU 977A B hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- 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 ETIOA  
Policy No. MA015915 Expiry Date: 23/09/2022  
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	04/01/2022 10:10 (SGT)
Date of Accident	03/01/2022 10:35 (SGT)
Exact Location of Accident	Pickering St, Singapore
Additional Location Information	TWDS CHURCH ST AT CHINA STREET JUNCTION
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9774B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OH HUI CHIN
NRIC No	S9607261I
Email Address	triciia.oh@gmail.com
Mobile Phone No	(Phone) +65-96454552
Alternative Phone No	+65-96454552

## VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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	1000

## INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA015915
Cover Note Number	-

## DRIVER

Name of Driver	OH HUI CHIN
NRIC No	S9607261I



Date Of Birth	29/02/1996
Occupation	Indoor
Date Of Driving Pass	08/06/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96454552
Alt. Phone Number	+65-96454552
Email Address	triicia.oh@gmail.com
Address	BLK 737 YISHUN ST 72 #05-93
Address complement	-
Postcode	760737
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
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

AS PER ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SMU9774B) ALONG PICKERING STREET TOWARDS CHURCH STREET ON THE EXTERME RIGHT LANE. SOMEWHERE AT CHINA STREET JUNCTION, AS I WAS TURNING RIGHT INTO CHINA STREET, VEHICLE B (SH8758C) EXITING CHINA STREET WITHOUT CHECKING ONCOMING VEHICLE AND FAILED TO STOP WITHIN THE STOP LINE. AS A RESULT, VEHICLE B FRONT PORTION COLLIDED ONTO MY VEHICLE RIGHT SIDE PORTION. I ALIGHTED AND WE EXCHANGE PARTICULARS.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8758C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HAMID

Contact Number	(Phone) +65-81195982
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

# 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.

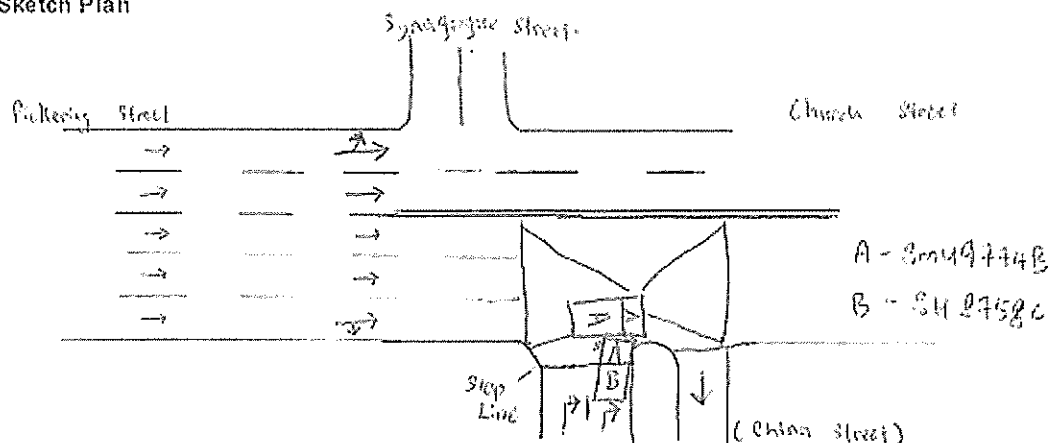
## 8. Consent under the Personal Data Protection Act (PDPA)

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
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## Sketch Plan






**Describe Circumstances of the Accident**


As per above date and time, I was driving my vehicle SMU9774B along Pickering Street towards Church Street on the extreme right lane. Somewhere at China Street Junction, as I was turning right into China Street Veh(B) SH8758C exiting China Street without checking oncoming vehicles and failed to stop within stop line. As a result, Veh (B) front portion collided onto my vehicle right side portion. I alighted and we exchanged particulars.

Veh A - SMU9774B  
Veh B - SH8758C

**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