

# 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 : CLM17085 / SMA4993Z / FEB-14/2022

**AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SMA4993Z & SHC2131G ON 03/02/2022**  
**ALONG UPP SERANGOON RD & UPP ALJUNIED RD (JUNC)**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC2131G** 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	\$	3,210.00	(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>3,997.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17085
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 15728
- 3) Autobay Towing - SMA4993Z (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMA4993Z

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 : 07/02/2022  
Vehicle Num. : SMA4993Z  
Make/Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)-2018  
Chassis/Eng# : KMHD841CMJU684303/G4FGJU177751  
Accident Date 03/02/2022  
Claim No : CLM17085  
Reference : FEB-14/2022  
Policy No. : 5122759134 (02/07/2022)

LUMPSUM REPAIR BILL  
REF : CLM17085-N51 DATED 08/02/2022  
BY DIRECT

Amount S\$  
3,000.00

E. & O.E.	Sub S\$ :	3,000.00
	Add GST ( 7% ) S\$ :	210.00
	Total Amount S\$ :	3,210.00



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 & 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 ZHANG YU ZHE  
of BLK 420A UPP SERANGOON CRESCENT  
#04-314 S 531470 Tel: 9424 4983

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & 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 <u>SLJ 767 B</u>		Rental Agreement 合同號碼 <b>No. H 15728</b>	
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 <u>07/02/2022 - 1250HRS</u>	
姓名 Name: <u>AS ABOVE</u>		交車日期及時間 Date & Time IN <u>11/02/2022 - 19:53HRS</u>	
地址 Address: <u>AS ABOVE</u>		Chargeable	Rates Amount
		<u>4</u>	天 Days @ \$ <u>5480/-</u>
居民證/護照號碼 I/C No./Passport No: <u>S9074656A</u>			星期 Weeks @ \$
居民證/護照種類 Type of I/C/Passport:			月 Months @ \$
出生日期 Date of Birth: <u>30/10/1990</u>			
發源地 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	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge	
		按金 Security Deposit	
		總金額 Total Payable <u>5480/-</u>	
		來銀 Amount Paid	
		送車/費 Delivery Fees	
		收車費用 Collection Fees/Misc.	
<b>IMPORTANT!</b> <b>For Singapore Use only.</b>		超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u>		出車油箱 Fuel Tank IN <u>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</u>	
車牌號碼 Vehicle No: 1)		起 From:	
車牌號碼 Vehicle No: 2)		起 From:	
工具 Tools		輪胎 Spare Tyre	
車輛發出人 Vehicle Issued By:		裝飾品 Accessories	
車輛接收人 Vehicle Collected By:		加額費用 Total Additional Charges	
<b>NOTE: 註</b> 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.

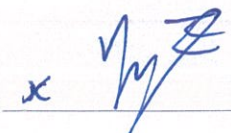
我/我們同意以上及後頁租車公司所列的條規與條件。

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

日期  
Date:

07/02/2022

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: 4/2/22Sold to: SMA 4993Z

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: \_\_\_\_\_



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Feb 2022 / 16:36:55

Receipt Date/Time : 07 Feb 2022 / 16:36:55

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220207-002762

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC2131G

As at 03 Feb 2022/17:13:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHC2131G  
Enquiry Fee  
20220207163639821542

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

5m85t5yr 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:

ALONG SMA 49932 & SIC 2131G  
UPP SERANGOON RD & UPP ALJUNIED RD (JUNC) ON 03/02/2022

I/We

ZHANG YU ZHE NRIC/Passport No: S 9074656 A  
of BK 490A UPP SERANGOON CRESCENT #04-314 S(531470)  
the owner of vehicle no. SMA 49932 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. 5122759134

NINC

Expiry Date:

02/07/2022

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	04/02/2022 17:38 (SGT)
Date of Accident	03/02/2022 17:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION UPPER SERANGOON ROAD AND UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4993Z
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG YU ZHE
NRIC No	S9074656A
Email Address	cloud.yunfan@gmail.com
Mobile Phone No	(Phone) +65-94244983
Alternative Phone No	+65-94244983

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	1591

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122759134
Cover Note Number	03/07/2021 TO 02/07/2022

### DRIVER

Name of Driver	ZHANG YU ZHE
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NRIC No .....	S9074656A
Date Of Birth .....	30/10/1990
Occupation .....	Indoor
Date Of Driving Pass .....	12/10/2019
Driving experience .....	2 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94244983
Alt. Phone Number .....	+65-94244983
Email Address .....	cloud.yunfan@gmail.com
Address .....	APT BLK 470A UPP SERANGOON CRESCENT #04-314 (S) 531470
Address complement .....	-
Postcode .....	-
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 - 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) .....	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? .....	Yes
Reasons for not uploading a video of the accident .....	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC2131G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	PHEY KIM CHEY

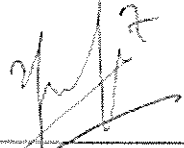

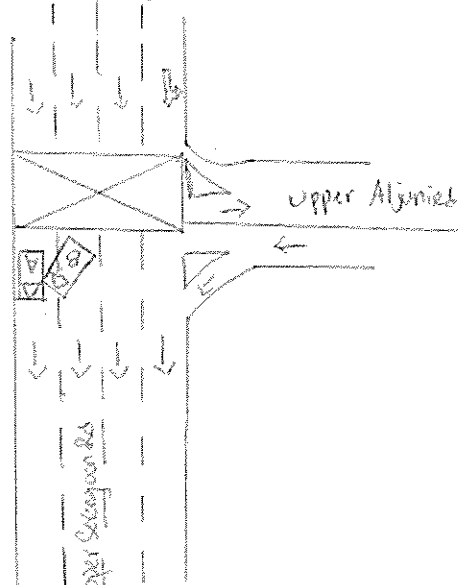


Contact Number .....	(Phone) +65-96165548
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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 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.

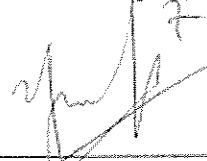
 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	16-30 4/2/22 Witnessed by Reporting Centre Personnel
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><b>Sketch Plan</b></p>  </div> <div style="width: 60%;"> <p>A: SMAHOP132</p> <p>B: SHC 21314</p> </div> </div>		

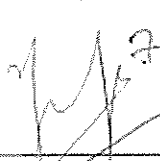
**Describe Circumstances of the Accident**

On the date and times, I driving my car SMA 4993 Z along Upper Serangoon Rd when just passing Upper Aljunied Rd Junction, I felt a strong impact from my left. After I stopped to check and realise vehicle 'B' SHC2131G was hit onto my left passenger door all the way to rear portion. I have car camera video as evidence to proof.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 16-30  
4/2/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel