

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

26 September 2022

Our Ref : CLM17154 / SKW2953K / APR-19/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SKW2953K & SLP3675G ON 14/04/2022
ALONG UBI AVE 1 INFRONT UNIT 61

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLP3675G** 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	\$	6,099.00	(Include 7% GST)
Loss of rental	\$	1,440.00	(\$120 X 12 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>7,846.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17154
- 2) Twincar Rental - Invoice No: 13-3627 , Vha No: 73493
- 3) Autobay Towing - SKW2953K (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SKW2953K

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE

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 : 20/09/2022
Date in : 14/04/2022
Vehicle Num. : SKW2953K
Make/Model : TOYOTA VIOS J AUTO-2009
Chassis/Eng# : MR053HY9305122376/1NZX939366
Accident Date : 14/04/2022
Claim No : CLM17154
Reference : APR-19/2022
Policy No. : DMPG21006641 (16/07/2022)

LUMPSUM REPAIR BILL
REF : CLM17154-N51 DATED 18/04/2022
BY DIRECT

Amount S\$
5,700.00

E. & O.E.	Sub S\$:	5,700.00
	Add GST (7%) S\$:	399.00
	Total Amount S\$:	6,099.00



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 :

TAN GUEK ING
BLK 202 BOON LAY DRIVE
#14-27
SINGAPORE 640202

INVOICE

Invoice No. 13-3627

Date 25/04/2022

		Hirer's Car No.	VHA No.	Terms
		SKW2953K	73493	CASH
No. of Day	Description	Per Day	Amount (S\$)	
12	Car Rental from the period of 14/04/2022 to 25/04/2022. Vehicle no. SKT6872A Singapore Dollars One Thousand Four Hundred and Forty Only	120.00	1,440.00	
		Total	\$1,440.00	

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: 73493

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

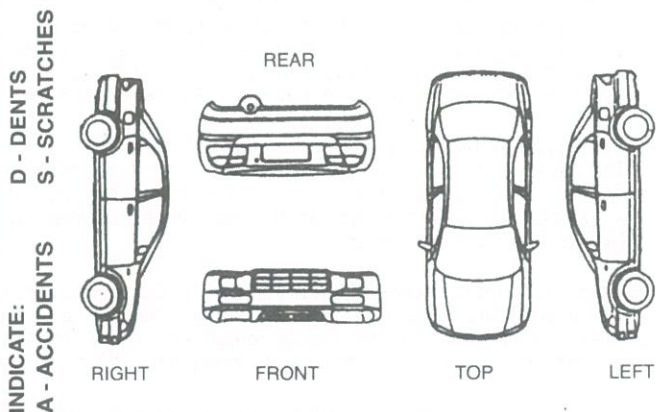
HIRER'S PARTICULAR

Name: (as in I/C) TAN GUEK ING
 NRIC/PASSPORT No: S 1257706J
 Address (Res): BLK 302 BOON LAY DRIVE
#14-27 S(640202)
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: _____ D/L Type: Local / International
 Pass Date: _____ Date of Birth: 28/10/1957
 Tel: (O) _____ (R) _____ HP 88338001

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) ENG UEI SIAM, GARY
 NRIC/PASSPORT No: S 8232632D
 Address (Res): BLK 440B CLEMENTI AVE 3
#35-22 S(1224901)
 Driving Licence No: S8232632D D/L Type: Local / International
 Pass Date: 15/06/2001 Date of Birth: 09/10/1982
 Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartridges

Vehicle No: SKT 6872 A. Replace Veh No: _____
 Mileage Out: _____ Mileage Out: _____
 Make & Model: TOYOTA ALTIS Auto / Manual Group: _____
 OUT: Date 14/04/22 Time: 1115 hrs
 HIRE/PERIOD EXPIRY _____
 NON-WAIVER EXCESS : \$ _____

CHARGES

Daily	@ \$	<u>120</u>	per day	<u>12</u>	<u>1440</u>	<u>00</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 \$ 144 00

Rented out by:

Hirer's Signature

Addition Driver's Signature

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 THAN 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	SIGNATURE OF HIRER/DRIVER
<u>05/04/2022</u>	<u>17:28 HRS</u>				

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 14/4/22

Sold to: _____

SKW 2953 K**CROWN**

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 : 14 Apr 2022 / 11:45:13

Receipt Date/Time : 14 Apr 2022 / 11:45:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220414-001364

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 - SLP3675G As at 14 Apr 2022/09:11:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLP3675G Enquiry Fee 20220414114457604002	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				
77ax16p6			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

SW 2953K
UBI AVE 1 INFRT UNIT 61

&

ON

SLP 3675 G
14/04/2022

I/We

of

the owner of vehicle no.

TAN GUEK ING
BLK 202 BOW LAY DRIVE #14-27 S(640202)
SW 2953K

NRIC/Passport No:

S 1257A06J

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

Policy No.

ERGO
DMPG 21006641

Expiry Date:

16/07/2022

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	14/04/2022 11:53 (SGT)
Date of Accident	14/04/2022 09:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 1 IN FRONT UNIT 61
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2953K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN GUEK ING
NRIC No	S1257706J
Email Address	gary.eng@live.com
Mobile Phone No	(Phone) +65-91821500
Alternative Phone No	+65-91821500

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS J AUTO
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	1497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21006641
Cover Note Number	17/07/2021 TO 16/07/2022

DRIVER

Name of Driver	ENG WEI SIAH, GARY (WENG WEICHENG, GARY)
NRIC No	S8232632D

Date Of Birth	09/10/1982
Occupation	Outdoor
Date Of Driving Pass	15/06/2001
Driving experience	20 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88338001
Alt. Phone Number	-
Email Address	gary.eng@live.com
Address	APT BLK 440B CLEMENTI AVE 3 #35-22 (S) 122440
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	SLP3675G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KUN LONG
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	ENG WEI SIAH,GARY (WENG WEICHENG,GARY)
Gender	Male
Phone No	(Phone) +65-88338001
Address	APT BLK 440B CLEMENTI AVE 3 #35-22 (S) 122440
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKW2953K
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 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.

5. 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

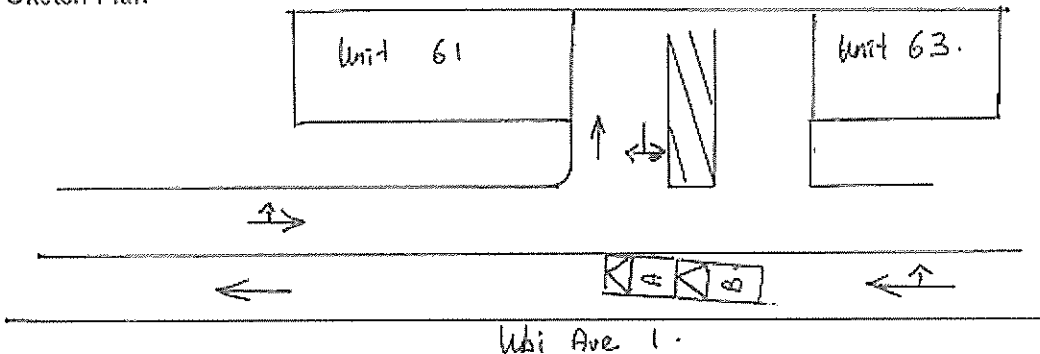
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SKW 2953K


(B) SLP 3675G

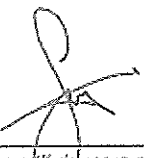
Describe Circumstances of the Accident

On 14/04/2022 at @ 0911 hrs, I stopped my vehicle (SKW 2953K) along Ubi Ave '1 in front of Unit 61, with my right signal light on, waiting to turn right into Unit 61. Suddenly, a car (SLP 36756) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 11-30
14/4/22
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel