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:

CLM17164 / SLN7089H / APR-29/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD P.O.BOX 1094 SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SLN7089H & SHA4190H ON 25/04/2022 ALONG SCOTTS RD TWDS PATERSON RD B4 RIGHT TURN INTO DRAYCOTT DRIVE

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA4190H** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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
 \$ 3,745.00 (Include 7% GST)

 Loss of rental
 \$ 1,444.50 (\$160.50 X 9 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 5,536.95

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17164
- 2) Twinbiz Rental Pte Ltd Invoice No: D04759
- 3) Autobay Towing SLN7089H (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SLN7089H

We look forward to your prompt reply.

Yours faithfully,

N-51 AUTOMOTIVE PTE LTD

S.Y.NEO Director







biSAFE3

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg



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 : 09/09/2022 Date in : 26/04/2022 Vehicle Num. : SLN7089H

Make/Model: TOYOTA C-HR HYBRID 1.8S CVT-2017

Chassis/Eng#: ZYX102014538/2ZR8039887

Accident Date: 25/04/2022 Claim No: CLM17164 Reference: APR-29/2022

Policy No.: 5125927661 (04/03/2023)

LUMPSUM REPAIR BILL

REF: CLM17164-N51 DATED 27/04/2022

BY DIRECT

Amount S\$ 3,500.00

E. & O.E.

Sub S\$:

3,500.00

Add GST (7%) S\$:

245.00

Total Amount S\$:

3,745.00

P. N-57

for N-51 AUTOMOTIVE PTE LTD







TWINBIZ RENTAL PTE. LTD.

Company & GST Registration Number: 201407909C 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub Singapore 417921 Tel: 6842 5151 Fax: 6749 2851 email: darwin51@n51.com.sg

Invoice To

TAX INVOICE

Date

Emperor Leasing Pte Ltd 1 Kung Chong Road Alexandra Industrial Estate

Invoice No. : D04759

Alexandra industrial Estate

24/5/2022

Singapore 159139

Terms : Cash

No. Days	Description	Rate	Amount
9	SLR9286X - Car Rental For The Period 26/04/2022 to 05/05/2022 (ref. Vehicle SLN7089H) Tax collected on sales	150.00 7.00%	1,350.00 94.50
		7% GST	\$94.5
		Total Amount	\$1,444.5

TWINBIZ RENTAL PTE. LTD

Authorised Signature



Note: Kindly make payable to "TWINBIZ RENTAL PTE. LTD." I Bank transfer to Maybank A/c No. 04211099668 (Bank Code 7302) I Paynow UEN :201407909C

Invoice was created on a computer and is valid without the signature and seal

TWINBIZ RENTAL PTE. LTD.

Company Registration Number: 201407909C 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921 Tel: 6842 5151 Fax: 6749 2851 email: twinbiz@n51.com.sg



VEHICLE RENTAL AGREEMENT

Vehicle No: SLR9286X HIRER'S PARTICULAR Name(as in I/C): EMPEROR LEASING PTE LTD Make: TOYOTA Model: PRIUS ALPHA Auto/Manual Group: Auto NRIC/PASSPORT No: 201924202H Year: 2017 Colour: WHITE Address(Res):1 KUNG CHONG ROAD ALEXANDRA INDUSTRIAL ESTATE SINGAPORE 159139 Mileage Out: Occupation: RENTING AND LEASING OF PRIVATE OUT: Date 2022-04-26 Time: 13:33 Driving Exp: 24 CARS WITHOUT OPERATOR NON-WAIVER EXCESS: Driving License No: 201924202H D/L Type: Local Section1: 2000 Section2: 2000 Issue Date: 2019-07-25 Date of Birth: 2019-07-25 Tel: (HP) 88779765 CHARGES Fmail-150.00 Daily rate ADDITIONAL DRIVER'S PARTICULARS Name(as in I/C): GOH WEI HAO PETROL-LEVEL NRIC/PASSPORT No: S9719577C Е 3/4 Out 1/2 Address(Res):BLK 786C WOODLANDS DRIVE 40 #08-75 SINGAPORE 733786 3/4 Е 1/4 1/2 Occupation: Driving Exp: Extension (Accessories) 0.00 D/L Type: Local Driving License No: S9719577C Collection Service 0.00 Issue Date: 2018-03-23 Date of Birth: 1997-06-06 0.00 VEHICLE CHECKLIST Security Deposit Collected 0.00 DENTS Rental Term Cash 2022-04-26 Start Date End Date 2022-05-10 o-S-Rented out by Joseph Tan Hirer sig A - ACCIDENTS RIGHT FRONT TOP LEFT ignature: ACCESSORIES CHECK Camera Recorder Reverse Camera CD/ Radio Player ✓ Reverse Sensor Remote Control □ S/Tyre GOH WEI FLAO S9719577C

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

IMPORTANT

- 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 TWINBIZ RENTAL 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		10	,
05/05/2022	18:00HB				SIGNATURE OF HIRER/DRIVER	18	

AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883 Tel: 9616 8988 (Ah Boon) **CASH SALE** Sold to: Item Quantity Description **Unit Price** Amount 100 E. & O. E. Sub Total: GST Tax : 100 Total Issued by: _

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 26 Apr 2022 / 14:15:29

Receipt Date/Time: 26 Apr 2022 / 14:15:29

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220426-002243

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 - SHA4190H As at 25 Apr 2022/21:50:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SHA4190H				
Enquiry Fee 20220426141512420977		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			
	q72hqf7x		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: ACC	IDENT INVOLVING VEHICLE NOS:	SLN 7089H	&	SHA 4190H
ALONG	SCOTTS RO TNDS PATERSON RD	BARIGHT THEN IMD	ON	25/04/2022
	DRAYCOTT DRIVE		_	
I/We	EMPEROR LEASING ME LID	NRIC/Passport No:		2019242024
of	I KUNG CHONG RD	s (159139)		
the owne	er of vehicle no. SLN 7589H	hereby authorise you to comr	nence rep	air to the said
vehicle fo	orthwith In consideration of you repair	ng my/our vehicle at my/our re	auest.	

- 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 indequate, 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		04/12/20	
Policy No. 5135922661	Expiry Date:	04/03/2023	
Cates IV	Excess:		
Co. Reg. No. 17 201924202H m	Sig.		
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.

SK0L224Q000D / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 26/04/2022 15:22 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (26/04/2022 15:22 (SGT))

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 witholding 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 26/04/2022 15:22 (SGT) Date of Accident 25/04/2022 21:50 (SGT) **Exact Location of Accident** Singapore SCOTTS ROAD TOWARDS PATERSON ROAD BEFORE RIGHT Additional Location Information TURN INTO DRAYCOTT DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7089H
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes EMPEROR LEASING PTE. LTD. 2XXXXX202H admin@emperormotors.com (Phone) +65-88779765 +65-88779765
VEHICLE PARTICULARS	
Manufacturer	Tovota

Model C-HR HYBRID 1.8S CVT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to pry No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Nο 5125927661 Policy Number 05/03/2022 TO 04/03/2023 Cover Note Number

DRIVER

Name of Driver **GOH WEI HAO**

NRIC No Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SXXXX577C 06/06/1997 Outdoor 23/03/2018 4 YEARS AND 1 MONTH Male (Phone) +65-94528996 - admin@emperormotors.com APT BLK 786C WOODLANDS DRIVE 60 #08-75 (S) 733786 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 2
PASSENGER 1	
Name Gender	ROSELYN DANY Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER WITH ATTACH.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes FILE SIZE TOO LARGE UNABLE TO UPLOAD No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SHA4190H

Vehicle Registration NumberSHA4190Vehicle Manufacturer-Vehicle Model-Vehicle Variant-



Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SELAMAT BIN KUSSEIN
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 Gender Phone No Address Address Complement Post Code	Male (Phone) +65-94528996 APT BLK 786C WOODLANDS DRIVE 60 #08-75 (S) 733786
Approximate Age Years Old Injuries Sustained	
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLN7089H -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code	(Phone) +65-96211518
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	- - SLN7089H
Was this injured conveyed to hospital by ambulance?	

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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or will-holding of material facts may allow insurance companies to repudiate policy liability.
- 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 Insurence 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)

Tunderstand, 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 law yers/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;
- (a) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquires by mo:
- (iv) administering my claims (including the moiling 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 "Purposis")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 GM to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Co. Reg. No. P. MAN STREET OF THE STREET OF	5. Es	14-15 26/4/22	
Policyholder's Signature / Date & Time	Driver's Signature (# driver & Time	is not the policyholder) / Date	Witnessed by Reporting Centre Personnel

Sketch Plan

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