

# 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 : CLM17188 / SMH1951C / MAY-20/2022

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

### **RE: ACCIDENT INVOLVING SMH1951C & SHD2717L ON 07/05/2022 ALONG SLE TWDS BKE AFTER THOMSON EXIT**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD2717L** 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	\$	10,058.00	(Include 7% GST)
Loss of rental	\$	2,880.00	(\$180 X 16 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>13,245.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17188
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 15784
- 3) Autobay Towing - SMH1951C (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMH1951C

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

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711

## TAX INVOICE

Date : 09/09/2022  
Date in : 07/05/2022  
Vehicle Num. : SMH1951C  
Make/Model : HONDA FREED 1.5G CVT-2018  
Chassis/Eng# : GB51091094/L15B4313054  
Accident Date : 07/05/2022  
Claim No : CLM17188  
Reference : MAY-20/2022  
Policy No. : GA596377/1 (14/01/2023)

LUMPSUM REPAIR BILL  
REF : CLM17188-TWINCAR DATED 10/05/2022  
BY DIRECT

Amount S\$  
9,400.00

E. & O.E.	Sub S\$ :	9,400.00
	Add GST ( 7% ) S\$ :	658.00
	Total Amount S\$ :	<u>10,058.00</u>



for N-51 AUTOMOTIVE PTE LTD





smf 19516 (n-51)

I/We SHARIL BIN MOHAMAD  
 HIRER'S PARTICULARS } of BLK 647 WOODLANDS KING ROAD  
 If Different From Section ① } #03-68 S 730647 Tel: 8198 3846

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 256 J</u>		Rental Agreement 合同號碼 <u>No. H15784</u>	
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>07/05/22 1300hrs.</u>	
姓名 Name: <u>AS ABOVE</u>		交車日期及時間 Date & Time IN <u>23/05/22 1500hrs</u>	
地址 Address: <u>AS ABOVE</u>		Chargeable	Rates Amount
		<u>16</u> Days	@ \$ <u>82880/-</u>
居民證/護照號碼 I/C No./Passport No: <u>S72122126</u>	駕駛執照號碼 Driving Licence No: <u>S72122126</u>	星期 Weeks	@ \$
居民證/護照種類 Type of I/C./Passport:	Pass 日期 Pass Date: <u>28/04/1997</u>	月 Months	@ \$
出生日期 Date of Birth: <u>01/04/1972</u>	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	<u>82880/-</u>
		來銀 Amount Paid	
		送車/費 Delivery Fees	
<b>IMPORTANT!</b> 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	租費不包括汽油 Rates Do Not Include Fuel	添油 Refuelling
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:		
<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:

07/05/2022

租車者簽名  
Signature of Hirer:



> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 09 May 2022 / 12:20:08

Receipt Date/Time : 09 May 2022 / 12:20:08

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220509-001596

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 - SHD2717L As at 07 May 2022/10:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD2717L Enquiry Fee 20220509121948725992	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				-0.04
<b>Total Amount Payable</b>				7.45
Paid By				
f26y9qwa			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: SMH 1951C & SND 2717L  
ALONG SLE TWDS BKE AFTER THOMSON EX17 ON 07/05/2022

I/We SHARIL BIN MOHAMAD NRIC/Passport No: S 7212712G  
of BLK 677 WOODLANDS KING RD #03-68 S7730647  
the owner of vehicle no. SMH 1951C hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

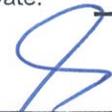
- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect 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. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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	09/05/2022 15:19 (SGT)
Date of Accident	07/05/2022 10:45 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TOWARDS BKE AFTER THOMSON EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1951C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHARIL BIN MOHAMAD
NRIC No	S7212212G
Email Address	TAWIL1472@GMAIL.COM
Mobile Phone No	(Phone) +65-81983846
Alternative Phone No	(Home) +65-81983846

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	0

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA596377/1
Cover Note Number	-

## DRIVER

Name of Driver	SHARIL BIN MOHAMAD
NRIC No	S7212212G

Date Of Birth	01/04/1972
Occupation	Indoor
Date Of Driving Pass	28/04/1997
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81983846
Alt. Phone Number	(Home) +65-81983846
Email Address	TAWIL1472@GMAIL.COM
Address	APT BLK 647 WOODLANDS RING ROAD #03-68
Address complement	-
Postcode	730647
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 - 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 TO 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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2717L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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 .....	SHARIL BIN MOHAMAD
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMH1951C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]*

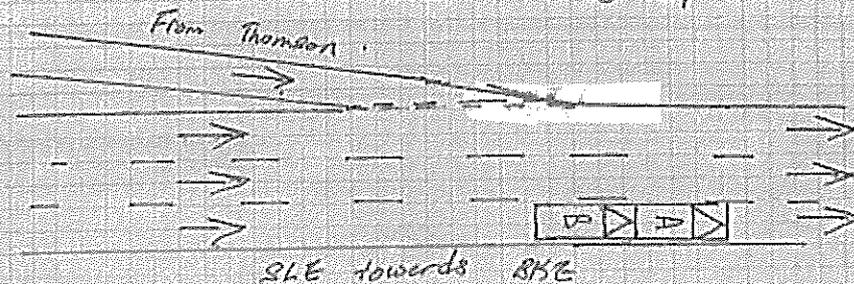
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) SMH 1951 C.  
(B) SHD 2717 L



Describe Circumstances of the Accident

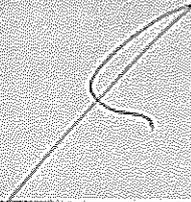
On 07/05/2022 at @ 1045 hrs, I was travelling in my vehicle (SM1 19-51 C) along SLE towards BKE after Thomson exit on the extreme right lane. I slowed down and stopped due to traffic jam ahead. Few seconds later, a taxi (S40 2717L) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
SHARIL MOHD  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel