

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 : CLM17202 / SCL2828S / MAY-34/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SCL2828S & SHD3806G ON 06/05/2022
ALONG PIE TWDS CHANGI B4 KIM KEAT EXIT

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD3806G** 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 | \$ | 5,885.00 | (Include 7% GST) |
| Loss of use | \$ | 1,050.00 | (\$150 X 7 Days) |
| Additional 2 days loss of use for pre repair | \$ | 260.00 | (\$130 X 2 Days) |
| 3rd party GIA report | \$ | 29.00 | |
| | S \$ | <u>7,224.00</u> | |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17202
- 2) Tax Invoice of 3rd party GIA report
- 3) Letter of Authorisation
- 4) GIA report of SCL2828S

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 : 20/09/2022
Date in : 18/05/2022
Vehicle Num. : SCL2828S
Make/Model : MERCEDES BENZ E250 SEDAN (R18)-2013
Chassis/Eng# : WDD2120362A800362/27492030061182
Accident Date : 06/05/2022
Claim No : CLM17202
Reference : MAY-34/2022
Policy No. : 21-MJ000349-R03 (22/07/2022)

LUMPSUM REPAIR BILL
REF : CLM17202-N51 DATED 18/05/2022
BY DIRECT

Amount S\$
5,500.00



| | | |
|-----------|----------------------|-----------------|
| E. & O.E. | Sub S\$: | 5,500.00 |
| | Add GST (7%) S\$: | 385.00 |
| | Total Amount S\$: | <u>5,885.00</u> |

for N-51 AUTOMOTIVE PTE LTD





RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Date of Request: 11/05/2022

Your Ref No: N63-SCL2828S-22-KHH

Dear Sir/Madam,

Date of Accident: 06/05/2022 00:00 (SGT)

Vehicle No: SCL2828S

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SHD3806G | PIE, Singapore | (31.00) | 1 | (28.97) |
| GST Amount | | | | (2.03) |
| Total Amount Due (GST Inclusive) | | | | (31.00) |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

LETTER OF AUTHORISATION

To: **M/s N-51 Automotive Pte Ltd**
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: SCL 2828 S & SND 3806G
ALONG PIE TWDS CHANGI BA LIM KEAT EX17 ON 06/05/2022

I/We NG HEOK KWEE NRIC/Passport No: S1668017F
of 49 MACKERRON RD S13586161
the owner of vehicle no. SCL 2828 S 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 TOKIO MARINE
Policy No. 21-MJ000349-PO3 Expiry Date: 22/07/2022

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 | 09/05/2022 13:44 (SGT) |
| Date of Accident | 06/05/2022 17:05 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS CHANGI BEFORE KIM KEAT EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | SCL2828S |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | NG HEOK KWEE |
| NRIC No | SXXXX017F |
| Email Address | freddie@ngs.com.sg |
| Mobile Phone No | (Phone) +65-97363800 |
| Alternative Phone No | +65-97363800 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | E250 SEDAN (R18) |
| 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 | 1991 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 21-MJ000349-R03 |
| Cover Note Number | 23/07/2021 TO 22/07/2022 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | NG HEOK KWEE |
| NRIC No | SXXXX017F |

| | |
|--|------------------------------------|
| Date Of Birth | 18/11/1964 |
| Occupation | Outdoor |
| Date Of Driving Pass | 08/01/1985 |
| Driving experience | 37 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97363800 |
| Alt. Phone Number | +65-97363800 |
| Email Address | freddie@ngs.com.sg |
| Address | 49 MACKERROW ROAD SINGAPORE 358616 |
| 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 - 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? | 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 ATTACH.

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 | SHD3806G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | LOO HONG KONG |
| Contact Number | - |
| 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 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)**

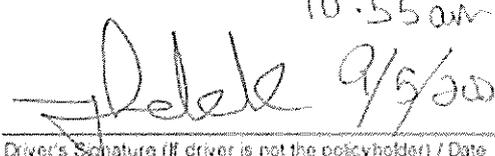
I understand, acknowledge, agree and consent that:

(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:

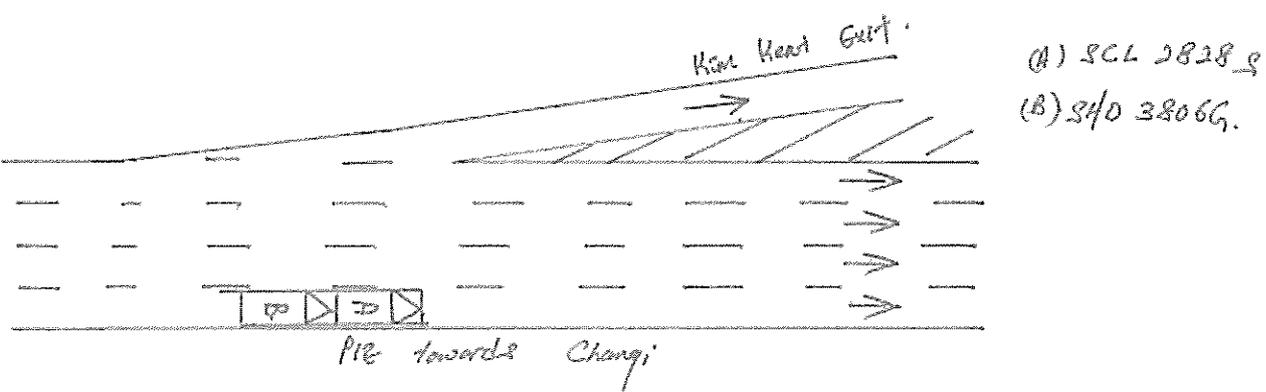
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 | <p style="margin-left: 100px;">10.55 am</p>  9/5/2000 Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|

Sketch Plan



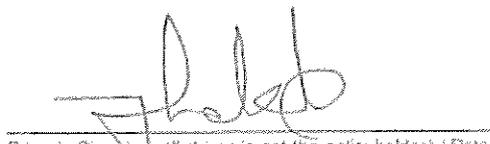
Describe Circumstances of the Accident

On 06/05/2022 at @ 1705 hrs, I was travelling in my vehicle (SCL 28988) along PIE towards Changi before Kent West exit on the extreme right lane. I slowed down and stopped due to traffic jam ahead. Suddenly, a taxi (SHD 38066) 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


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

Witnessed by Reporting Centre Personnel