

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

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

21 December 2022

Our Ref : CLM17279 / GBL1468R / JULY-08/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING GBL1468R & SHD3275M ON 05/07/2022
ALONG TAMPINES AVE 1 BEFORE JUNCTION TAMPINES AVE 10

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD3275M** 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	\$	5,136.00	(Include 7% GST)
Loss of rental	\$	1,123.50	(\$160.50 X 7 Days)
Additional 2 days loss of use for pre repair	\$	260.00	(\$130 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>6,626.95</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17279
- 2) Chiang Kang Enterprises Co (Pte) Ltd - Invoice No: 94287
- 3) Autobay Towing - GBL1468R (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of GBL1468R

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



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 : 09/09/2022
Date in : 05/07/2022
Vehicle Num. : GBL1468R
Make/Model : TOYOTA HIACE DX 2.8 AUTO-2021
Chassis/Eng# : GDH2012016873/1GD8678388
Accident Date : 05/07/2022
Claim No : CLM17279
Reference : JULY-08/2022
Policy No. : DMCVSNA00118772101

LUMPSUM REPAIR BILL
REF : CLM17279-N51 DATED 06/07/2022
BY DIRECT

Amount S\$
4,800.00

E. & O.E.	Sub S\$:	4,800.00
Add GST (7%)	S\$:	336.00
Total Amount	S\$:	<u>5,136.00</u>



for N-51 AUTOMOTIVE PTE LTD





長江企業(私人)有限公司

Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

THEIR A PART FOR EVERYONE

TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 3864

RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg.No. 19-8304039-K

HIRER'S PARTICULARS

If Different From

Section 1

I/We

EEY-1 LEASING PTE LTD

of

55 SERANGOON NORTH AVE 4

#

08-07 89

S

555 859

Tel:

8778-0300 / 9449 6542

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (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 or the terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼		GBJ 78652		Rental Agreement 合同號碼 No. A 94287	
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	
姓名 Name: ANG WEI LUN, DANIEL				Date & Time OUT 05/07/2022 - 1200 HRS	
地址 Address: BLK 156 ANG MO KIO AVE 4				交車日期及時間	
# 07-712 S 560156				Date & Time IN 12/07/2022 - 1610 HRS	
居民證/護照號碼 I/C No./Passport No:		駕駛執照號碼 Driving Licence No:		Chargeable Rates Amount	
S9726165B		S9726165B		天 Days @ \$ 1050/-	
居民證/護照種類 Type of I/C/Passport:		Pass 日期 Pass Date:		星期 Weeks @ \$	
02/08/1997		07/06/2019		月 Month @ \$	
出生日期 Date of Birth:		發出地 Place of Issue:		ADD 7% GST 8750	
三號保險底金 \$1500/=		一號保險底金 \$2000/=		送車/費 Delivery Fees	
a) Third Party Only Policy Excess \$1500/=		b) Comprehensive Policy Excess \$2000/=		總計 Total Charge 81123.50	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:				按金 Security Deposit	
備註與付款記錄 Remarks & Payment Records				總金額 Total Payable 81123.50	
				來銀 Amount Paid	
				收車費用 Collection Fees/Misc.	
				超過/小時 Extra Hours @ \$	
出車油箱 Fuel Tank OUT		出車油箱 Fuel Tank IN		租費不包括汽油 Rates Do Not Include Fuel	
E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		添油 Refuelling	
車牌號碼 Vehicle No:		起 From:		至 To:	
1)					
車牌號碼 Vehicle No:		起 From:		至 To:	
2)					
工具 Tools		輪胎 Spare Tyre		裝飾品 Accessories	
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:		加額費用 Total Additional Charges	
NOTE: 註				總計 Grand Total	
租車者或司機必須付所有停車及違反交通法例起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.					
租車者不准載沙或石灰 HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE				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:

租車者簽名 Signature of Hirer:

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417863
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 5/7/22Sold to: GBL 1468 R

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Ubi DAC		\$100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____

CROWN

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Jul 2022 / 13:49:07

Receipt Date/Time : 05 Jul 2022 / 13:49:07

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220705-002096

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 - SHD3275M				
As at 05 Jul 2022/08:57:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD3275M Enquiry Fee 20220705134852761128	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				
017r2g07			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:

GBL 1468 R

&

SND 3275 M

ALONG

TAMPINES AVE 1 B4 JUNC TAMPINES AVE 10

ON

05/07/2022

I/We

EZY-1 LEASING PTE LTD

NRIC/Passport No:

201726333W

of

55 SERANGOON NORTH AVE 4 #08-01 S(555859)

the owner of vehicle no.

GBL 1468 R

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

CHINA TAIPING

Policy No.

DMCVSNA00118772101

Expiry Date:

19/09/2022

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	05/07/2022 17:10 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 08:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 1 B4 JUNC OF TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1468R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Company Reg No	201726333W
Email Address	mrjumpstyle1@hotmail.com
Mobile Phone No	(Phone) +65-87780300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00118772101

DRIVER

Name of Driver	ANG WEI LUN, DANIEL
NRIC No	S9726165B
Date Of Birth	02/08/1997
Occupation	Outdoor

Date Of Driving Pass	07/06/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94496542
Alt. Phone Number	-
Email Address	mrjumpstyle1@hotmail.com
Address	BLK 156 AMK AVE 4
Address complement	#07-712
Postcode	560156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3275M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	ANG WEI LUN,DANIEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBL1468R
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. The 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 making 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 and/or 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 be 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.

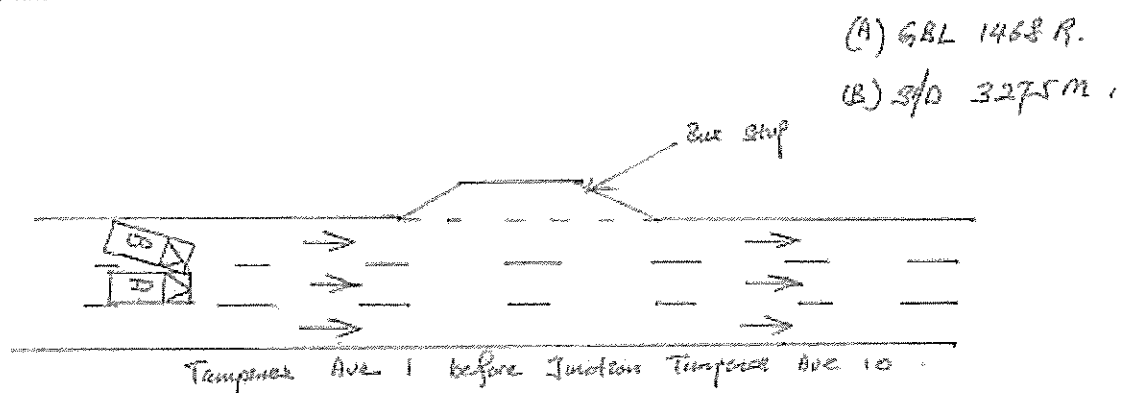


Policyholder's Signature / Date & Time

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

ROSHAN BINTI A. WINDAN
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05/07/2022 at @ 08:57 hrs, I stopped my vehicle (GBL1468R) along Tampines Ave 1 before the junction of Tampines Ave 10 on the centre lane due to red light ahead. When the traffic lights ahead turned green, the vehicle ahead of me moved forward and I moved forward too. Suddenly, a taxi (SFD 2075 m) on my left, cut into my path and collided onto the left side of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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

ROSEMARIE BINIE A WATNAB

Witnessed by Reporting Centre Personnel 05/07/22