

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 : CLM17331 / SMJ7598P / AUG-32/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMJ7598P & SHB3142Z ON 13/08/2022
ALONG PIE TOWARDS TUAS BEFORE CTE(CITY) EXIT

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB3142Z** 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	\$	4,066.00	(Include 7% GST)
Loss of rental	\$	600.00	(\$120 X 5 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>4,973.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17331
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 15910
- 3) Autobay Towing - SMJ7598P (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMJ7598P

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bizSAFE₃



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 : 15/08/2022

Vehicle Num. : SMJ7598P

Make/Model : HONDA CIVIC 2.0L A-2007

Chassis/Eng# : JHMF26408S200485/K20Z23500483

Accident Date : 13/08/2022

Claim No : CLM17331

Reference : AUG-32/2022

Policy No. : MT/00818458/02 (27/06/2023)

LUMPSUM REPAIR BILL

REF : CLM17331-N51 DATED 16/08/2022

BY DIRECT

Amount S\$

3,800.00



E. & O.E.	Sub S\$:	3,800.00
	Add GST (7%) S\$:	266.00
	Total Amount S\$:	4,066.00

for N-51 AUTOMOTIVE PTE LTD





I/We AKMAD MUSTA'IN BIN AHMAD KUMZI
HIRER'S PARTICULARS of BLK 58 MARINE TERRACE
If Different From Section ① #06-67 S 440058 Tel: 9789 6519

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>SJX 7799m</u>		Rental Agreement 合同號碼 <u>No. H 15910</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 <u>15/8/2022 16:15 HRS</u>	
姓名 <u>AS ABOVE</u>		交車日期及時間 <u>20/8/2022 1045 HRS</u>	
地址 <u>AS ABOVE</u>		Chargeable Rates Amount	
S		5 Days @ \$ <u>\$600/-</u>	
居民證/護照號碼 I/C No./Passport No: <u>S88111334</u>		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Months @ \$	
出生日期 Date of Birth: <u>04/04/1988</u>		發出地 Place of Issue:	
a) 三號保險底金 \$1500/- Third Party Only Policy Excess \$1500/-		b) 一號保險底金 \$2000/- 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	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge	
		按金 Security Deposit	
		總金額 Total Payable <u>\$600/-</u>	
		來銀 Amount Paid	
		送車/費 Delivery Fees	
		收車費用 Collection Fees/Misc.	
IMPORTANT! For Singapore Use only.		超過/小時 Extra Hours @ \$	
		租費不包括汽油 Rates Do Not Include Fuel	
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	
車牌號碼 Vehicle No: 1)		起 From:	
車牌號碼 Vehicle No: 2)		起 From:	
工具 Tools		輪胎 Spare Tyre	
車輛發出人 Vehicle Issued By:		裝飾品 Accessories	
車輛接收人 Vehicle Collected By:		加額費用 Total Additional Charges	
NOTE: 註 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起一切的責任。 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:

15/8/2022

租車者簽名
Signature of Hirer:



AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 15/8/22

Sold to: _____

(N-51)
SMJ 7598P

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Ubi		\$100
		Repairing Two Tyres		
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 : 15 Aug 2022 / 16:55:59

Receipt Date/Time : 15 Aug 2022 / 16:55:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220815-003303

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 - SHB3142Z				
As at 13 Aug 2022/15:05:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB3142Z			
	Enquiry Fee	7.00	0.49	7.49
	20220815165542658389			
	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				
	bv0amyk6		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

SMJ 7598 P &
PIE TWDS TUAS BA CTE (CT4) EX17 ON

SUB 3142 Z

13/08/2012

I/We

of

the owner of vehicle no.

AHMAD MUSTA'IN BIN AHMAD RUMI NRIC/Passport No: S 7811/3341
BLK 53 MARINE TERRACE #06-67 S1440058
SMJ 7598 P 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

Policy No.

DIRECT ASIA
MT 100818458102

Expiry Date:

27/06/2013

Date:

Excess:

[Signature]

[Signature]

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 Actual 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	15/08/2022 17:55 (SGT)
Reported by	Both
Date of Accident	13/08/2022 15:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PIE TOWARDS TUAS BEFORE CTE (CITY EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7598P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AHMAD MUSTA'IN BIN AHMAD RUMZI
NRIC No	S8811133H
Email Address	XIENTIST@GMAIL.COM
Mobile Phone No	(Phone) +65-97896519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	HONDA / CIVIC 2.0L A
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	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00818458

DRIVER

Name of Driver	AHMAD MUSTA'IN BIN AHMAD RUMZI
NRIC No	S8811133H
Date Of Birth	04/04/1988
Occupation	Indoor

Date Of Driving Pass	10/11/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97896519
Alt. Phone Number	-
Email Address	XIENTIST@GMAIL.COM
Address	APT BLK 58 MARINE TERRACE #06-67
Address complement	-
Postcode	440058
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)	2
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	-

PASSENGER 1

Name	SOFIA BINTE SAMRI
Gender	Female

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
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SHB3142Z
Vehicle Manufacturer	Hyundai


Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR PHUA
Contact Number	(Phone) +65-96750457
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

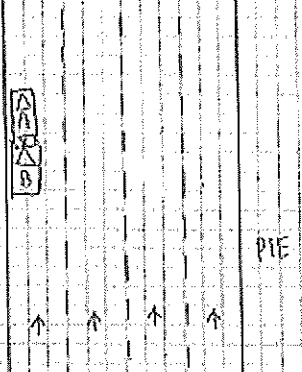
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.


15/08/2022 1552hrs
Policyholder's Signature / Date & Time


15/08/2022 1552hrs
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SMT 7598 P		Vehicle B: SHP 3142 Z	
PIE			
			


Describe Circumstances of the Accident


On the Above Date and time, I was driving my vehicle A (SMJ 7598P) travelling along PIE towards tugs on lane 4 of a 4-laned Expressway. Some where before the CTE Exit the vehicle in front of me slowed down and such I stopped completely. There was an impact on my rear. I went down to check and Vehicle B (SHB 3142Z) hit the rear portion of my vehicle.

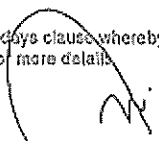
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 15/08/2022 1532hrs
Policyholder's Signature / Date & Time

 15/08/2022 1532hrs
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel