

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

16 February 2023

Our Ref : CLM17400 / SLN6789C / 01/10/2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SLN6789C & GBK9453K ON 01/10/2022
ALONG LOR 2 TOA PAYOH SLIP RD TO PIE(CHANGI)**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBK9453K** 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	\$	10,584.00	(Include 8% GST)
Loss of rental	\$	2,800.00	(\$200 X 14 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>13,591.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17400
- 2) Twincar Rental - Invoice No: 13-3864 , Vha No: 72716
- 3) LTA search fee
- 4) Letter of Authorisation
- 5) GIA report of SLN6789C

We look forward to your prompt reply.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD

S.Y.NEO

Director



bigSAFE₃



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

ALLIANZ INSURANCE SINGAPORE PTE LTD
 79 ROBINSON ROAD
 #09-01
 SINGAPORE 068897

TAX INVOICE

Date : 23/12/2022
 Date in : 01/10/2022
 Vehicle Num. : SLN6789C
 Make/Model : TOYOTA HARRIER PREMIUM 2.0 CVT-2016
 Chassis/Eng# : ZSU600092077/3ZRB911046
 Accident Date : 01/10/2022
 Claim No : CLM17400
 Reference : OCT-03/2022
 Policy No. : SP2001804542-01 (14/05/2023)

LUMPSUM REPAIR BILL
 REF : CLM17400-N51 DATED 04/10/2022
 BY DIRECT

Amount S\$
 9,800.00

E. & O.E.	Sub S\$:	9,800.00
	Add GST (8%) S\$:	784.00
	Total Amount S\$:	<u>10,584.00</u>



for N-51 AUTOMOTIVE PTE LTD



TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :
XIAO LIANRONG 2 TAY LIAN TECK ROAD SINGAPORE 455616

INVOICE

Invoice No. 13-3864

Date 14/10/2022

Hirer's Car No.	VHA No.	Terms
SLN6789C	72716	CASH

No. of Day	Description	Per Day	Amount (S\$)
14	Car Rental from the period of 01/10/2022 to 14/10/2022. Vehicle no. SMW5151P Singapore Dollars Two Thousand and Eight Hundred Only	200.00	2,800.00
		Total	\$2,800.00

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

SLN 6789C (NS1)

VHA No: 72716

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) XIAO LIANGRONG
 NRIC/PASSPORT No: S 7163968A
 Address (Res): 2 JAY LIAN TECK RD
S (455616)
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: S7163968A D/L Type: Local / International
 Pass Date: 16/06/2011 Date of Birth: 18/03/1971
 Tel: (O) _____ (R) _____ HP 9321 3898

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
 NRIC/PASSPORT No: _____
 Address (Res): _____
 Driving Licence No: _____ D/L Type: Local / International
 Pass Date: _____ Date of Birth: _____
 Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
 D - DENTS
 S - SCRATCHES
 A - ACCIDENTS

REAR

RIGHT FRONT TOP LEFT

ACCESSORIES CHECK

- Ashtray Cig Lighter S/Tyre
 STD Tools Jack Hub Caps
 Radio / Cass CD Cartidges

Vehicle No: SMW5151P Replace Veh No: _____
 Mileage Out: _____ Mileage Out: _____
 Make & Model: Toyota Harrier Auto / Manual Group: _____
 OUT: Date 1/10/2022 Time: 1000 PM
 HIRE/PERIOD EXPIRY _____
 NON-WAIVER EXCESS : \$ _____

CHARGES			
Daily	@ \$	<u>200</u> per day	<u>14</u> <u>2800</u> <u>00</u>
Weekly	@ \$	per week	
Monthly	@ \$	per month	
Hours	@ \$	per hour	
Others	@ \$		
CDW	@ \$	per day/month	
PAI	@ \$	per day/month	
Delivery Service			
SUB-TOTAL \$			

PETROL LEVEL						
Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	
EXTENSION						
Collection Service						
Misc.						
TOTAL CHARGE \$						<u>2800</u> <u>00</u>

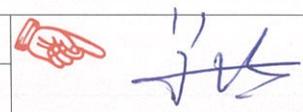
Rented out by: _____
 Hirer's Signature 
 Addition Driver's Signature _____

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, 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 ANY 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 SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>14/10/2022</u>	<u>9:50 AM</u>				

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Oct 2022 / 11:18:22

Receipt Date/Time : 03 Oct 2022 / 11:18:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221003-001321

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBK9453K As at 01 Oct 2022/21:45:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - GBK9453K Enquiry Fee 20221003111805710693	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				
agn8agpm			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: SLN 6789C & GBK 9453K
ALONG LOR 2 TOA PAYOH S4P RD TO PIE (CHANG) ON 01/10/2022

I/We XIAO LIANGRONG NRIC/Passport No: S 7163968A
of 2 TAY LIAN TUCK RD S14556161
the owner of vehicle no. SLN 6789C 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. _____ Expiry Date: _____

Date: _____ Excess: _____

Xiao Liangrong
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	03/10/2022 16:02 (SGT)
Reported by	Both
Date of Accident	01/10/2022 21:45 (SGT)
Exact Location of Accident	Near 8RHW+XH Singapore
Additional Location Information	Along Lor 2 Toa Payoh Slip Road to PIE (Changi)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6789C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Xiao LiangRong
NRIC No	S7163968A
Email Address	lrxiao@pulem.com.sg
Mobile Phone No	(Phone) +65-93213898
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	PREMIUM 2.0 CVT
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	1986

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001804542-01

DRIVER

Name of Driver	Xiao LiangRong
NRIC No	S7163968A
Date Of Birth	18/03/1971
Occupation	Indoor

Date Of Driving Pass	16/06/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93213898
Alt. Phone Number	-
Email Address	lrxiao@pulem.com.sg
Address	2 Tay Lian Teck Road
Address complement	Singapore
Postcode	455616
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	Wet

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)	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	Huang LiYing
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 sketch plan.

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	GBK9453K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	Xiao LiangRong
Gender	Male
Phone No	(Phone) +65-93213898
Address	2 Tay Lian Teck Road
Address Complement	Singapore
Post Code	455616
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN6789C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	Huang LiYing
Gender	Female
Phone No	(Phone) +65-91806889
Address	2 Tay Lian Teck Road
Address Complement	Singapore
Post Code	455616
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN6789C
Were seat belts worn?	-
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 Form must be completed by the Policyholder and/or the Actual 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 renege 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

3. 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' lawyer/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' lawyer/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 lawyer/law firms), which may be sites outside of Singapore, for one or more of the above Purposes

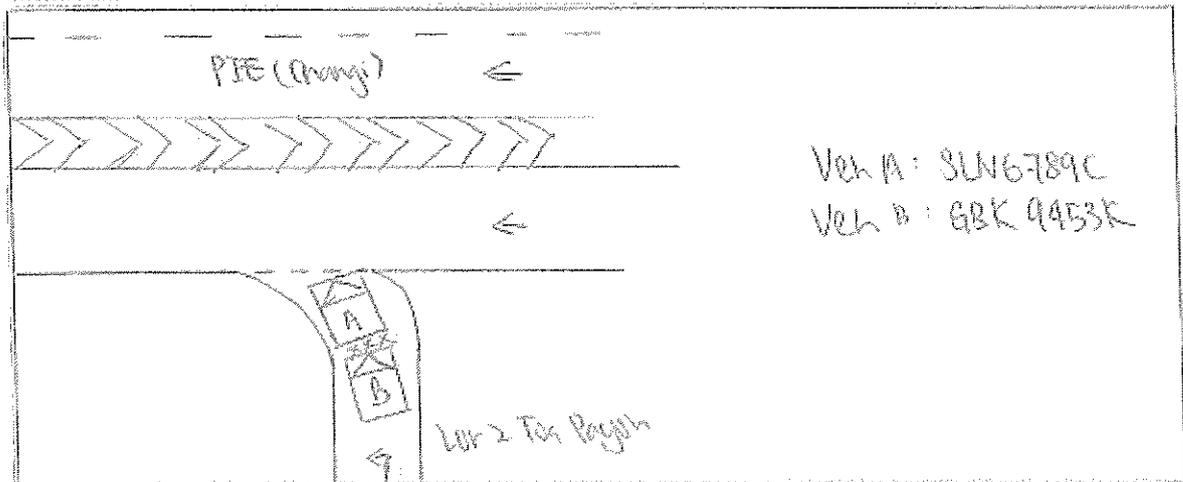
Policyholder's Signature / Date & Time

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

Law Yi Ting

Witnessed by Reporting Centre Staff member (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SLN6789C) traveling along Lor 3 Toa Payoh slip road to PIE (Change) on single lane, slip road. My vehicle was stopped before the give way line to give way for the oncoming vehicle. Out of sudden, vehicle B (GBK9453K) came from rear and collided into the rear portion of my vehicle.

Declaration

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



Police Officer's Signature / Date & Time



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

Law Yi Ting

Witnessed by Reporting Centre Personnel (Name as in NRIC/AD card)