

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

05 April 2023

Our Ref : CLM17535 / SMP5707Z / DEC-46/2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMP5707Z & GBJ9768H ON 22/12/2022
ALONG 10B ROCHESTER PARK

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBJ9768H** 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 | \$ | 6,048.00 | (Include 8% GST) |
| Loss of rental | \$ | 960.00 | (\$120 X 8 Days) |
| Additional 2 days loss of use for pre repair | \$ | 200.00 | (\$100 X 2 Days) |
| Towing fee | \$ | 170.00 | |
| LTA search fee | \$ | 26.75 | |
| | S \$ | <u>7,404.75</u> | |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM17535
- 2) Twincar Rental - Invoice No: 13-3941 , Vha No: 72784
- 3) Autobay Towing - SMP5707Z (receipt attached)
- 4) LTA search fee
- 5) Letter of Authorisation
- 6) GIA report of SMP5707Z

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

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

TAX INVOICE

Date : 04/04/2023
Date in : 23/12/2022
Vehicle Num. : SMP5707Z
Make/Model : HONDA SHUTTLE 1.5G CVT SENSING-2019
Chassis/Eng# : GK82100597/L15B6020715
Accident Date : 22/12/2022
Claim No : CLM17535
Reference : DEC-46/2022
Policy No. : V0113667 (29/09/2023)

LUMPSUM REPAIR BILL
REF : CLM17535-N51 DATED 27/12/2022
BY DIRECT

Amount S\$
5,600.00

| | | |
|----------------|-----------|----------|
| E. & O.E. | Sub S\$: | 5,600.00 |
| Add GST (8%) | S\$: | 448.00 |
| Total Amount | S\$: | 6,048.00 |



for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

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 :

NG PENG HENG
BLK 239 LORONG 1 TOA PAYOH
#08-94
SINGAPORE 310239

INVOICE

Invoice No. 13-3941

Date 31/12/2022

| Hirer's Car No. | VHA No. | Terms |
|-----------------|---------|-------|
| SMP5707Z | 72784 | CASH |

| No. of Day | Description | Per Day | Amount (S\$) |
|--------------|--|---------|-----------------|
| 8 | Car Rental from the period of 23/12/2022 to 31/12/2022. Vehicle no. SKT6872A Singapore Dollars Nine Hundred and Sixty Only | 120.00 | 960.00 |
| Total | | | \$960.00 |

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

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

VHA No: 72784

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

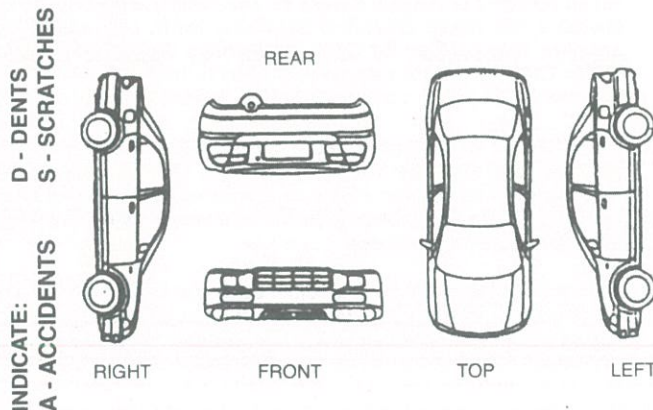
HIRER'S PARTICULAR

Name: (as in I/C) NG PENG LING
NRIC/PASSPORT No: S 1433327 D
Address (Res): BLK 239 LORONG 1 TOA PAHON #08-94 S 13102391
Name & Address of Employer: _____
Occupation: _____ Driving Exp: _____
Driving Licence No: S1433327D D/L Type: Local / International
Pass Date: 05/04/1983 Date of Birth: 17/11/1960
Tel: (O) _____ (R) _____ HP 96711205

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



ACCESSORIES CHECK

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

Vehicle No: 8KT 6872 A Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: TOYOTA ALTIS Auto / Manual Group: _____
OUT: Date 23/12/22 Time: 1045 hrs
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

CHARGES

| | | | | | | |
|------------------|------|------------|---------------|----------|------------|-----------|
| Daily | @ \$ | <u>120</u> | per day | <u>8</u> | <u>960</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>960</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>31/12/2022</u> | <u>14:55 hrs</u> | | | | |

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 23/12/22

Sold to: _____

SMP 5707 Z**CROWN**

| Item | Quantity | Description | Unit Price | Amount |
|------------|----------|-------------------|-------------|--------|
| | | Toa Payoh to Auto | | 70 |
| | | Hub | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. & O. E. | | | Sub Total : | |
| | | | GST Tax : | |
| | | | Total : | 70 |

Issued by: _____

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 23/12/22

Sold to: _____

SMP 5707 Z**CROWN**

| Item | Quantity | Description | Unit Price | Amount |
|------------|----------|-----------------------|-------------|--------|
| | | Auto Hub to Defu lane | | 100 |
| | | Reporting Two Trips | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. & O. E. | | | Sub Total : | |
| | | | GST Tax : | |
| | | | Total : | 100 |

Issued by: _____

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Dec 2022 / 11:22:30

Receipt Date/Time : 23 Dec 2022 / 11:22:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221223-001599

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (\$\$) | GST Amount (\$\$) | Amount After GST (\$\$) |
|---|---|--------------------------------|-------------------------|-------------------------------|
| Result of Insurance Enquiry - GBJ9768H | | | | |
| As at 22 Dec 2022/16:40:00 | | | | |
| Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - GBJ9768H Enquiry Fee 20221223112214413686 | 25.00 | 1.75 | 26.75 |
| Sub-Total | | 25.00 | 1.75 | 26.75 |
| Total Before Rounding | | 25.00 | 1.75 | 26.75 |
| Rounding Difference | | | | 0.00 |
| Total Amount Payable | | | | 26.75 |
| Paid By | | | | |
| h5q22d5s | | | Credit Card | 26.75 |
| Total | | | | 26.75 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 26.75 |
| 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: SMP 5707 Z & CBJ 9768 H
ALONG 10B ROCHESTER PARK ON 22/12/2022

I/We NG PENG HENG NRIC/Passport No: S 143 3327 D
of BLK 539 LORONG 1 TOA PAYOH #B-94 S13102391
the owner of vehicle no. SMP 5707 Z 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: _____


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 | 23/12/2022 13:53 (SGT) |
| Reported by | Both |
| Date of Accident | 22/12/2022 16:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | 10B ROCHESTER PARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMP5707Z |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | NG PENG HENG |
| NRIC No | S1433327D |
| Email Address | THOMASNG1711@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96711205 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | SHUTTLE 1.5G CVT SENSING |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Great Eastern General Insurance Limited |
| Policy Number / Cover Note Number | V0113667 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | NG PENG HENG |
| NRIC No | S1433327D |
| Date Of Birth | 17/11/1960 |
| Occupation | Outdoor |

| | |
|--|---|
| Date Of Driving Pass | 05/04/1983 |
| Driving experience | 39 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96711205 |
| Alt. Phone Number | - |
| Email Address | THOMASNG1711@GMAIL.COM |
| Address | BLK 239 LORONG 1 TOA PAYOH 08-94 SINGAPORE 310239 |
| 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 | Collided into Property |
| 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 |
| 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

REFER WITH ATTACHED.

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 | GBJ9768H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | CHAN YANN FEN |
| Contact Number | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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 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 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.

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/small packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

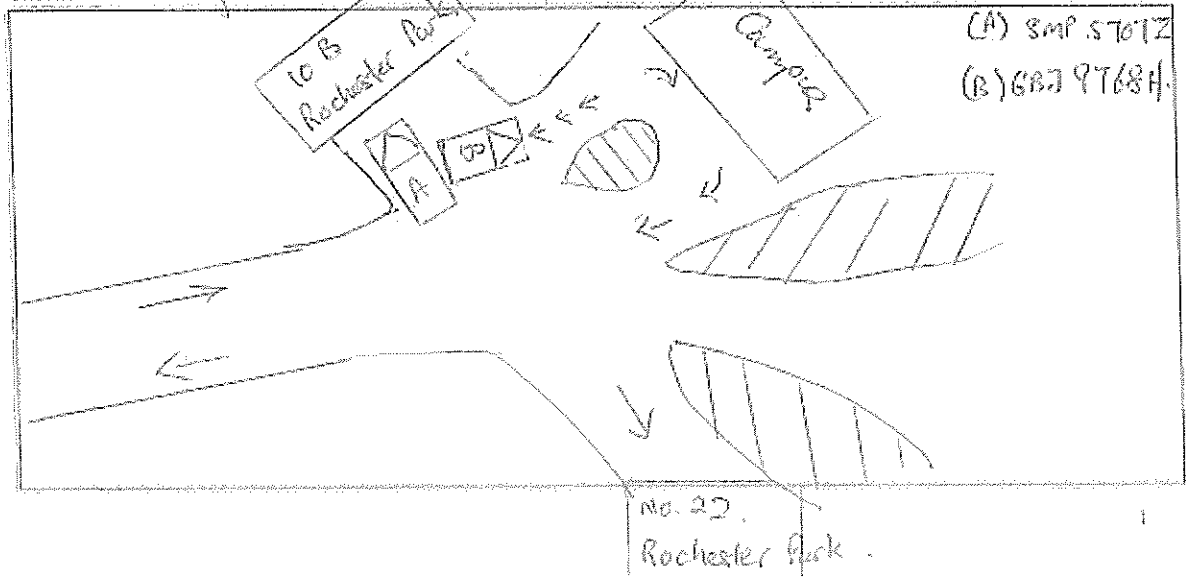
(collectively the "Purposes")

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

Sketch Plan



Describe Circumstance of the Accident

On 20/12/2022 at @ 1640 hrs, I was driving in my vehicle (SMP ST07Z) entering the restaurant at 10A Rochester Park moving very slowly. Suddenly a van (GBJ 9768H) on my right from a slope reversed and collided onto the right side of my vehicle.

Declaration

If We declare the foregoing particulars are true in every respect.

Polynomial's Similar Days & Time

Driver's Signature (If driver is not the policyholder) Date
\$ Time

Witnessed by Reporting Centre Personnel
as in MRICAD card