

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 67440510

Fax: 67410510

P.I.C - Sandy

Reply to :claim@twincar.com.sg

05 December 2024

Our Ref : CLM16435 / GBM444K / SEPT-26/2024

LONPAC INSURANCE BHD

300 BEACH ROAD

#17-04/07 THE CONCOURSE

SINGAPORE 199555

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING GBM444K & XE5224C ON 26/09/2024 **ALONG BRADDELL ROAD**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **XE5224C** 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	\$	9,047.00	(Include 9% GST)
Loss of rental	\$	1,177.20	(\$130.80 X 9 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	27.25	
3rd party report	\$	62.00	
	S \$	<u>10,513.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16435
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS26268
- 3) LTA search
- 4) Tax Invoice of 3rd party report
- 5) Letter of Authorisation
- 6) GIA report of GBM444K

We look forward to your prompt reply.

Yours faithfully,



Twincar Automotive Pte Ltd

S.Y.NEO

Director

TwinCar 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. : 200714616M

GST Registration No. : 200714616M

LONPAC INSURANCE BHD

300 BEACH ROAD

#17-04/07 THE CONCOURSE

SINGAPORE 199555

TAX INVOICE

Date : 05/12/2024

Date in : 26/09/2024

Vehicle Num. : GBM444K

Make/Model : TOYOTA DYNA 150 5MT-2018

Chassis/Eng# : JTFAT35Y00K210881/1KD2808431

Accident Date : 26/09/2024

Claim No : CLM16435

Reference : SEPT-26/2024

Policy No. : DMCG24009349 (09/07/2025)

LUMPSUM REPAIR BILL

REF : CLM16435-TWINCAR DATED 27/09/2024

BY DIRECT

Amount S\$

8,300.00



E. & O.E.	Sub S\$:	8,300.00
	Add GST (9%) S\$:	747.00
	Total Amount S\$:	9,047.00

for TWINCAR AUTOMOTIVE PTE LTD

TwinCar

LEASING PTE LTD

Company & GST Registration Number : 201533046C
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921
Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg

Invoice To

TOPAIR ENGINEERING PTE LTD
27 New Industrial Road
#06-03 Novelty Techpoint
Singapore 536212

TAX INVOICE

Invoice No. TLCS 26268
Date 16/10/2024
Terms Cash

Qty	Description	Rate	Amount
9	GBJ51B - Car rental fee for period from 26/09/2024 to 05/10/2024 (ref. Vehicles GBM444K) 9% Tax on Sales	120.00 9.00%	1,080.00 97.20
		GST 9%	\$97.20
		Total Amount	\$1,177.20

TWNCAR LEASING PTE. LTD.



Authorised Signature

Note : Kindly make payable to " TWNCAR LEASING PTE LTD"
or by Bank-in/transfer to UOB Bank A/c No. 310-307-697-6 (Bank Code 7375)



TWINCAR LEASING PTE. LTD.

Company Registration Number : 201533046C
2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921
Tel: 6744 0510 Fax: 6741 0510 email: twincar.rental@n51.com.sg

VEHICLE RENTAL AGREEMENT

VHA NO: 1026

HIRER'S PARTICULAR

Name(as in I/C): TOPAIR ENGINEERING PTE LTD
NRIC/PASSPORT No: 200816861G
Address(Res):27 NEW INDUSTRIAL ROAD #06-03 NOVELTY TECHPOINT SINGAPORE (536212)
Occupation: COMPANY Driving Exp:
Driving License No: 200816861G D/L Type: Local
Issue Date: 2008-08-26 Date of Birth: 2008-08-26
Tel: (O) 67895223 (HP) 88121999
Email: WECARE@TOPAIR.COM.SG

ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C): BOORASAMY GURUMOORTHY
NRIC/PASSPORT No: G7906811Q
Address(Res):27 NEW INDUSTRIAL ROAD #06-03 NOVELTY TECHPOINT SINGAPORE (536212)
Occupation: DRIVER Driving Exp:
Driving License No: G7906811Q D/L Type: Local
Issue Date: 2017-04-01 Date of Birth: 1986-05-09

Vehicle No: GBJ51B
Make: TOYOTA
Model: DYNA Auto/Manual Group: Auto
Year: 2016 Colour: SILVER
Mileage Out:
OUT: Date 2024-09-26 Time: 15:39
NON-WAIVER EXCESS:
Section1: \$2000 Section2: \$2000

CHARGES

Daily rate	120.00
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PETROL-LEVEL

Out	E	1/4	1/2	3/4	F	E
In	E	1/4	1/2	3/4	F	E
Extension (Accessories)						0.00
Collection Service						0.00
Misc.						0.00

Security Deposit Collected	0.00
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Rental Term	Cash
Start Date	2024-09-26
End Date	2024-12-26

Rented out by:	Steve Koh
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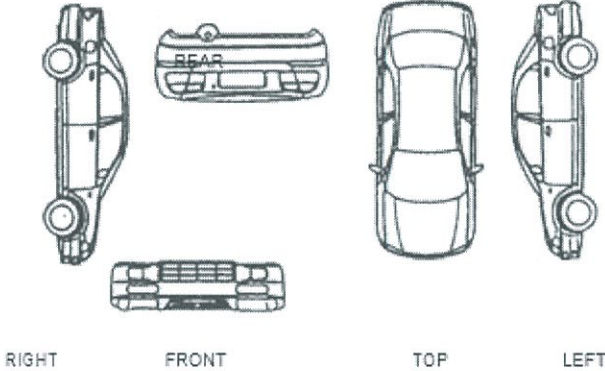
Hirer signature:

Addition Driver's Signature:

VEHICLE CHECKLIST

D - DENTS
S - SCRATCHES

INDICATE:
A - ACCIDENTS



ACCESSORIES CHECK

☒ Camera Recorder ☒ Reverse Camera ☒ CD/ Radio Player
☒ Remote Control ☒ Reverse Sensor ☐ S/Tyre

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given TWINCAR LEASING PTE. LTD. in connection with this agreement is true.

IMPORTANT

- THE VEHICLE SHALL BE RENTED OUT ON A DAILY BASIS, WITH A MINIMUM RENTAL PERIOD OF SIX MONTH.
- IN THE EVENT THAT THE HIRER RETURN THE VEHICLE PRIOR TO THE END OF THE MINIMUM RENTAL PERIOD, THE HIRER WILL BE REQUIRED TO PAY THE FULL RENTAL FEE APPLICABLE FOR THE REMAINING PERIOD UP TO THE END OF THE MINIMUM RENTAL PERIOD.
- ONLY PERSONS ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, 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 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 SHOULD REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR LEASING PTE. LTD..
- AN ADDITIONAL EXCESS OF \$2000 OF ALL CLAIM WILL APPLY FOR VEHICLE USE OUTSIDE SINGAPORE AND \$3000 FOR AGE ABOVE 65.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
05/10/2024	14.50hrs				



> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 27 Sep 2024 / 10:29:18
Receipt Date/Time : 27 Sep 2024 / 10:29:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240927-001109

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 - XE5224C				
As at 26 Sep 2024/09:00:00				
Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - XE5224C			
	Enquiry Fee	25.00	2.25	27.25
	20240927102850023680			
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
Paid By				
	qc9psvye		Credit Card	27.25
	Total			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	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.



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 30/09/2024

Your Ref No: L&L.GBM444K.TCA(2)

Dear Sir/Madam,

Date of Accident: 26/09/2024 09:00 (SGT)

Vehicle No: GBM444K

Place of Accident: 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\$)
SMJ2927G	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
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.



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 30/09/2024

Your Ref No: L&L.GBM444K.TCA

Dear Sir/Madam,

Date of Accident: 26/09/2024 09:02 (SGT)

Vehicle No: GBM444K

Place of Accident: Near PUB Recreation Club, 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\$)
XE5224C	Near PUB Recreation Club, Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
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 Twincar Automotive Pte Ltd
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS:

ALONG

BRADDELL RD

GBM 444 K

&

XE 5224C

ON

26/09/2024

I/We TOPAIR ENGINEERING PTE LTD NRIC/Passport No:

of

27 NEW IND RD #06-03 NOVELTY TECHPOINT S15362121

the owner of vehicle no.

GBM 444 K

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.

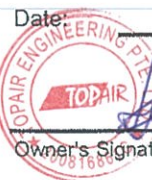
My/Our insurer is/are ERGO Insurance Pte. Ltd.

Policy No. DMCG24009349

Expiry Date: -

Date: 26/09/2024

Excess: -



Owner's Signature/Co's stamp (if applicable)



Witness Signature/Name

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

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 First Submission	26/09/2024 14:48 (SGT)
Reported by	Actual Driver
Date of Accident	26/09/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM444K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOPAIR ENGINEERING PTE LTD
Company Reg No	200816861G
Email Address	WECARE@TOPAIR.COM.SG
Mobile Phone No	(Phone) +65-67895223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982
Vehicle Fuel	Diesel
First Registration Date	10/07/2018
Chassis no	JTFAT35Y00K210881
Effective Date/Time of Ownership	10/07/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24009349

DRIVER

Name of Driver	RAHAMAN MOTIAR
Passport No/FIN	G6546648T
Date Of Birth	03/03/1985
Occupation	Outdoor
Driving Pass Date	29/08/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84295210
Alt. Phone Number	-
Email Address	M01770337986@GMAIL.COM
Address	C/O 27 NEW INDUSTRIAL ROAD
Address complement	06-03 NOVELTY TECHPOINT
Postcode	536212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	LOKMAN
Gender	Male

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

AS PER SKETCH PLAN 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	XE5224C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PERIYANAYAGASAMY ANTHONYRAJ
Contact Number	(Phone) +65-98947895
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


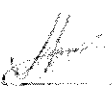

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ2927G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

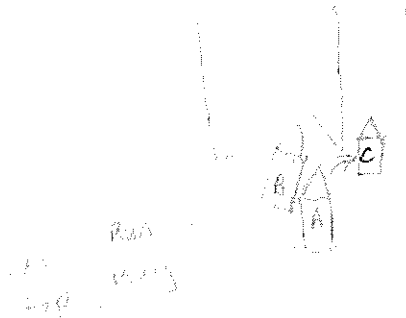
SKETCH PLAN

IMPORTANT NOTICE

1. This report will be used as the basis for the investigation and management of the accident and for the purpose of determining the liability for the accident and for the purpose of determining the amount of compensation payable by the insurer(s) to the insured party.
2. By the lodging of this report to the insurers, you have consented to the allowing of this report at the centre and to the use of the report being made available abroad.
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 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 insurer(s) who have insured vehicle(s) involved in this accident (if insurer(s) who have insured vehicle(s) involved in this accident and who are not involved in this accident, collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Motor Vehicle Insurance Agency and any other third party agent(s) authorized by the insurers to act on their behalf 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders

 Policyholder's Signature: _____ Date: _____	 Insurer's Signature: _____ Date: _____	26/9/24  Receiver's Signature: _____ Date: _____
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Page 1 of 2



Braddell Road.

A - GBM 444K
B - XE5224C
C - SMJ2927G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 2nd lane of Braddell Road, suddenly this vehicle (B) cut into my lane I immediately jam on my brakes but somehow due to his long vehicle his right rear hit my vehicle (A) on the left and cause my vehicle (A) to be pushed to my right that cause my vehicle (A) encroachment into the 1st lane and collided onto the on coming vehicle (C).

DECLARATION

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

[Signature]
Name of Driver
Date

[Signature]
Name of Driver
Date

26/9/20
[Signature]
Name of Driver
Date