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

16 October 2024

Our Ref:

CLM16349 / SMG6101L / JULY-03/2024

LONPAC INSURANCE BHD

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMG6101L & SMK651J ON 01/07/2024 ALONG DEVONSHIRE RD TWDS ORCHARD BLVD X EXETER RD

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SMK651J** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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	\$	3,815.00	(Include 9% GST)
Loss of rental	\$	654.00	(\$130.80 X 5 Days)
Additional 2 days loss of use for pre repair	\$	240.00	(\$120 X 2 Days)
Towing fee	\$	70.00	
LTA search fee	\$	27.25	
	S \$	4,806.25	•

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16349
- 2) Twincar Leasing Pte Ltd Invoice No: TLCS25868
- 3) Autobay Towing SMG6101L (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SMG6101L

We look forward to your prompt reply.

Yours faithfully,



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: 16/10/2024 Date in: 04/07/2024 Vehicle Num.: SMG6101L

Make/Model: HONDA SHUTTLE HYBRID 1.5 AUTO-2018

Chassis/Eng#: GP72000329/LEB7100551

Accident Date: 01/07/2024 Claim No: CLM16349 Reference: JULY-03/2024

Policy No.: SP2007987371 (18/10/2024)

LUMPSUM REPAIR BILL

REF: CLM16349-TWINCAR DATED 04/07/2024

BY DIRECT

Amount S\$ 3,500.00

E. & O.E. Sub SS:

3,500.00

Add GST (9%) S\$:

315.00

Total Amount S\$:

3.815.00



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 emial: twincar.rental@n51.com.sg

TAX INVOICE

Invoice No.

TLCS 25868

Date

29/07/2024

Terms

Cash

Invoice To

FOO CHEE WANG EDWARD 436A BUKIT BATOK WEST AVENUE5 #07-936

SINGAPORE 651436

Qty	Description		Rate	Amount
5	LOSS OF RENTAL FOR SMG6 FROM 04/07/2024 TO 09/07/20	101L - ACCIDENT DATED ON 01/07/2024 24 (\$ 120 PER DAY)	120.00	600.00
	VEHICLE NO VEHICLE MODEL MANUFACTURING YEAR ENGINE NO CHASSIS NO 9% Tax on Sales	: SMG6101L : HONDA SHUTTLE HYBRID : 2018 : LEB7100551 : GP72000329	9.00%	54.00
			GST 9%	\$54.0
MOAR	LEASTNE PTE LTD.		Total Amount	\$654.00

TWINCAR LEASING PTE LTD

Authorised Signature

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



	Sold to:	COST (TC) CLM 16	AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883 Tel: 9616 8988 (Ah Boon)	No	/7/24
	Item	Quantity	Description	Unit Price	Amount
			Bakit Batok to A	to	\$ 70
WN			Hulo		
CROWN					
J					
			E. & O. E.	Sub Total:	
				GST Tax :	
	Issued	hv.		Total :	\$70

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

02 Jul 2024 / 14:01:53

Receipt Date/Time:

02 Jul 2024 / 14:01:53

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240702-002311

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 - SMK651J As at 01 Jul 2024/19:05:00 Insurance Co: LONPAC INSURANCE BHD 1 Insurance Enquiry - SMK651J				
Enquiry Fee 20240702140135423925		25,00	2,25	27,25
	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			
	0fvpjja3	•	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.

LETTER OF AUTHORISATION

To: M/s Twincar Automotive Pte Ltd Singapore RE: ACCIDENT INVOLVING VEHICLE NOS: DEVONSHIRE RD WDS ORCHARD TWINCAR GASING PIE (71) NRIC/Passport No: **I**We EMEI BUFN of AM ONUB hereby authorise you to commence repair to the said the owner of vehicle no. SMG 61011 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 indequate, I/we underake 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 Expiry Date: Policy No. Excess: 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 <u>correctly</u> 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 witholding 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 02/07/2024 16:10 (SGT) Reported by **Actual Driver** Date of Accident 01/07/2024 19:05 (SGT) Exact Location of Accident Near 83 Devonshire Rd, Singapore 239864 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

FOO CHEE WANG EDWARD

S7144177F

11/12/1971

Indoor

Vehicle Registration Number SMG6101L INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner TWINCAR LEASING PTE LTD Company Reg No 201533046C Email Address TWINCAR.RENTAL@N51.COM.SG Mobile Phone No (Phone) +65-83802233 Alternative Phone No VEHICLE PARTICULARS Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500 INSURANCE COMPANY Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2007987371 DRIVER

NRIC No

Date Of Birth

Occupation

Name of Driver

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	09/03/1993 31 YEARS AND 4 MONTHS Male (Phone) +65-92398048 - TWINCAR.RENTAL@N51.COM.SG 436A BUKIT BATOK WEST AVENUE 5 #07-936 S 651436 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Raining Wet
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 Yes No Yes 3 No
PASSENGER 1	
Name Gender PASSENGER 2	UNKNOWN Male
Name	UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK651J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOO RUI MIN CHERIE
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	FOO CHEE WANG EDWARD
Gender	**
Phone No	•
Address	-
Address Complement	#
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>compath</u> the details of the staident to speed up the delays process.
- 2. This Form must be completed by the Policyholder and be the Actual Crives.
- Information provided must be as included and acquisite as possible. Any wilful micropresentation or withouting of motorial facts may afform insurance companies to required policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fallilly on the gart of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Confre calabilished 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.
- 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 Cata Profession Act (PDPA)

i understand, acknowledge, agree and consort that:

(a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, discloss said 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 at insurer(s) who have insured vahiole(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers flow imps, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of

(i) processing, handling and/or dealing with my claims including the sottlement of the claims and any necessary investigations relating to the claims:

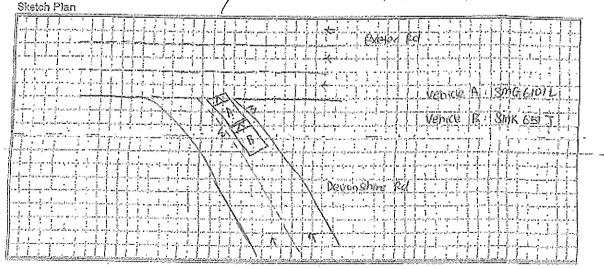
- (ii) invostigating the accident and/or my dalms;
- (FI) certying cut and/or dealing with my instructions or responding to any enquities by me:
- (b) administering my claims (including the maling of correspondence, statements, thyclose, reports or notices to me, which could have a disclosure of certain personal data about me to bring about definery of the same as well as on the external cover of envelopes/mail packages); ancier
- (v) complying with applicable law is administering, processing, harding and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all finance(s) who have insured valida(s) involved in this applications the insurers' lawyereds withms, maylare 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 lewycrofiew firms), which may be sited outside of Singapore, for and or more of the above Purposes.

Poscyholdes a Signature / Dale & Time

Oriver's Signaluyé (il driveç é ros tine policyholdes) / Dates 3. Time

Witnessed by Reporting Cooks Pursontal (Name as in NRIO/ID card)



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Declaration

We declare the foregoing particulars are true in every respect.

Policytolian's Signature / Date & Time

Driver's Signature of driver is not the policy/distort/ Data & Time

Witnessed by Reperting Centra Personnel (Nerson as in NEUCRO card)