

# 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

22 August 2024

Our Ref : CLM16350 / SMQ8259A / JULY-04/2024

## **INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SMQ8259A & SLQ3155K ON 01/07/2024**  
**ALONG YISHUN AVE 7 TWDS GAMBAS AVE B4 YISHUN AVE 6**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLQ3155K** 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	\$	3,924.00	(Include 9% GST)
Loss of rental	\$	523.20	(\$130.80 X 4 Days)
Additional 2 days loss of use for pre repair	\$	240.00	(\$120 X 2 Days)
LTA search fee	\$	27.25	
	S \$	<u>4,714.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16350
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS25867
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SMQ8259A

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

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711

## TAX INVOICE

Date : 22/08/2024  
Date in : 02/07/2024  
Vehicle Num. : SMQ8259A  
Make/Model : TOYOTA SIENTA HYBRID 7-SEATER 1.5X CVT-2019  
Chassis/Eng# : NHP1707181269/1NZR808197  
Accident Date : 01/07/2024  
Claim No : CLM16350  
Reference : JULY-04/2024  
Policy No. : SP2007987371 (18/10/2024)

LUMP SUM REPAIR BILL  
REF : CLM16350-TWINCAR DATED 03/07/2024  
BY DIRECT

Amount S\$  
3,600.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$ :	3,600.00
	Add GST ( 9% ) S\$ :	324.00
	Total Amount S\$ :	3,924.00

# 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](mailto:twincar.rental@n51.com.sg)

Invoice To

YEO ENG KIAT  
Blk 175 Yishun Avenue 7  
#15-859  
Singapore 760175

# TAX INVOICE

Invoice No. TLCS 25867

Date 29/07/2024

Terms	Cash
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Qty	Description	Rate	Amount
4	LOSS OF RENTAL FOR SMQ8259A - ACCIDENT DATED ON 01/07/2024 FROM 02/07/2024 TO 05/07/2024 ( \$ 120 PER DAY )	120.00	480.00
	VEHICLE NO : SMQ8259A VEHICLE MODEL : TOYOTA SIENTA HYBRID MANUFACTURING YEAR : 2019 ENGINE NO : 1NZR808197 CHASSIS NO : NHP1707181269 9% Tax on Sales	9.00%	43.20
		<b>GST 9%</b>	<b>\$43.20</b>
		<b>Total Amount</b>	<b>\$523.20</b>

TWINCAR LEASING PTE. LTD.

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)

Invoice was created on a computer and is valid without the signature and seal





# 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: 708

### HIRER'S PARTICULAR

Name(as in I/C): YEO ENG KIAT  
NRIC/PASSPORT No: S1129958Z  
Address(Res):BLK 175 YISHUN AVENUE 7 #15-859 SINGAPORE 760175  
Occupation: DRIVER Driving Exp: 477  
Driving License No: S1129958Z D/L Type: Local  
Issue Date: 1977-12-01 Date of Birth: 1955-06-21  
Tel: (HP) 97314140  
Email: ENGKIATYEO@GMAIL.COM

### ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C):  
NRIC/PASSPORT No:  
Address(Res):  
Occupation: Driving Exp:  
Driving License No: D/L Type:  
Issue Date: Date of Birth:

Vehicle No: SMQ8259A  
Make: TOYOTA  
Model: SIENTA HYBRID Auto/Manual Group: Auto  
Year: 2019 Colour: WHITE  
Mileage Out:  
OUT: Date 2022-10-12 Time: 10:44  
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	1/4
In	E	1/4	1/2	3/4	F	E

Extension (Accessories)	0.00
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Collection Service	0.00
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Misc.	0.00
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Security Deposit Collected	0.00
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Rental Term	Cash
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Start Date	2022-10-17
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End Date	2024-10-17
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Rented out by:	Jacky Siah
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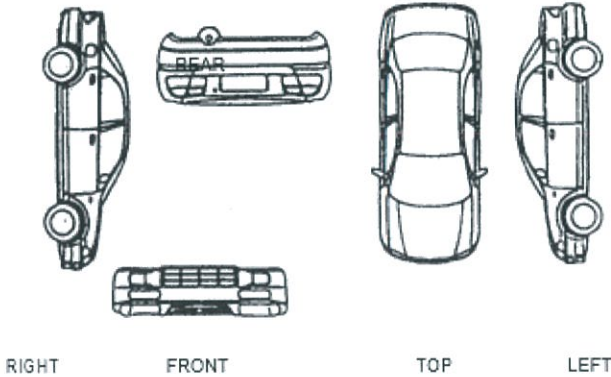
Hirer signature:

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



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

Print Date/Time : 02 Jul 2024 / 14:10:46  
Receipt Date/Time : 02 Jul 2024 / 14:10:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240702-002364  
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 - SLQ3155K As at 01 Jul 2024/17:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLQ3155K Enquiry Fee 20240702141028382912	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				
095ywskw			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:

ALONG YISHUN AVE 7 TWDS: GAMBAS AVE B4 YISHUN ON 01/07/2024  
AVE 6

I/We

TWNCAR LEASING PTE LTD

NRIC/Passport No:

of

2 KAEI BUKIT AVE 2 #01-17 KAEI BUKIT AUTOMOB S14179211

the owner of vehicle no. SMQ 8259A 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 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 \_\_\_\_\_

Policy No. \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_

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 .....	02/07/2024 16:12 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/07/2024 17:45 (SGT)
Exact Location of Accident .....	Near 251 Yishun Ave 3, Singapore 769061
Additional Location Information .....	YISHUN AVE 3 TOWARDS GAMBAS AVE BEFORE YISHUN AVE 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ8259A
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 .....	Toyota
Model .....	Sienta
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
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

Name of Driver .....	YEO ENG KIAT
NRIC No .....	S1129958Z
Date Of Birth .....	21/06/1955

Occupation .....	Indoor
Driving Pass Date .....	01/12/1977
Driving experience .....	46 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97314140
Alt. Phone Number .....	-
Email Address .....	TWINCAR.RENTAL@N51.COM.SG
Address .....	APT BLK 175 YISHUN AVENUE 7 #15-859 S 760175
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 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 .....	SLQ3155K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-



Contact Number	(Phone) +65-98199881
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	YEO ENG KIAT
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
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 wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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/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/also 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.



Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

Yishun Ave 6		Vehicle A : 9MCA 8259 A	
Yishun Ave 7 towards Gambas Avenue		Vehicle B : 3LQ 8155 K	

## Declaration

If we declare the foregoing particulars are true in every respect,



\_\_\_\_\_  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Corps Personnel  
(Name as in HHCDO card)