

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 : CLM16353 / GBF6420B / JULY-07/2024

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 GBF6420B & GBE4505J ON 02/07/2024
ALONG CTE TWDS AYE B4 PIE EXIT

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBE4505J** 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	\$	3,379.00	(Include 9% GST)
Loss of rental	\$	784.80	(\$130.80 X 6 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	27.25	
	S \$	<u>4,491.05</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16353
- 2) Twincar Leasing Pte Ltd - Invoice No: TLCS25864
- 3) Autobay Towing - GBF6420B (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of GBF6420B

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 : 16/10/2024

Date in : 03/07/2024

Vehicle Num. : GBF6420B

Make/Model : TOYOTA DYNA 150 5MT-2016

Chassis/Eng# : JTFAT35Y50K207409/1KD2678123

Accident Date : 02/07/2024

Claim No : CLM16353

Reference : JULY-07/2024

Policy No. : DMCPHQ24-000215

Amount S\$

3,100.00

LUMPSUM REPAIR BILL

REF : CLM16353-TWINCAR DATED 04/07/2024

BY DIRECT

E. & O.E.	Sub S\$:	3,100.00
	Add GST (9%) S\$:	279.00
	Total Amount S\$:	<u>3,379.00</u>



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

HOR GIAP TRADING
280 WOODLANDS INDUSTRIAL PARK E5
#06-14 HARVEST @WOODLANDS
SINGAPORE 757322

TAX INVOICE

Invoice No. TLCS 25864
Date 29/07/2024
Terms Cash

Qty	Description	Rate	Amount
6	Vehicle No. GBJ51B - Car Rental for the period 03/07/2024 to 09/07/2024 (ref. Vehicle GBF6420B) 9% Tax on Sales	120.00 9.00%	720.00 64.80
		GST 9%	\$64.80
		Total Amount	\$784.80

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)



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: 991

HIRER'S PARTICULAR

Name(as in I/C): HOR GIAP TRADING
NRIC/PASSPORT No: 37788500B
Address(Res):280 WOODLANDS INDUSTRIAL PARK E5 #06-14 HARVEST @ WOODLANDS SINGAPORE (757322)
Occupation: COMPANY Driving Exp:
Driving License No: 37788500B D/L Type: Local
Issue Date: 1987-06-19 Date of Birth: 1987-06-19
Tel: (HP) 91445482
Email: HOR-GIAP-8716@HOTMAIL.COM

ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C): CHUA HOE CHOON
NRIC/PASSPORT No: S0795850A
Address(Res):APT BLK 575 ANG MO KIO AVENUE 10 #11-1865 SINGAPORE 560575
Occupation: DRIVER Driving Exp:
Driving License No: S0795850A D/L Type: Local
Issue Date: 1976-10-15 Date of Birth: 1953-05-05

Vehicle No: GBJ51B
Make: TOYOTA
Model: DYNA
Year: 2016
Mileage Out:
OUT: Date 2024-07-03 Time: 13:59
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	2024-07-03
End Date	2024-10-03

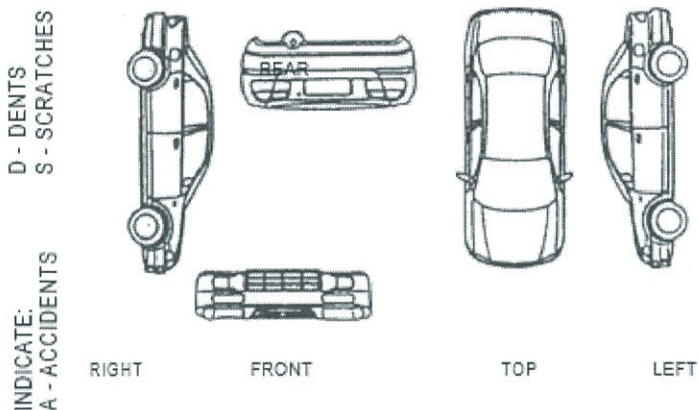
Rented out by:	Steve Koh
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Hirer signature:

HOR GIAP TRADING
280 WOODLANDS INDUSTRIAL PARK E5
#03-14 HARVEST @ WOODLANDS
SINGAPORE 757322
TEL: 6335 3119 FAX: 6240 7031

Addition Driver's Signature:

VEHICLE CHECKLIST



ACCESSORIES CHECK

<input checked="" type="checkbox"/> Camera Recorder	<input checked="" type="checkbox"/> Reverse Camera	<input checked="" type="checkbox"/> CD/ Radio Player
<input checked="" type="checkbox"/> Remote Control	<input type="checkbox"/> Reverse Sensor	<input type="checkbox"/> 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
09/07/2024	14:05HRS			

HOR GIAP TRADING
280 WOODLANDS INDUSTRIAL PARK E5
#03-14 HARVEST @ WOODLANDS
SINGAPORE 757322
TEL: 6335 3119 FAX: 6240 7031

SIGNATURE OF HIRER/DRIVER

AUTOBAY TOWING

1 Kaki Bukit Avenue #
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9816 8288 (Ah Boon)

CASH SALE

No. _____

Date: 3/7/24

Sold to: _____

(70)GRFG420 B**CROWN**

Item	Quantity	Description	Unit Price	Amount
		Auto Hubs 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 : 03 Jul 2024 / 16:02:45
Receipt Date/Time : 03 Jul 2024 / 16:02:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240703-003119

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 - GBE4505J As at 02 Jul 2024/15:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GBE4505J Enquiry Fee 20240703160232134399	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				
anb7qcyh			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: GBF 6420 B & GBE 4505 J
ALONG C7E TWDS AYE B4 PIE EX17 ON 02/07/2024

I/We HOR GIAP TRADING NRIC/Passport No: 37788500B
of BLE 575 ANG MO KIO AVE 10 #11-1865 S15605751
the owner of vehicle no. GBF 6420 B 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 _____

HOR GIAP TRADING
280 WOODLANDS INDUSTRIAL PARK ES
#03-14 HARVEST WOODLANDS
SINGAPORE 73812
TEL: 6335 3118 FAX: 6249 7321

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.

SK0N2473000F / KAN FOOK SING MOTOR WORKSHOP [533758]
ENTRY DATE & TIME: 03/07/2024 15:57 (SGT)
SUBMITTED BY: Lee Nai Vien
VERSION: 1 (03/07/2024 15:57 (SGT))

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	03/07/2024 15:57 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2024 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE - AYE BEFORE PIE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6420B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HOR GIAP TRADING
Company Reg No	37788500B
Email Address	HOR-GIAP-8716@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91445482
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ24-000215

DRIVER

Name of Driver	CHUA HOE CHOON
NRIC No	S0795850A
Date Of Birth	05/05/1953
Occupation	Outdoor

Driving Pass Date	15/10/1976
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91445482
Alt. Phone Number	-
Email Address	HOR-GIAP-8716@HOTMAIL.COM
Address	575 ANG MO KIO AVE 10 #11-1865 S560575
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

REFERE TO ATTACHED REPORT

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	GBE4505J
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)	2

PASSENGER 1

Name	PASSANGER
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP8161K
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)	2

PASSENGER 1

Name	PASSANGER
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNC7317J
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)	2

PASSENGER 1

Name	PASSANGER
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA HOE CHOON
Gender	-
Phone No	-
Address	-

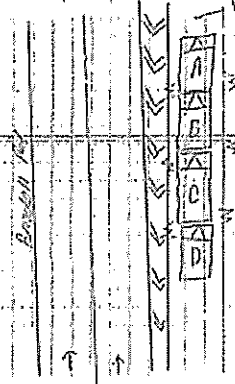
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6420B
Were seat belts worn?	"
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 Authorised 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 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. The 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.
8. Consent under the Personal Data Protection Act (PDPA)
(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/mailed 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 the Insurers' law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CTE towards AVE

Vehicle A : GBF 6420 B
Vehicle B : GBF 4505 J
Vehicle C : YP 8161 K
Vehicle D : SNC 7337 J



SKETCH PLAN #2

Describe Circumstances of the Accident

As at above date & time, I was driving my vehicle (BRF6420B)

along ATE towards AVE on the extreme left line of a 4 lane

expressway. Before the exit of PIE, I was driving slowly

in my lane when the vehicle in front of my vehicle stopped. I

followed accordingly. Out of a sudden, vehicle B (GBE4505J) collided into

the rear portion of my vehicle. I alighted & discovered I was

involved in a 4 car chain collision involving vehicle C (YP 8161 K)

& vehicle D (3NC7317J) at the rear of the accident.

Declaration

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 Centre Personnel