

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 : CLM16356 / SNQ6606H / JULY-10/2024

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 SNQ6606H & YP9737T ON 05/07/2024
ALONG KPE TWDS MCE B4 PIE(TUAS)

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **YP9737T** 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	\$	4,142.00	(Include 9% GST)
Loss of rental	\$	720.00	(\$120 X 6 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	27.25	
	S \$	<u>5,089.25</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16356
- 2) Twincar Rental - Invoice No: 13-4725 , Vha No: 73664
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SNQ6606H

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 : 05/07/2024
Vehicle Num. : SNQ6606H
Make/Model : TOYOTA SIENTA HYBRID 1.5X CVT-2024
Chassis/Eng# : MXPL101106637/M15AY874167
Accident Date : 05/07/2024
Claim No : CLM16356
Reference : JULY-10/2024
Policy No. : SP2007987371 (18/10/2024)

LUMPSUM REPAIR BILL
REF : CLM16356-TWINCAR DATED 05/07/2024
BY DIRECT

Amount S\$
3,800.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$:	3,800.00
	Add GST (9%) S\$:	342.00
	Total Amount S\$:	4,142.00

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 :

TWINCAR LEASING PTE LTD
2 KAKI BUKIT AVE 2
#01-17 KAKI BUKIT AUTOHUB
SINGAPORE 417921

INVOICE

Invoice No. 13-4725
Date 11/07/2024

		Hirer's Car No.	VHA No.	Terms
		SNQ6606H	73664	CASH
No. of Day	Description	Per Day	Amount (\$\$)	
6	Car Rental from the period of 05/07/2024 to 11/07/2024. Vehicle no. SNN4065Y Singapore Dollars Seven Hundred and Twenty Only	120.00	720.00	
		Total	\$720.00	

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: 73664

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) TWINCAR LEASING PTE LTD
NRIC/PASSPORT No: 201533046C
Address (Res): 2 KAKI BUKIT AVE 2 #01-17
KAKI BUKIT AUTOHUB S(417921)
Name & Address of Employer:

Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: _____
Tel: (O) _____ (R) _____ HP 8877 7830

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) TAN KAY AIK
NRIC/PASSPORT No: S 1431447 D
Address (Res): BLK 637A TAMMINES ST 62
#11-14 S(521637)
Driving Licence No: S1431447D D/L Type: Local / International
Pass Date: 12/03/1984 Date of Birth: 28/04/1960
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS

RIGHT	FRONT	TOP	LEFT

ACCESSORIES CHECK

<input type="checkbox"/> Ashtray	<input type="checkbox"/> Cig Lighter	<input type="checkbox"/> S/Tyre
<input type="checkbox"/> STD Tools	<input type="checkbox"/> Jack	<input type="checkbox"/> Hub Caps
<input type="checkbox"/> Radio / Cass	<input type="checkbox"/> CD	<input type="checkbox"/> Cartidges

Vehicle No: SNN 4065Y Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: Honda Vezel Auto / Manual Group: _____
OUT: Date 05/07/2024 Time: 1315 HRS
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS : \$ _____

CHARGES			
Daily	@ \$	per day	
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 \$						

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>11/07/2024</u>	<u>13:05HRS</u>				

SNG 6606H (7C)

> Back to OneMotoring



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

Print Date/Time : 05 Jul 2024 / 11:46:45
Receipt Date/Time : 05 Jul 2024 / 11:46:45

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240705-001454

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 - YP9737T				
As at 05 Jul 2024/07:06:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - YP9737T Enquiry Fee 20240705114628696743	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				
pjrq31pz			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: SNQ 6606H & YP 9737 T
ALONG KPE TWD S MCE B4 PIE (TUBS) ON 05/07/2024


I/We TWNCAR LEADING FIELD NRIC/Passport No: 201533046C
of 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOMOBILE STATION
the owner of vehicle no. SNQ 6606H 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

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	05/07/2024 15:41 (SGT)
Reported by	Actual Driver
Date of Accident	05/07/2024 07:06 (SGT)
Exact Location of Accident	Near KPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ6606H
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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	TAN KAY AIK
NRIC No	S1431447D
Date Of Birth	28/04/1960
Occupation	Indoor



Driving Pass Date	12/03/1984
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88777830
Alt. Phone Number	-
Email Address	TWINCAR.RENTAL@N51.COM.SG
Address	APT BLK 637A TAMPINES STREET 62 #11-14 S 521637
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)	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	UNKNOWN
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

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	YP9737T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	KANNADASAN GUNA
Contact Number	(Phone) +65-84056710
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	TAN KAY AIK
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 correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Poll vehicle driver and/or the Actual 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 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.

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/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/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.



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

KPE 120015 MCE			
Before PIE (Tuas)			
Vehicle A: SNR 6606 H			
Vehicle B: YP 9437 T			
		<div style="border: 1px solid black; padding: 5px;"> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 </div>	

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SNB 6006H) along KPE towards MCE on the middle lane of a 3 lane expressway. Before PIE (ruas), I was driving slow as the traffic was heavy. Out of a sudden, vehicle B (YP 97377) collided into the rear portion of my vehicle.

Video footage Attached.

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature/Date & Time

[Signature]

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

[Signature]

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