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:

CLM16320 / SLV2923R / JUNE-08/2024

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 SLV2923R & SNG8905J ON 08/06/2024 ALONG PIE(TUAS) B4 KALLANG BAHRU EXIT

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: SNG8905J 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	\$	7,194.00	(Include 9% GST)
Loss of rental	\$	600.00	(\$120 X 5 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 \$	8,121.25	-

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM16320
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd Invoice No: 16857
- 3) Autobay Towing SLV2923R (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SLV2923R

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

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

TAX INVOICE

Date : 22/08/2024 Date in : 10/06/2024 Vehicle Num. : SLV2923R

Make/Model: RENAULT GRAND SCENIC IV 1.5 DCI AT EU6-2017

Chassis/Eng#: VF1RFA00258596330/K9KF649D016458

Accident Date: 08/06/2024 Claim No: CLM16320 Reference: JUNE-08/2024

Policy No.: DMPCSNA00090082303 (26/06/2024)

LUMPSUM REPAIR BILL

REF: <u>CLM16320-TWINCAR</u> DATED <u>10/06/2024</u>

BY DIRECT

Amount S\$ 6,600.00

E. & O.E. Sub S\$: 6,600.00 Add GST (9%) S\$: 594.00

Total Amount S\$: 7,194.00

Total Amount



for TWINCAR AUTOMOTIVE PTE LTD



HOCK CHUAN HENG CAR RENTAL & TRADING PTE L

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

	I/We Selanato Bin	Succi up to the ment of the	commencement of this pomental the	HIRE CHARGE
HIRER'S PARTICULARS	Shakear P18 to	Street 820	#03-347	the schedule na part of such charge shall at the owner
Section (1) working allowed the arms	including any property us any veloce repossessed in an and the Hear hereby agrees to pringuish the Owner as a control of the Country of the Owner as a control of the Country of the Count	So to stranger control of the sector of the	130819 Tel:	98471600

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTE hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE the Excess which is the maximum amount of \$1500 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

b) COMPREHENSIVE MOTOR VEHICLE COVERAGE the Excess which is the maximum amount of \$2000 for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛注冊號碼 らんド 子201丁 R			Rental Agreem	Rental Agreement 合同號碼 No. H 16857				
The country of the content of standard red to the first of the content of the standard of the			租出日期及時 Date & Time		124	6050 hrs		
Name: 45 ABOV	Engunamento	total in particular contract	MADE STATE	An authorized A	交車日期及時	間 1610	6/24	1405HRS
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居民證/護照號碼 I/C No:/Passport No:S149	8999D	駕駛執照號碼 Driving Licence	ce No: \$149	18999D	GEORGE ANY PAYENTS SESSENCE OF CONTRACT CASE OF COST OF THE VI	星期 Weeks	@\$	HUSE OVENIER SHA HUSER KLIPS SHA STATES FREE DR
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相車者或司機必須付所有停車,違反交通及噴過量黑煙法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION.			總計 Grand Total			элийскі эконівітер изв		

租車者不准載沙或石灰 HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING 我/我們同意以上及後頁租車公司所列的條規與條件。

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement

日期 租車者簽名 Date Signature of Hirer

	7		1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883	CASH SA	LE
	Sold to:	(10)	Tel: 9616 8988 (Ah Boon) 5LV 2923 R	No	6/24
	Item	Quantity	Description	Unit Price	Amount
			Auto Poul to Uti DAC		B 100
CROWN			Reporting Two Tips		
			E. & O. E.	Sub Total :	
	Issued b	ov:		GST Tax : Total :	B 100

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

10 Jun 2024 / 11:59:30

Receipt Date/Time: 10 Jun 2024 / 11:59:30

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240610-001723

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 - SNG8905J As at 08 Jun 2024/14:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1 Insurance Enquiry - SNG8905J Enquiry Fee 20240610115912336360		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			
	e60awxz6	+	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

	Singapore
RE:	ACCIDENT INVOLVING VEHICLE NOS: SLV 2923 R & SNG 8905 J
ALC	ong PIETTURS) B4 EALLANG BAURY EXTT ON 8/06/2024
1/W	
of	319 WOODLANDS ST 82 703-347 S1738191
	owner of vehicle no. Stv 2923k hereby authorise you to commence repair to the said icle forthwith. In consideration of you repairing my/our vehicle at my/our request.
VCII	total fortiffer. In consideration of your repairing his our remains 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.
in o	e also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
pa un	The undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third rty's insurance company communicate with me/us directly, orally or in writing and I/we further dertake not to accept any monies or offer of settlement from the third party's insurers without first mmunicating with you and obtaining your consent.
thi	on settlement of the third party claim and in case the settlement monies was sent to me/us by the rd party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and ated expenses and disbursement incurred.
	//Our insurer is/are licy No. Expiry Date:
×	Excess: Witness 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.

SN09246A0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/06/2024 14:43 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (10/06/2024 14:43 (SGT))



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 <u>completed by the Policyholder and/or the Actual Driver</u>
- 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

- 5. Internation provided must be as truling and accurate as possible. Any wind missepresentation of windowing of material facts may allow insurance companies to reported 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss DETAILS OF	10/06/2024 14:43 (SGT) Both Policyholder and Actual Driver 08/06/2024 14:10 (SGT) Singapore PIE(TUAS)B4 KALLANG BAHRU EXIT Singapore
Vehicle Registration Number	SLV2923R
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No VEHICLE PARTICULARS	No SELAMAT BIN SUKIYAR S1498999D osha819@yahoo.com.sg (Phone) +65-98471600
Manufacturer Model 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? Vehicle Category Transmission CC	Renault Scenic - Private use No - Claiming third party Private car Auto 1500
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number DRIVER	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNA00090082303
Name of Driver NRIC No Date Of Birth	SELAMAT BIN SUKIYAR S1498999D 18/05/1961

Indoor

Occupation

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	11/07/1980 43 YEARS AND 11 MONTHS Male (Phone) +65-98471600 - osha819@yahoo.com.sg BLK 819 WOODLANDS ST 82 #03-347 730819 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Chain Collision Clear Dry
OTHER IN CHRISTION	
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)	No 3 Yes No Yes 5
soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	- - -
	•
PASSENGER 1	
Name Gender Gender	AISHA BTE OSMAN Female
PASSENGER 2	
Name Gender	AUZYNN Male
PASSENGER 3	
NameGender	MUHAMMMMAD SHAHEEN Male
PASSENGER 4	
Name Gender	NUR SHAFEEYAH 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG8905J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	SMR5940E Private car
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	SELAMAT BIN SUKIYAR Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLV2923R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

NJURED 2

INJURED 2	
Name of injured person	AISHA BTE OSMAN
Gender	Female
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? INJURED 3	- SLIGHT SLV2923R Yes -
Name of injured person 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?	AUZYNN Male SLIGHT SLV2923R -
INJURED 4	
Name of injured person 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?	MUHAMMMMAD SHAHEEN Male SLIGHT SLV2923R -
INJURED 5	
Name of injured person 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?	NUR SHAFEEYAH Female SLIGHT SLV2923R -

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to opend up the claims proceed.
- 2. This Form must be completed by the Policyholder and for the Actual Drives.
- Information provided must be as <u>highful</u> and <u>accurate as nosable</u>. Any willul misrepresentation or withoking of material tools may allow insurance companies to recurring analysistem.
- 4. The issue and acceptance of this Ferm 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.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Sangapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. Sy the lodgement of this report to the insurers, you hereby consent to the archiving of this report of the centre and to copies of the report being made sustable althought.
- 3. Consent under the Personal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General insurance Association of Singapore (GIA') may/are parmitted to codect, use, disclose addler process my personal distributional 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 socident (all insurer(s) who have insured vehicle(s) involved in this socident shall be collectively referred to as the "insurers"), the Insurers tawyers/law time, the Monetary Authority of Singapore and any relevant government agency/surface/farily (such as the police), for the purpose(s) of:

- (f) processing, handling and/or dearing with my claims including the selflement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident analor my dains;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by mer
- (iv) at min'stering my claims (including the making of correspondence, statements, involves, reports or notices to me, which could involve disclosure of contain personal data about mail to bring about delivery of the same as well as on the external cover of envelopes/mell packages); and/or
- (v) complying with applicable law in administrating, processing, handing and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this socident and the insurers' lawyers/aw firms, may/are permitted to collect, use, disclore and/or process my Personal information for one or more of the above Purposes; and
- (a) my Personal Information may/can be disclosed by any of the Insurers and/or GVA to their third-party service providers or agents (Including their lawyers/sev firms), which may be alted guiside of Singapora, for one or more of the above Purposes.

Policyholderia Gigratura / Dala & Timo

Operational and (if driver is not the policy folials) / Date

(A)

Winessed by Reporting Cenve Personnel (Nema ea in NRCC/ID cayd)

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	- 18	89 (Nov. 2015) 199 (188 NOV. 2003) and an in-	en e		AND PROTESTINGS
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