

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 6744 0510 / 6842 0051 Fax No. : +65 6741 0510
Company Reg. No. : 200714616M
GST Registration No. : 200714616M

Hsiao Tong

25 October 2019

Our Ref : CLM14432 / GBD3835T / FEB-36/2019

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 GBD3835T & SHA7925K on 28/12/2018
Along Woodlands Ind Park E4 Main Gate og SSDC

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA7925K** 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.

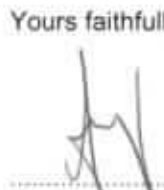
Cost of repairs	\$	2,354.00	(Include 7% GST)
Loss of rental/use	\$	2,000.00	(\$250 X 8 Days)
Additional 2 days loss of use/rental for pre repair	\$	400.00	(\$200 X 2 Days)
3rd party GIA report	\$	29.00	
	S \$	<u>4,783.00</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM14432
- 2) Tax Invoice of 3rd party GIA report
- 3) Letter of Authorisation
- 4) GIA report of GBD3835T

We look forward to your prompt reply.

Yours faithfully,



Twincar Automotive Pte Ltd
S.Y.NEO
Director
P.I.C - Melody Chin
Reply to :huixin@n51.com.sg

LETTER OF AUTHORISATION

To: M/s Twincar Automotive Pte Ltd
Singapore

RE: ACCIDENT INVOLVING VEHICLE NOS: GBD 3835 T & SHA 7925 K
ALONG WOODLANDS IND PARK E4 MAIN GATE OF SSDC ON 28/12/2018 @ 15:20HRS

I/We COMBI GALLERY PTE LTD NRIC/Passport No: 201527980
of ID ADMIRALTY ST #05-86 NORTH LINK BUILDING 3 (757695)
the owner of vehicle no. GBD 3835 T 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: 11/03/2019

Excess: _____

Owner's Signature/Co's stamp (if applicable)

Witness Signature/Name

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

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.

India Ref: MCT16120797

Claimant Ref: GBD 3835T

We/I, TWINCAR AUTOMOTIVE PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 2,354.00 (repair cost), S\$ 400.00 (loss of use/rental), S\$ 29.00 (search fee), vehicle no. GBD 3835T that was damaged pursuant to the accident which occurred on 28/12/2018 (date) at WOODLANDS IND PARK E4 MAIN GATE OF SSOC (location) involving vehicle no. SHA 7925K (insured vehicle). This is pursuant to the inspection conducted on 11/03/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMBI GALLERY PTE LTD ("the third party claimant") of vehicle no. GBD 3835T to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to GBD 3835T (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 2,783.00 to TWINCAR AUTOMOTIVE PTE LTD.

Dated this 27 day of DEC 20 19

CLAIMANT:

Signature:



Signed by "the workshop" (with chop)

Name:

TWINCAR AUTOMOTIVE PTE LTD

NRIC:

200714616M

Address:

2 KAKI BUKIT AVE 2 #01-17
KAKI BUKIT AUTOMOB S(419421)

Nationality:

Occupation:

WITNESS:

Signature:



Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1
#01-25 Paya Ubi Ind. Park S(408933)

Nationality:

Occupation:

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

COMBI GALLERY PTE LTD
10 ADMIRALTY STREET #05-86
NORTH LINK BUILDING
SINGAPORE 757695

Contact : 98002975 85253471

TAX INVOICE

Date : 19/09/2019
Date in : 09/03/2019
Vehicle Num. : GBD3835T
Make/Model : NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5-2014
Chassis/Eng# : JN1SC2F24Z0856515/ZD30342098K
Accident Date : 28/12/2018
Claim No : CLM14432
Reference : FEB-36/2019
Policy No. : VCA/P1817376 (24/09/2019)

LUMP SUM REPAIR BILL
REF : CLM14432-TWINCAR DATED 11/03/2019
BY DIRECT

Amount S\$
2,200.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$:	2,200.00
	Add GST (7%) S\$:	154.00
	Total Amount S\$:	2,354.00



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-001892

Date of Request: 04/01/2019

Your Ref No: WALK IN TAN CY

TWINCAR AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: GBD3835T

Date of Accident: 28/12/2018

Place of Accident: WOODLANDS IND PARK

Involving Vehicle No: SHA7925K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-19-001893

Date of Request: 04/01/2019

Your Ref No: WALK IN TAN CY

TWINCAR AUTOMOTIVE PTE LTD
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 28/12/2018

Vehicle No: GBD3835T

Place of Accident: WOODLANDS IND PARK E4 MAIN GATE OF SSDC

Involving Vehicle No: SHA7925K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA7925K	WOODLANDS IND PARK E4 MAIN GATE OF SSDC	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of INDIA INTERNATIONAL INSURANCE. Payment will be credited directly into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form, obtain his banker's certification in Part II and return the duly completed form to INDIA INTERNATIONAL INSURANCE.

Part I (To Be Completed By Supplier)

(A) To: INDIA INTERNATIONAL INSURANCE
(Name of Paying Organisation)

Supplier's Particulars:

Name : TWINCAR AUTOMOTIVE PTE LTD

Address : 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT ANSOHUB S (477921)

Telephone Number: 6744 0510 Fax Number: 6744 0510

Name of Bank :: WOB Name of Branch: WOB Tai Seng

Account Number To Be Credited: 310-308-143-0

I/We hereby authorise INDIA INTERNATIONAL INSURANCE to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: 408
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.



Signatures and Company's stamp As In Bank Account

Date _____

Part II (To Be Completed By Supplier's Bank)

To: _____
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank

Branch

Account Number 310-308/430

7	3	7	5
---	---	---	---

0	0	7
---	---	---

[illegible]

in making the certification, the Bank does not purport to make any representation as to the correctness or authenticity of the signature(s) / particulars. We expressly disclaim and take no responsibility for any loss, cost, damage or liability to any person that is based on, or arises out of whether directly or indirectly, the certification

FOR UNITED OVERSEAS BANK LIMITED
TAI SENG BRANCH

Name & Signature of Authorised Bank Officer

Date _____

AUTHORISED SIGNATURE