## 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

16 November 2020

Our Ref:

CLM14876 / SJH1954E / FEB-17/2020

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY #21-00 SINGAPORE 048580

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SJH1954E & SH7089G on 27/01/2020 Along Bukit Batok Ave 8

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH7089G** 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
 \$ 5,457.00 (Include 7% GST)

 Loss of rental
 \$ 1,444.50 (\$160.50 X 9 Days)

 Additional 2 days loss of use for pre repair
 \$ 300.00 (\$150 X 2 Days)

 3rd party GIA report
 \$ 29.00

 \$ 7,230.50

We enclosed herein the following documents for your necessary attention.

1) Our Final Bill No: CLM14876

2) Darwin-51 Car Rental Pte Ltd - Invoice No: D01865

3) Tax Invoice of 3rd party GIA report

4) Letter of Authorisation

5) GIA report of SJH1954E

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

# 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

MS FIRST CAPITAL INSURANCE LIMITED

**6 RAFFLES QUAY** 

#21-00

SINGAPORE 048580

MR.LAU KHEE HUA

BLK 549 CHOA CHU KANG ST 52 #02-11

SINGAPORE 680549

**TAX INVOICE** 

Date: 07/09/2020 Date in: 17/02/2020

Vehicle Num.: SJH1954E

Make/Model: TOYOTA WISH 1.8 AUTO-2008

Chassis/Eng#: JTDER12W603000411/1ZZ3120990

Accident Date: 27/01/2020 Claim No: CLM14876 Reference: FEB-17/2020

Policy No.: 5087628505-02 (14/02/2020)

LUMPSUM REPAIR BILL

REF: CLM14876-TWINCAR DATED 17/02/2020

BY DIRECT

Amount S\$ 5,100.00

E. & O.E. Sub S\$: 5,100.00 Add GST ( 7% ) S\$: 357.00

Total Amount S\$ : 5,457.00



### DARWIN-51 CAR RENTAL PTE. LTD.

Company & GST Registration Number: 201407909C 2 Kaki Bukit Avenue 2 #02-12 Kaki Bukit Autohub Singapore 417921 Tel: 6842 5151 Fax: 6749 2851 email: darwin51@n51.com.sg

Invoice To

LAU KHEE HUA BLK 549 CHOA CHU KANG STREET 52

#12-11

SINGAPORE 680549

TAX INVOICE

Invoice No.

D01865

Date

26/02/2020

Terms

Cash

No. Days	Description	Rate	Amount
9	SLR9426J - Car rental fee for period from 17/02/2020 to 25/02/2020 (ref. Vehicle SJH1954E)  Tax collected on sales	150.00 7.00%	1,350.00 94.50
		7% GST	\$94.50
		Total Amount	\$1,444.50

DARWIN-51 CAR RENTAL PTE. LTD.

Authorised Signature

PAC D

Note: Kindly make payable to "DARWIN-51 CAR RENTAL PTE. LTD." or by Bank-in/transfer to Maybank A/c No. 04211099668 (Bank Code 7302)

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



#### DARWIN-51 CAR RENTAL PTE. LTD.

Company Registration Number: 201407909C 2 Kaki Bukit Avenue 2 #02-12 Kaki Bukit Autohub, Singapore 417921 Tel: 6842 5151 Fax: 6749 2851 email: darwin51@n51.com.sg

VEHICLE RENTAL AGREEMENT



	VLITTOL	L IULIVIII	LITOICELIIL	111					7222	110. 720
TIPENIC PARTICIPANT			Vehicle No: SL	R9426J						
HIRER'S PARTICULAR			Make: TOYOTA	A.						,
Name(as in I/C): LAU KHEE HUA			Model: PRIUS	ALPHA		Auto	o/Manua	al Group	: Auto	\
NRIC/PASSPORT No: S1423946D	NO CERET ES #10 11 CINCA	DODE	Year: 2017			Cole	our: BLU	JE\	\	1
Address(Res):BLK 549 CHOA CHU KA 680549	ANG STREET 52 #12-11 SINGA	PORE	Mileage Out:					1		
Occupation:	Driving Exp:		OUT: Date 202	0-02-17		Tim	e: 11:05		1	~ ~ ~
Driving License No: S1423946D	D/L Type: Local		NON-WAIVER	EXCESS:				/	N	Γ
Issue Date: 1993-12-04	Date of Birth: 1960-09-17		Section1: 2000	ĺ		Sec	tion2:Z	000	4	
Tel: (HP) 96719528										
Email:			CHARGES							11 11
ADDITIONAL DRIVER'S PARTICUI	ARS		Daily rate							150.00
Name(as in I/C):	LANG									
NRIC/PASSPORT No:			PETROL-LEV	-						
Address(Res):			Out E	1/4	. 1/2	3/4	F			Е
Occupation:	Driving Exp:		In E	1/4	1/2	3/4	F	Щ		Е
Driving License No:	D/L Type:		Extension (Acc	essories)						0.00
Issue Date:	Date of Birth:		Collection Serv	rice						0.00
133de Date.	Date of Birtin		Misc.					_		0.00
VEHICLE CHECKLIST										
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I have read and agreed to the terms & cor	iditions on both sides of this agree	ment. All info	ormation I have g	iven DAKW	IN-51 CAI	K KENTAL	PIE. L.	D. in co	mection v	VILII LIIIS
agreement is true.										
IMPORTANT										
IPIFORIANI										
<ul> <li>YOU HEREBY EXPRESSLY CONSEN</li> </ul>										
	FANY) FOR THE CAR RENTAL FEE AN MMEDIATELY. THESE CHARGES SHA									
	S TO THE CAR AND/OR DAMAGE TO									

- UNSETTLED SUMMONS, FINES, PARKING CHARGES AND TOLL.
- 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 23 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 HIGHES.
- THE VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY DARWIN-51 CAR RENTAL
- 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	$\Box$	( N		
25/02/2020	18:18 HRC				SIGNATURE OF HIREP/DRIV	ER		
						- 1		



RECORDS MANAGEMENT CENTRE

#### **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

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

GST Registration No: M400017735

#### TAX INVOICE

Our Ref No:

GR-20-026393

Date of Request:

13/02/2020

Your Ref No:

WALK IN TAN

TWINCAR AUTOMOTIVE PTE LTD - KAKI BUKIT

2 KAKI BUKIT AVENUE 2, #01-17 KAKI BUKIT AUTOHUB

SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No:

SJH1954E

Date of Accident:

27/01/2020 BT BATOK AVE 8

Place of Accident: Involving Vehicle No: SH7089G

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 [X] Cash [] Cheque



#### 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-20-026394

Date of Request:

13/02/2020

Your Ref No:

WALK IN TAN

TWINCAR AUTOMOTIVE PTE LTD - KAKI BUKIT 2 KAKI BUKIT AVENUE 2, #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921

Dear Sir/Madam.

Date of Accident:

27/01/2020

Vehicle No:

SJH1954E

Place of Accident:

**BUKIT BATOK AVE 8** 

Involving Vehicle No: SH7089G

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\$)
SH7089G	BUKIT BATOK AVE 8	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 [X] Cash [] Cheque

#### LETTER OF AUTHORISATION

To: M/s Twincar Automotive Pte Ltd Singapore

RE: ACCI ALONG						SJH	19!	54 E	& ON	SH 7089 G 07/01/2020 @ 15:00MRS
I/We of		LAU	KHEE	HUA	KANG			assport No:		S XXXX 946D
the owner	of vehi	cle no.	SIH	1954	E here	eby auth	orise		nenc	e repair to the said

- 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.

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/Qur insurer is/are		
Policy No.	Expiry Date:	
Date:	Excess:	
* thum		
Owner's Signature/Co's stamp (if applicable)	Witness Signature/Name	