

# 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 : CLM14889 / SLG1043R / FEB-30/2020

**MS FIRST CAPITAL INSURANCE LIMITED**  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**Re: Accident involving SLG1043R & SHA165B on 15/05/2019**  
**Along Open Carpark (UEJ12/UEJ13) inf Blk 254 Jurong East St 24**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA165B** 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	\$	1,016.50	(Include 7% GST)
Loss of use	\$	200.00	(\$100 X 2 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
3rd party GIA report	\$	29.00	
	S \$	<u>1,405.50</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM14889
- 2) Tax Invoice of 3rd party GIA report
- 3) Letter of Authorisation
- 4) GIA report of SLG1043R

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

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#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

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MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

MR.AHMAD SYUHADAK BIN SAHED

BLK 812A CHO A CHU KANG AVE 7 #06-677

SINGAPORE 681812

## TAX INVOICE

Date : 07/09/2020

Date in : 02/03/2020

Vehicle Num. : SLG1043R

Make/Model : HONDA VEZEL 1.5X A-2016

Chassis/Eng# : RU11112973/L15B4032977

Accident Date : 15/05/2019

Claim No : CLM14889

Reference : FEB-30/2020

Policy No. : 5106180040 (19/12/2019)

Amount S\$

950.00

LUMPSUM REPAIR BILL

REF : CLM14889-TWINCAR DATED 02/03/2020

BY DIRECT

E. & O.E.	Sub S\$ :	950.00
	Add GST ( 7% ) S\$ :	66.50
	Total Amount S\$ :	<u>1,016.50</u>



for TWINCAR AUTOMOTIVE PTE LTD



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-19-078661  
Date of Request: 17/05/2019

Your Ref No: WALK IN TAN

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

Dear Sir/Madam,

Your Vehicle No: SLG1043R  
Date of Accident: 15/05/2019  
Place of Accident: OPEN C/P BLK 252-255 JURONG EAST ST 24  
Involving Vehicle No: SHA0615B

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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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

Dear Sir/Madam,

Date of Accident: 15/05/2019

Vehicle No: SLG1043R

Place of Accident: OPENCARPARK(UEJ12/UEJ13)INF BLK254 JURONGEAST ST24

Involving Vehicle No: SHA0615B

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\$)
SHA0615B	OPENCARPARK(UEJ12/UEJ13)INF BLK254 JURONGEAST ST24	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.

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For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



# LETTER OF AUTHORISATION

To: **M/s Twincar Automotive Pte Ltd**  
**Singapore**

RE: ACCIDENT INVOLVING VEHICLE NOS:

ALONG OPEN CARPARK (UEJ12/EUJ13) INF BLK 254 JURONG EAST ST 24 & SHA 165B  
ON 15/05/2019 @ 4:40HRS

I/We AHMAD SYUHADAK BIN SAHED NRIC/Passport No: S XXXX102F  
of BLK 812A CHO A CHU KANG AVE 7 #06-677 S(688/2)  
the owner of vehicle no. SLG 1043 R 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

97734291

syuhadak.sahed@gmail.com