

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax: 67410510

Email: sales@n51.com.sg

01 July 2021

Our Ref : CLM15056 / SJF3682L / OCT-17/2020

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SJF3682L & SHB4239Y on 17/10/2020
Along Changi Rd after Everitt Rd N

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB4239Y** 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	\$	7,383.00	(Include 7% GST)
Loss of rental	\$	1,200.00	(\$120 X 10 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>8,790.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15056
- 2) Absolute Express Pte Ltd - Invoice No: 001236A
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SJF3682L

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

CHIN XUN KAI

BLK 455A ANG MO KIO ST 44 #18-03

SINGAPORE 561455

TAX INVOICE

Date : 17/02/2021

Date in : 19/10/2020

Vehicle Num. : SJF3682L

Make/Model : TOYOTA VIOS G AUTO-2008

Chassis/Eng# : MR053HY9305064262/1NZX753838

Accident Date : 17/10/2020

Claim No : CLM15056

Reference : OCT-17/2020

Policy No. : 5115737182 (28/01/2021)

Amount S\$

6,900.00

LUMP SUM REPAIR BILL

REF : TWINCAR - CLM15056 DATED 20/10/2020

BY DIRECT



E. & O.E.	Sub S\$:	6,900.00
	Add GST (7%) S\$:	483.00
	Total Amount S\$:	<u>7,383.00</u>

for TWINCAR AUTOMOTIVE PTE LTD

ABSOLUTE EXPRESS PTE LTD

100 Jalan Sultan Sultan Plaza #01-26B (S)199001
Company ROC:201424556C
HP:98220611

Date: 30/10/20

INVOICE NO:001236A

CHIN XUN KAI

INVOICE

DESCRIPTION	QTY (DAYS)	AMOUNT (\$)
Rental of SMS5081D 17 th October to 27 th October	10	\$1200

Amount Due: \$1200

Total: \$1200



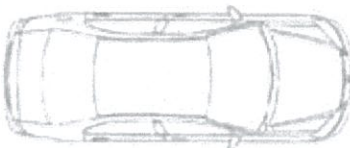



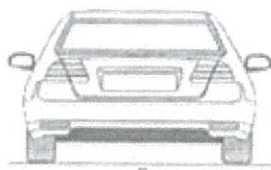
This is a computer-generated invoice. No signature is required.

Absolute Express Pte Ltd

201424556C

100 Jalan Sultan #01-26, Sultan Plaza, Singapore 199001
Tel: 62930611 Hp: 98220611 Rentingo.com.sg

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name (as in I/C): <u>CHIN XUN KAI</u> NRIC / PASSPORT No: <u>S9524353C</u> Address (Res): <u>Block 455A Ang Mo Kio Street 44</u> <u>#18-03, Singapore 561455</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ D/L No: _____ D/L Type: Local / International Pass Date: _____ Date of Birth: <u>11/07/1995</u> Tel: (O) _____ (R) _____ HP: <u>92320286</u>		508/D Veh No: <u>SMS 508/D</u> Replace Veh No: _____ Mileage Out: <u>29367</u> Mileage Out: _____ Make & Model: <u>Honda</u> Renting Location: _____ (Auto) / Manual: <u>Fit</u> OUT Date: <u>17/10/2020</u> Time: <u>1400HRS</u> HIRE / PERIOD EXPIRY: _____																												
ADDITIONAL DRIVER'S PARTICULARS Name (as in I/C): <u>Dylan Tong Ke You</u> NRIC / PASSPORT No: <u>S96362342</u> D/L No: <u>S96362342</u> D/L Type: Local / International Pass Date: <u>29/06/2017</u> Date of Birth: <u>12/10/1996</u> Occupation: _____ Driving Exp: _____		CHARGES <table border="1"> <tr> <td>Daily</td> <td>@\$</td> <td>120</td> </tr> <tr> <td>Weekly</td> <td>@\$</td> <td></td> </tr> <tr> <td>Monthly</td> <td>@\$</td> <td></td> </tr> <tr> <td>Hours</td> <td>@\$</td> <td></td> </tr> <tr> <td>Others</td> <td>@\$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@\$</td> <td></td> </tr> <tr> <td>PAI</td> <td>@\$</td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUB-TOTAL \$</td> <td></td> </tr> </table>		Daily	@\$	120	Weekly	@\$		Monthly	@\$		Hours	@\$		Others	@\$		CDW	@\$		PAI	@\$		Delivery Service			SUB-TOTAL \$		
Daily	@\$	120																												
Weekly	@\$																													
Monthly	@\$																													
Hours	@\$																													
Others	@\$																													
CDW	@\$																													
PAI	@\$																													
Delivery Service																														
SUB-TOTAL \$																														
Refundable Deposit: _____ Cash/Notes/Cheque/VISA/MC Cards No: _____		PETROL Hand Over <table border="1"> <tr> <td>E</td> <td>1/8</td> <td><u>2/8</u></td> <td>3/8</td> <td>Half</td> <td>5/8</td> <td>6/8</td> <td>7/8</td> <td>F</td> </tr> </table> Return <table border="1"> <tr> <td>E</td> <td>1/8</td> <td><u>2/8</u></td> <td>3/8</td> <td>Half</td> <td>5/8</td> <td>6/8</td> <td>7/8</td> <td>F</td> </tr> </table> Remarks: C = Chips D = Dent R = Rust S = Scratches M = Missing Mileage out: _____ Rented out by: _____ Hirer is responsible for the first \$ _____ excess for collision / damage to first party (i.e.) RENT & GO CAR RENTAL PTE LTD Vehicle (including windscreen) and also first \$ _____ excess for collision / damage to third party's vehicle for each and every accident / damage. NO SMOKING, NO ILLEGAL ACTIVITIES Addition Driver's Signature: <u>S96362342</u>		E	1/8	<u>2/8</u>	3/8	Half	5/8	6/8	7/8	F	E	1/8	<u>2/8</u>	3/8	Half	5/8	6/8	7/8	F									
E	1/8	<u>2/8</u>	3/8	Half	5/8	6/8	7/8	F																						
E	1/8	<u>2/8</u>	3/8	Half	5/8	6/8	7/8	F																						
VEHICLE DETAILS  Top  Front  Left  Right  Rear		Remarks: _____ Rental Details Start Date: <u>17/10/2020</u> Return Date: <u>27/10/2020</u> Start Time: <u>1400HRS</u> Return Time: <u>1000HRS</u>																												

Xunkai S9524353C
Hirer's Name & NRIC

[Signature]
Hirer's Signature

> Back to OneMotoring



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

Print Date/Time : 19 Oct 2020 / 12:15:29

Receipt Date/Time : 19 Oct 2020 / 12:15:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201019-001566

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 - SHB4239Y				
As at 17 Oct 2020/12:20:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB4239Y Enquiry Fee 20201019121516831366	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				-0.04
Total Amount Payable				7.45
Paid By				
Ortqq807		Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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: SJF 3682 L & SHB4239 Y
ALONG CHANGI RD AFTER EVERITT RD N ON 17/10/2020 - 12:20HRS

I/We CHIN XUN KAI NRIC/Passport No: S 9524353 C
of BLK 455A ANG MO KIO ST 44 #18-03 S1561455
the owner of vehicle no. SJF 3682 L 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 Authorised 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 Report	17/10/2020 17:29
Date Of Accident	17/10/2020 12:20
Exact Location Of Accident	ALONG CHANGI RD AFTER EVERITT RD N
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3682L
Insured/Policyholder	
Name Of Registered Owner	CHIN XUN KAI
NRIC No	SXXXX353C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92320286
Alternative Phone No	OFFICE-92320286
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115737182
Cover Note Number	
Driver	
Name of Driver	DYLAN TONG KE YOU
NRIC No	SXXXX234Z
Date Of Birth	12/10/1996
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98526606
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 416 AMK AVE 10 #14-977
Postcode	560416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4239Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG KENG GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DYLAN TONG KE YOU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJF3682L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 Policyholder and/or the Authorised 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. The 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 lodgment 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.
8. **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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

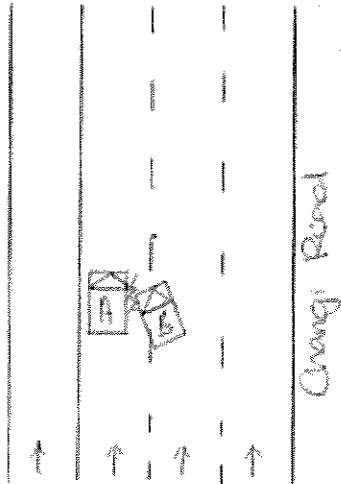

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Veh A: SJF3682L
Veh B: SHB4239Y

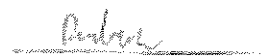
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On above date & time I was driving my vehicle A (SJF3682L) travelling along Changi Road towards Geylang Road on third lane of a 4-lanes road. Somewhere after the junction of Everitt Road N, vehicle B (SHB4239Y) which from lane 2 suddenly filter to my lane. As a result, the left portion of vehicle B collided onto the right portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.: