

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

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

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

27 September 2021

Our Ref : CLM15155 / SKG276D / JAN-13/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SKG276D & SHA7679X on 14/01/2021

Along CTE twds SLE Slip Rd into Braddell Rd

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA7679X** 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 | \$ | 4,815.00 | (Include 7% GST) |
| Loss of rental | \$ | 600.00 | (\$200 X 3 Days) |
| Additional 2 days loss of use for pre repair | \$ | 360.00 | (\$180 X 2 Days) |
| Towing fee | \$ | 100.00 | |
| LTA search fee | \$ | 7.45 | |
| | S | <u>\$ 5,882.45</u> | |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15155
- 2) Twincar Rental - Invoice No: 13-3231 , Vha No: 72496
- 3) Autobay Towing - SKG276D (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SKG276D

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

AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

TAX INVOICE

Date : 27/08/2021
Date in : 19/01/2021
Vehicle Num. : SKG276D
Make/Model : PORSCHE PANAMERA-2012
Chassis/Eng# : WP0ZZZ97ZCL002559/C06796
Accident Date : 14/01/2021
Claim No : CLM15155
Reference : JAN-13/2021
Policy No. : DMPCSNW00165252000

LUMPSUM REPAIR BILL
REF : CLM15155-TWINCAR DATED 19/01/2021
BY DIRECT

Amount S\$
4,500.00



| | | |
|-----------|----------------------|----------|
| E. & O.E. | Sub S\$: | 4,500.00 |
| | Add GST (7%) S\$: | 315.00 |
| | Total Amount S\$: | 4,815.00 |

for TWINCAR AUTOMOTIVE PTE LTD

TWINCAR RENTAL

Business Registration Number : 53092815M

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

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

XU ZHIPING
178 JALAN EUNOS
#02-09
SINGAPORE 419530

INVOICE

Invoice No. 13-3231

Date 22/01/2021

| | | Hirer's Car No. | VHA No. | Terms |
|------------|---|-----------------|-----------------|-------|
| | | SKG276D | 72496 | CASH |
| No. of Day | Description | Per Day | Amount (S\$) | |
| 3 | Car Rental from the period of 19/01/2021 to 22/01/2021. Vehicle no. SLL9720R Singapore Dollars Six Hundred Only | 200.00 | 600.00 | |
| | | Total | \$600.00 | |

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: 72496

SKG 276D (1C)

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) XU ZHIPING
 NRIC/PASSPORT No: G8349811R
 Address (Res): 178 JALAN EUNDS
#02-09 S (419530)
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: G8349811R D/L Type: Local / International
 Pass Date: 21/11/2008 Date of Birth: 08/02/1985
 Tel: (O) _____ (R) _____ HP 8669 6111

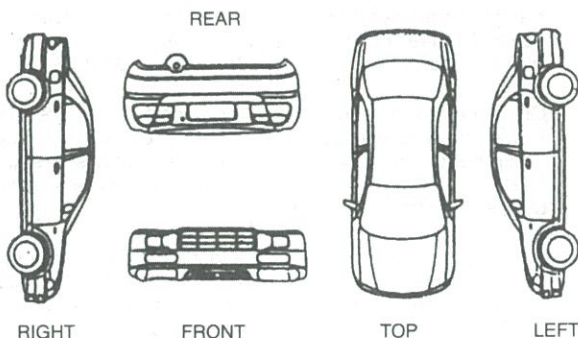
ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____
 NRIC/PASSPORT No: _____
 Address (Res): _____
 Driving Licence No: _____ D/L Type: Local / International
 Pass Date: _____ Date of Birth: _____
 Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

D - DENTS
S - SCRATCHES

INDICATE:
A - ACCIDENTS



ACCESSORIES CHECK

☐ Ashtray ☐ Cig Lighter ☐ S/Tyre
☐ STD Tools ☐ Jack ☐ Hub Caps
☐ Radio / Cass ☐ CD ☐ Cartridges

Vehicle No: SLL9720R Replace Veh No: _____
 Mileage Out: _____ Mileage Out: _____
 Make & Model: Toyota Harrier Auto / Manual Group: Auto
 OUT: Date 19/01/2021 Time: 1500 HRS
 HIRE/PERIOD EXPIRY _____
 NON-WAIVER EXCESS: \$ _____

CHARGES

| | | | | | |
|---------|------|------------|---------------|------------|---------------|
| Daily | @ \$ | <u>200</u> | per day | <u>(3)</u> | <u>\$ 600</u> |
| Weekly | @ \$ | | per week | | |
| Monthly | @ \$ | | per month | | |
| Hours | @ \$ | | per hour | | |
| Others | @ \$ | | | | |
| CDW | @ \$ | | per day/month | | |
| PAI | @ \$ | | per day/month | | |

Delivery Service _____

SUB-TOTAL \$ _____

PETROL LEVEL

| | | | | | |
|-----|---|-----|-----|-----|---|
| Out | E | 1/4 | 1/2 | 3/4 | F |
| In | E | 1/4 | 1/2 | 3/4 | F |

EXTENSION

Collection Service _____

Misc. _____

TOTAL CHARGE \$ 600/-

Rented out by: _____

Hirer's Signature

Addition Driver's Signature _____

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, 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 ANY 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 SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS | SIGNATURE OF HIRER/DRIVER |
|-------------------|------------------|---------|------------|---------|---------------------------|
| <u>22/01/2021</u> | <u>18:05 HRS</u> | | | | |

AUTOBAY TOWING

1 Kaki Bukit Avenue 6
#01-55 AutoBay @ Kaki Bukit
Singapore 417883
Tel: 9616 8988 (Ah Boon)

CASH SALE

No. _____

Date: 15/1/21Sold to: SKG 276 D

| Item | Quantity | Description | Unit Price | Amount |
|------------|----------|----------------------|-------------|--------|
| | | Auto Hulo to Ubi DAC | | \$100 |
| | | Reporting Two Trips | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. & O. E. | | | Sub Total : | |
| | | | GST Tax : | |
| | | | Total : | \$100 |

Issued by: _____

CROWN



Chin Hui Xin <huixin@n51.com.sg>

RE: SKG276D & SHA7679X - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

1 message

Motor Claim - III <motorclaim@iii.com.sg>
To: Chin Hui Xin <huixin@n51.com.sg>

Fri, Jan 15, 2021 at 2:35 PM

Dear Sirs,

SHA7679X is not insured under us. Comfort taxis are insured by AXA from 01.01.21.

Best Regards,

Gabriel Wee



64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext – 248

From: Chin Hui Xin <huixin@n51.com.sg>

Sent: Friday, 15 January 2021 11:02 am

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: SKG276D & SHA7679X - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

Dear Sir / Madam,

As per above subject.

Please refer to attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you

> Back to OneMotoring



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

Print Date/Time : 15 Jan 2021 / 10:42:49

Receipt Date/Time : 15 Jan 2021 / 10:42:49

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210115-000971

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 - SHA7679X As at 14 Jan 2021/13:35:00 Insurance Co: INDIA INT'L INS PTE LTD | | | | |
| 1 | Insurance Enquiry - SHA7679X Enquiry Fee 20210115104237850954 | 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 | | | | |
| q6t8a0f6 | | 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: SKG 276 D & SHA 7679 X
ALONG C1E TWDS SLE SLIP RD INTO BRADDELL RD ON 14/01/2021 - 13:35hrs

I/We XU ZHIPING NRIC/Passport No: G 8349811 R
of 178 JALAN EUNOS #02-09 S(419530)
the owner of vehicle no. SKG 276 D 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 CHINA TAIPING
Policy No. DMPCSNW00165252000 Expiry Date: 05/12/2021

Date: 14/01/2021 Excess: _____

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

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 Submission | 15/01/2021 11:33 (SGT) |
| Date of Accident | 14/01/2021 13:35 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | TWDS SLE SLIP RD INTO BRADDELL RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SKG276D |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | XU ZHIPING |
| Passport No/FIN | GXXXX811R |
| Email Address | daniel_xu@channelbytes.biz |
| Mobile Phone No | (Phone) +65-86696111 |
| Alternative Phone No | +65-86696111 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Porsche |
| Model | Panamera |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | China Taiping Insurance |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00165252000 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|------------|
| Name of Driver | XU ZHIPING |
| Passport No/FIN | GXXXX811R |
| Date Of Birth | 08/02/1985 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 21/11/2008 |
| Driving experience | 12 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86696111 |
| Alt. Phone Number | +65-86696111 |
| Email Address | daniel_xu@channelbytes.biz |
| Address | 178 JALAN EUNOS |
| Address complement | #02-09 |
| Postcode | 419530 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SHA7679X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | ONG KENG GUAN |
| Contact Number | (Phone) +65-98183057 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

| | |
|---|---|
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |



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 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.
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

| | | |
|---|---|---|
| <p><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p> | <p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> | <p><i>[Signature]</i> 15/01/21</p> <p>Witnessed by Reporting Centre Personnel</p> |
| <p>Sketch Plan</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p>A - SKG 276D</p> <p>B - SHA 7679X</p> <p>CTE</p> <p>Pocket</p> <p>SLE</p> <p>Skip Road</p> <p>Tutu</p> <p>Brakeless Rd</p> </div> </div> | | |

Describe Circumstances of the Accident

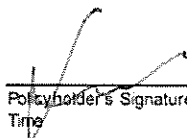
I was driving along CTE towards CLE SIF road and Bradden Rd on the left lane of a 2-lane, SIF road. I stopped as to give way to oncoming traffic along Bradden Rd. All of the sudden, your S2 came from the rear and collided directly into the rear portion of my vehicle.

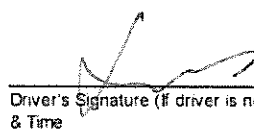
A - SGA 3760


B - SNA 767902

Declaration

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

 15/01/21
Witnessed by Reporting Centre Personnel