

# 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

03 December 2021

Our Ref : CLM15185 / SGW386H / FEB-12/2021

## AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

### **RE: ACCIDENT INVOLVING SGW386H & SHB4948J on 05/02/2021** **ALONG BEDOK NORTH INFRT OF BEDOK NORTH NPC**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB4948J** 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	\$	8,346.00	(Include 7% GST)
Loss of rental	\$	963.00	(\$160.50 X 6 Days)
Additional 2 days loss of use for pre repair	\$	260.00	(\$130 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>9,576.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15185
- 2) Twincar Leasing Pte Ltd - Invoice No: D02887
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SGW386H

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 : 30/11/2021  
Date in : 16/02/2021  
Vehicle Num. : SGW386H  
Make/Model : TOYOTA C-HR 1.8G HYBRID A-2017  
Chassis/Eng# : ZYX102027084/2ZR8073544  
Accident Date : 05/02/2021  
Claim No : CLM15185  
Reference : FEB-12/2021  
Policy No. : 5100425979-02 (01/06/2021)

LUMP SUM REPAIR BILL  
REF : CLM15185-TWINCAR DATED 17/02/2021  
BY DIRECT

Amount S\$  
7,800.00



E. & O.E.	Sub S\$ :	7,800.00
	Add GST ( 7% ) S\$ :	546.00
	Total Amount S\$ :	8,346.00

for TWINCAR AUTOMOTIVE PTE LTD



# 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

ANG WEE KHENG GERALD  
BLK 81 BEDOK NORTH ROAD  
#08-290  
SINGAPORE 460081

## TAX INVOICE

Invoice No. : D02887  
Date : 19/02/2021  
Terms : Cash

No. Days	Description	Rate	Amount
6	SLS1996C - Car rental fee for period from 16/02/2021 to 22/02/2021 (REF. SGW386H) Tax collected on sales	150.00 7.00%	900.00 63.00
		7% GST	\$63.00
		<b>Total Amount</b>	<b>\$963.00</b>

DARWIN-51 CAR RENTAL PTE. LTD.



Authorised Signature

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

VHA NO: 983

### HIRER'S PARTICULAR

Name(as in I/C): ANG WEE KHENG GERALD  
NRIC/PASSPORT No: S7720273J  
Address(Res):BLK 81 BEDOK NORTH ROAD #08-290 SINGAPORE 460081  
Occupation: Driving Exp:  
Driving License No: S7720273J D/L Type: Local  
Issue Date: 2005-04-15 Date of Birth: 1977-07-24  
Tel: (HP) 97977775  
Email: GAWK240777@GMAIL.COM

### ADDITIONAL DRIVER'S PARTICULARS

Name(as in I/C): KELVIN CHENG CHEE SIONG  
NRIC/PASSPORT No: S7633798E  
Address(Res):BLK 221 TAMPINES STREET 24 #08-64 SINGAPORE 521221  
Occupation: Driving Exp:  
Driving License No: S7633798C D/L Type: Local  
Issue Date: 2000-10-04 Date of Birth: 1976-10-12

Vehicle No: SLS1996C

Make: TOYOTA

Model: PRIUS ALPHA

Year: 2017

Auto/Manual Group: Auto

Colour: BLACK

Mileage Out:

OUT: Date 2021-02-16

Time: 12:42

NON-WAIVER EXCESS:

Section1: 2000

Section2: 2000

### CHARGES

Daily rate	150.00
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### PETROL-LEVEL

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

Extension (Accessories)	0.00
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Collection Service	0.00
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Misc.	0.00
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Security Deposit Collected	0.00
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Rental Term	Cash
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Start Date	2021-02-16
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End Date	2021-03-02
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Rented out by:	Joseph Tan
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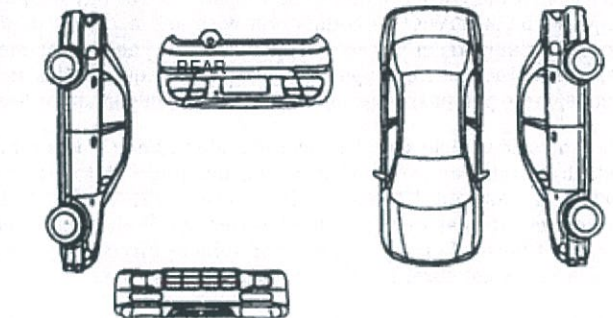
Hirer signature:

Addition Driver's Signature:

### VEHICLE CHECKLIST

D - DENTS  
S - SCRATCHES

INDICATE:  
A - ACCIDENTS



RIGHT

FRONT

TOP

LEFT

### ACCESSORIES CHECK

<input checked="" type="checkbox"/> Camera Recorder	<input checked="" type="checkbox"/> Reverse Camera	<input checked="" type="checkbox"/> CD/ Radio Player
<input checked="" type="checkbox"/> Remote Control	<input checked="" type="checkbox"/> Reverse Sensor	<input type="checkbox"/> S/Tyre

I have read and agreed to the terms & conditions on both sides of this agreement. All information I have given DARWIN-51 CAR RENTAL PTE. LTD. in connection with this agreement is true.

### IMPORTANT

- YOU HEREBY EXPRESSLY CONSENT AND AUTHORIZE DARWIN-51 CAR RENTAL PTE LTD AND GRABCAR TO DEDUCT FROM THE FARES GENERATED BY YOU AND/OR GRATUITY GRANTED TO YOU BY GRABCAR (IF ANY) FOR THE CAR RENTAL FEE AND ANY CHARGES PROVIDED HEREIN AND IN THE EVENT THAT THE FARES ARE INSUFFICIENT, ANY BALANCE SHALL BE PAID TO US IMMEDIATELY. THESE CHARGES SHALL INCLUDE BUT ARE NOT LIMITED TO CHARGES FOR 1.CAR RENTAL. 2. COST OF INSURANCE EXCESS, REPAIRS, REPLACEMENT OF PARTS TO THE CAR AND/OR DAMAGE TO THIRD PARTY PROPERTIES WHERE THE DAMAGES ARE DUE TO YOUR ACTIONS OR LACK OF CARE. 3. ANY 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 HOURS.
- 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 PTE. LTD..
- 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	SIGNATURE OF HIRER/DRIVER
21/02/2021	11:50 hrs				



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

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**FW: SGW386H & SHB4948J - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS**

1 message

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Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>

Tue, Feb 16, 2021 at 1:48 PM

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

Cc: Motor Claims <MotorClaims@msfirstcapital.com.sg>

Dear Sir

Veh No. SHB4948J - CITYCAB PTE LTD is not our insured starting from year 2021.

We will ignore this email below.

Thank you.

Thanks and Regards,

SK Teo

Motor Claims Dept

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 |

A Member of  INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to [www.msfirstcapital.com.sg](http://www.msfirstcapital.com.sg) for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

*As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner.*

*We appreciate your kind understanding. Stay safe.*

> Back to OneMotoring



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

Print Date/Time : 05 Feb 2021 / 16:15:40

Receipt Date/Time : 05 Feb 2021 / 16:15:40

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210205-002769

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHB4948J

As at 05 Feb 2021/14:15:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1	Insurance Enquiry - SHB4948J Enquiry Fee 20210205161523947898	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			-0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

fb92av2k	Credit Card	7.45
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<b>Total</b>		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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: SGW 386H & SHB4948 J  
ALONG BEDOK NORTH RD INFRN OF BEDOK NORTH NDC ON 05/02/2021 - 14:15HRS

I/We ANG WEE KHENG GERALD NRIC/Passport No: S 7720273J  
of BLK 81 BEDOK NORTH RD #08-290 S14600811  
the owner of vehicle no. SGW 386H 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 NMC  
Policy No. 510045299-02 Expiry Date: 01/06/2021

Date: \_\_\_\_\_

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	06/02/2021 10:04 (SGT)
Date of Accident	05/02/2021 14:15 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW386H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG WEE KHENG GERALD
NRIC No	SXXXX273J
Email Address	GAWK22@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97977775
Alternative Phone No	+65-97977775

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 hire

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100425979-02
Cover Note Number	-

### DRIVER

Name of Driver	ANG WEE KHENG GERALD
NRIC No	SXXXX273J
Date Of Birth	24/07/1977
Occupation	Outdoor



Date Of Driving Pass .....	15/04/2005
Driving experience .....	15 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97977775
Alt. Phone Number .....	+65-97977775
Email Address .....	GAWK22@HOTMAIL.COM
Address .....	BLK 81 BEDOK NORTH RD #08-290
Address complement .....	-
Postcode .....	460081
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 - Change/cross lane
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

#### REFER TO STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB4948J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ONG TIAK CHUAN
Contact Number .....	(Phone) +65-97887311
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-


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

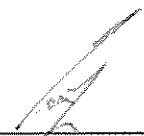


## SKETCH PLAN

### IMPORTANT NOTICE

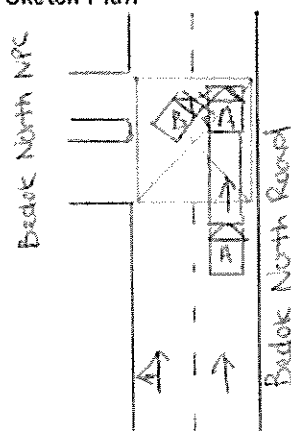
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



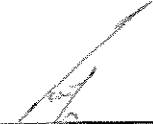
Veh A: SGW386H  
Veh B: SHB4948J

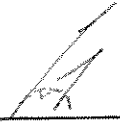
**Describe Circumstances of the Accident**


On above date & time, I was driving my vehicle A (SGW386H) traveling along Bedok North Road towards New Upper Changi Road on most right lane of a 2-lanes, road. Somewhere in front of Bedok North NPC, vehicle B (SHB1978J) which stationary at the entrance suddenly made a sharp right turn and enter to my lane. As a result, the front right portion of vehicle B collided onto the left portion of my vehicle.

**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

  
Witnessed by Reporting Centre Personnel