

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 : CLM15216 / SJM4517M / MAR-20/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SJM4517M & SHD6590H on 27/03/2021
Along PIE twds Tuas after Steven Road Exit

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD6590H** 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	\$ 6,206.00 (Include 7% GST)
Loss of use	\$ 800.00 (\$100 X 8 Days)
Additional 2 days loss of use for pre repair	\$ 160.00 (\$80 X 2 Days)
Towing fee	\$ 100.00
LTA search fee	\$ 7.45
	S \$ 7,273.45

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15216
- 2) Autobay Towing - SJM4517M (receipt attached)
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SJM4517M

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 : 15/09/2021

Date in : 29/03/2021

Vehicle Num. : SJM4517M

Make/Model : MITSUBISHI LANCER 1.6 M-2008

Chassis/Eng# : JMYSNCS3A8U007556/4G18JT5758

Accident Date : 27/03/2021

Claim No : CLM15216

Reference : MAR-20/2021

Policy No. : 5118540770 (13/08/2021)

LUMPSUM REPAIR BILL

REF : CLM15216-TWINCAR DATED 30/03/2021

BY DIRECT

Amount S\$

5,800.00



E. & O.E.	Sub S\$:	5,800.00
Add GST (7%) S\$:		406.00
Total Amount S\$:		<u>6,206.00</u>

for TWINCAR AUTOMOTIVE PTE LTD

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 29/3/21Sold to: SJM 4517M

(TWINCAR)

Item	Quantity	Description	Unit Price	Amount
		Auto Hulo to Ubi DRC		100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	100

Issued by: _____

CROWN

> Back to OneMotoring



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

Print Date/Time : 29 Mar 2021 / 14:56:24

Receipt Date/Time : 29 Mar 2021 / 14:56:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210329-002456

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 - SHD6590H As at 27 Mar 2021/16:30:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD6590H Enquiry Fee 20210329145603367660	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				
8hxpbbew			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: SJM 4517M & SHD 6590H
ALONG DIE TWDS TUAS AFTER STEVEN RD EXIT ON 27/03/2021 - 16:30MRS

I/We MEYASHAN NRIC/Passport No: S9573655F
of BUK 25 TANGLIN HALT RD #04-38 S11400251
the owner of vehicle no. SJM 4517M 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 NMUC
Policy No. 51185407X0 Expiry Date: 13/08/2021

Date: 27/03/2021 Excess:

[Signature]
Owner's Signature/Co's stamp (if applicable)

[Signature]
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 Submission	29/03/2021 20:37 (SGT)
Date of Accident	27/03/2021 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS AFTER STEVEN ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4517M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NEYASHAN
NRIC No	SXXXX655F
Email Address	mohamedkabil1617@gmail.com
Mobile Phone No	(Phone) +65-98584251
Alternative Phone No	+65-98584251

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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
Transmission	Auto
CC	1584

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118540770
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED KABIL S/O MOHAMED KASIM
NRIC No	SXXXX912G

Date Of Birth	04/05/1997
Occupation	Indoor
Date Of Driving Pass	02/09/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87484317
Alt. Phone Number	-
Email Address	mohamedkabil1617@gmail.com
Address	BLK 25 TANGLIN HALT ROAD
Address complement	#04-38
Postcode	140025
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Alexandra Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004739999
Alt. Police Station Phone No	(Fax) +65-64713569
Police Station Address	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210328/2038

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6590H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED KABIL S/O MOHAMED KASIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM4517M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

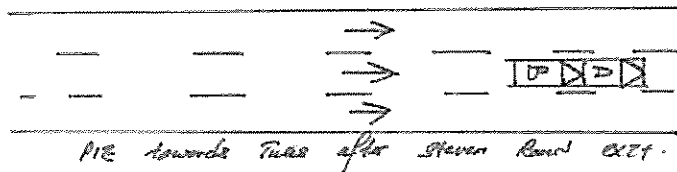
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) 53m 4517m.

(B) 540 65904.




Describe Circumstances of the Accident

Pls refer to Police Report
No : 7/20210328/2038.

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210328/2038

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No T/20210328/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2021 15:04	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant MOHAMED KABIL S/O MOHAMED KASIM		Address: APT BLK 25 TANGLIN HALT ROAD #04-38 SINGAPORE 140025	
ID Type / ID No.: NRIC NO / S9714912G		Contact No.: Home/Office: Mobile: 87484317	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 04/05/1997	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 27/03/2021 16:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD6590H	Car				Slightly Damaged	0
SJM4517M	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210328/2038

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3
Report No. T/20210328/2038

CONTINUATION OF REPORT

Driver			
Name	Ow Kit Chiang	ID No.	S0571870H
Related Vehicle	SHD6590H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED KABIL S/O MOHAMED KASIM	ID No.	S9714912G
Related Vehicle	SJM4517M (Car)	Contact No.	87484317
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 27/03/2021 at about 1630hrs while I was driving along PIE towards Tuas there was heavy traffic and the floor is wet. I was driving at the middle lane when a car from right lane suddenly cut into my lane causing me to jam brake. The taxi(SHD6590H) behind me did not managed to brake in time and hit onto my vehicle. I then went to Alexandra Hospital as I suffered headache and pain on my shoulder and lower back and I was given 4 days of MC from 27/03/2021 to 30/03/2021.



**SINGAPORE
POLICE FORCE**



T/20210325/2038

3 of 3

Report No. T/20210325/2038

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report.

D /

Sgt 2 SUNG HONG HOW

Signature Of Informant:

Signature Of Interpreter
Not applicable

Date/Time:
28/03/2021 15:04

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP108