

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

29 November 2021

Our Ref : CLM15286 / SKP4152D / JULY-18/2021

AXA INSURANCE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

Re: Accident involving SKP4152D & SHA1107U on 30/07/2021

Along Choa Chu Kang Ave 1 in front of Blk 810A

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA1107U** 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	\$	5,350.00	(Include 7% GST)
Loss of rental	\$	720.00	(\$120 X 6 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing Fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>6,377.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15286
- 2) Twincar Rental - Invoice No: 13-3415 , Vha No: 73287
- 3) Autobay Towing - SKP4152D (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SKP4152D

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 : 24/11/2021
Date in : 31/07/2021
Vehicle Num. : SKP4152D
Make/Model : TOYOTA VIOS E GRADE AUTO-2014
Chassis/Eng# : MHFBT9F3806021296/1NZZ072781
Accident Date : 30/07/2021
Claim No : CLM15286
Reference : JULY-18/2021
Policy No. : 5122471493 (07/06/2022)

LUMPSUM REPAIR BILL
REF : CLM15286-TWINCAR DATED 02/08/2021
BY DIRECT

Amount S\$
5,000.00



E. & O.E.	Sub S\$:	5,000.00
	Add GST (7%) S\$:	350.00
	Total Amount S\$:	5,350.00

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 :

NEO HWEE HWANG
BLK 229 PENDING ROAD
#08-205
SINGAPORE 670229

INVOICE

Invoice No. 13-3415

Date 06/08/2021

		Hirer's Car No.	VHA No.	Terms
		SKP4152D	73287	CASH
No. of Day	Description	Per Day	Amount (S\$)	
6	Car Rental from the period of 31/07/2021 to 06/08/2021. Vehicle no. SKT6872A Singapore Dollars Seven Hundred and Twenty Only	120.00	720.00	
		Total	\$720.00	

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: **73287**

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) NEO HUEE HWANG
NRIC/PASSPORT No: S 730199 I
Address (Res): BUK 229 PENDING ROAD
#08-205 S(620229)
Name & Address of Employer:

Occupation: _____ Driving Exp: _____
Driving Licence No: _____ D/L Type: Local / International
Pass Date: _____ Date of Birth: 22/03/1973
Tel: (O) _____ (R) _____ HP 8355 6670

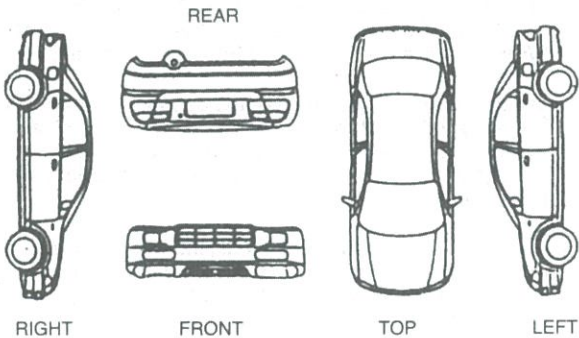
ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) NEO LILY
NRIC/PASSPORT No: S 6829125 I
Address (Res): BUK 229 PENDING ROAD
#08-205 S(620229)
Driving Licence No: S6829125 I D/L Type: Local / International
Pass Date: 24/07/1987 Date of Birth: 30/07/1968
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 ☐ Cartidges

Vehicle No: SKT 872 A Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: TOYOTA AETIS Auto / Manual
Group: _____
OUT: Date 31/07/21 Time: 11:56 hrs.
HIRE/PERIOD EXPIRY
NON-WAIVER EXCESS: \$

CHARGES

Daily	@ \$	<u>180</u>	per day	<u>6</u>	<u>720</u>	<u>00</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 \$ 720 00

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>06/08/2021</u>	<u>14:53 hrs</u>				

(TWINCAR)

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 31/7/21

Sold to: _____

SKP 41527

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Defu lane		\$ 100
		Reportedly 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 : 02 Aug 2021 / 09:33:01

Receipt Date/Time : 02 Aug 2021 / 09:33:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210802-000485

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 - SHA1107U As at 30 Jul 2021/18:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA1107U Enquiry Fee 20210802093244033250	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				
5bddwmat			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: SKP 4152D & SKA 1107U
ALONG CHOA CHU KANG AVE 1 INFR OF BLK 810A ON 30/07/2021 - 18:15HRS
I/We MEO HVEE HWANG NRIC/Passport No: S 7310199 I
of BLK 229 PENDING RD #08-205 S(6702291)
the owner of vehicle no. SKP 4152D 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. 5122471493 Expiry Date: 07/06/2022
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 02/08/2021 13:38 (SGT)
Date of Accident 30/07/2021 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG AVENUE 1 IN FRONT OF BLK 810A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP4152D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NEO HWEE HWANG
NRIC No SXXXX199I
Email Address desmondneo2203@gmail.com
Mobile Phone No (Phone) +65-81895088
Alternative Phone No +65-81895088

VEHICLE PARTICULARS

Manufacturer Toyota
Model VIOS E GRADE AUTO
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122471493
Cover Note Number 08/06/2021 TO 07/06/2022

DRIVER

Name of Driver NEO LILY
NRIC No SXXXX125I

Date of Birth	30/07/1968
Occupation	Indoor
Date of Driving Pass	24/07/1987
Driving experience	34 YEARS
Gender	Female
Mobile Number	(Phone) +65-83556670
Alt. Phone Number	-
Email Address	desmondneo2203@gmail.com
Address	APT BLK 229 PENDING ROAD #08-205 (S) 670229
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NEO YU HENG
Gender	Male

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 WITH ATTACHED.

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	SHA1107U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	SULTAN BIN AHMAT
Contact Number	-
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 willful 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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

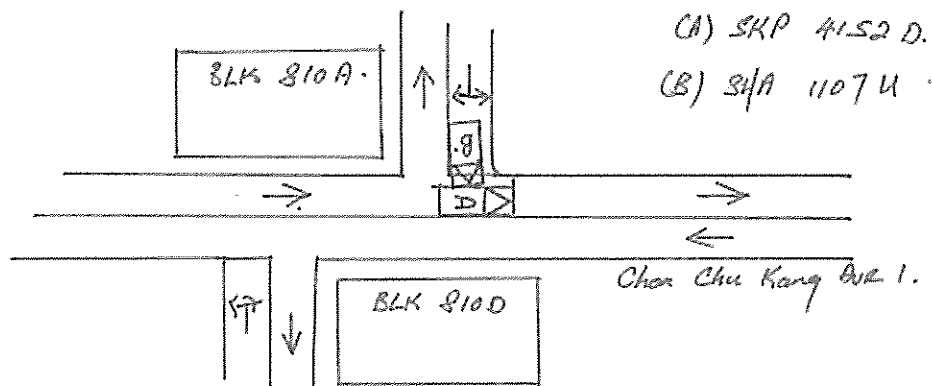
Signature: _____

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
_____ 31/7/2021 11:30AM

Witnessed by Reporting Centre Personnel

Sketch Plan



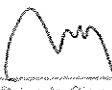
Describe Circumstances of the Accident

On 20/07/2021 at @ 1815 hrs, I was travelling in my vehicle (SKP 4152D) along Choa Chu Kang Ave 1 in front of Bkt 810A going straight. Suddenly, a taxi (SFA 1107U) coming out from the carpark did not stop at the stop line to give way. As a result, the said taxi front portion collided onto the left side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 31/7/2021 11:30 am
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel