

# 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 : CLM15298 / SMV8383Y / AUG-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 SMV8383Y & SHA8517Z ON 26/08/2021**  
**ALONG BLK 27 PASIR RIS ST 72 (WHITE WATER CONDO DRIVEWAY)**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA8517Z** 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                              | \$   | 2,889.00        | (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)  |
| LTA search fee                               | \$   | 7.45            |                  |
|  | S \$ | <u>3,856.45</u> |                  |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15298
- 2) LTA search
- 3) Letter of Authorisation
- 4) GIA report of SMV8383Y

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 SHEPHERDTON WAY  
#24-01 AXA TOWER  
SINGAPORE 068811

## TAX INVOICE

Date : 30/11/2021  
Date in : 26/08/2021  
Vehicle Num. : SMV8383Y  
Make/Model : HONDA VEZEL 1.5X CVT-2015  
Chassis/Eng# : RU11100387/L15B4020389  
Accident Date : 26/08/2021  
Claim No : CLM15298  
Reference : AUG-13/2021  
Policy No. : 5117779017-01 (25/08/2022)

LUMP SUM REPAIR BILL  
REF : CLM15298-TWINCAR DATED 30/08/2021  
BY DIRECT

Amount S\$  
2,700.00



|           |                      |                 |
|-----------|----------------------|-----------------|
| E. & O.E. | Sub S\$ :            | 2,700.00        |
|           | Add GST ( 7% ) S\$ : | 189.00          |
|           | Total Amount S\$ :   | <u>2,889.00</u> |

for TWINCAR AUTOMOTIVE PTE LTD



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Aug 2021 / 14:56:45

Receipt Date/Time : 26 Aug 2021 / 14:56:45

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210826-002561

Previous Receipt No. :

| S/N                                    | Item Description/<br>Business Transaction Reference<br>No.          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|--|---|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - SHA8517Z |   |                               |                        |                              |
| As at 26 Aug 2021/09:20:00             |   |                               |                        |                              |
| Insurance Co: AXA INSURANCE PTE LTD    |   |                               |                        |                              |
| 1                                      | Insurance Enquiry - SHA8517Z<br>Enquiry Fee<br>20210826145630861889 | 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                                |   |                               |                        |                              |
| mcva0fwe                               |   |                               | 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: SMV 8383Y & SHA 8517Z  
ALONG BLK 27 PASIR RIS ST 72 (WHITE WATER CONDO DRIVEWAY) ON 26/08/2021 - 9:20 HRS

I/We GLEN YEOW JUN HUNG NRIC/Passport No: T 0019383B  
of BLK 25 PASIR RIS ST 72 #05-11 S(518266)  
the owner of vehicle no. SMV 8383Y 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 NTUC  
Policy No. 51177790A-01 Expiry Date: 25/08/2022

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 Submission              | 26/08/2021 15:00 (SGT)                               |
| Date of Accident                | 26/08/2021 09:20 (SGT)                               |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | BLK 27 PASIR RIS ST 72 (WHITE WATER CONDO DRIVE WAY) |
| Country/State of Loss           | Singapore  |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV8383Y

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | GLEN YEOW JUN HUNG     |
| NRIC No                  | T0019383B              |
| Email Address            | glenyeow1705@gmail.com |
| Mobile Phone No          | (Phone) +65-90938383   |
| Alternative Phone No     | +65-90938383           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezel                     |
| 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   | 1499                      |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5117779017-01                          |
| Cover Note Number         | 26/08/2021 TO 25/08/2022               |

#### DRIVER

|                |                    |
|----------------|--------------------|
| Name of Driver | GLEN YEOW JUN HUNG |
| NRIC No        | T0019383B          |

|  |  |
|--|--|
| Date of Birth  | 17/05/2000                               |
| Occupation   | Indoor                                   |
| Date of Driving Pass   | 12/03/2019                               |
| Driving experience   | 2 YEARS AND 5 MONTHS                     |
| Gender   | Male                                     |
| Mobile Number  | (Phone) +65-90938383                     |
| Alt. Phone Number  | +65-90938383                             |
| Email Address  | glenyeow1705@gmail.com                   |
| Address  | BLK 25 PASIR RIS ST 72 #05-11 (S) 518766 |
| Address complement   | -  |
| Postcode   | -  |
| 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 - 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?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| 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   | TOH ZHI YAN |
| Gender | Female      |

#### 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?       | Yes                                  |
| Reasons for not uploading a video of the accident | FILE SIZE TOO LARGE UNABLE TO UPLOAD |
| Was there any audio recorded?                     | No                                   |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHA8517Z |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |
| Vehicle Colour              | -        |



|   |                      |
|---|----------------------|
| Vehicle Category .....                        | Taxi                 |
| Name of Driver .....                          | TEO BENG SAN         |
| Contact Number .....                          | (Phone) +65-96359107 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

## INJURED PERSONS DETAILS

### INJURED 1

|   |  |
|---|--|
| Name of injured person .....                              | GLEN YEOW JUN HUNG                       |
| Gender .....  | Male                                     |
| Phone No .....  | (Phone) +65-90938383                     |
| Address .....   | BLK 25 PASIR RIS ST 72 #05-11 (S) 518766 |
| Address Complement .....                                  | -  |
| Post Code .....   | -  |
| Approximate Age Years Old .....                           | -  |
| Injuries Sustained .....                                  | 2 DAYS MC                                |
| Injured person in which vehicle? .....                    | SMV8383Y                                 |
| Were seat belts worn? .....                               | -  |
| Was this injured conveyed to hospital by ambulance? ..... | -  |

### INJURED 2

|   |            |
|---|------------|
| Name of injured person .....                              | TOH ZI YAN |
| Gender .....  | -          |
| Phone No .....  | -          |
| Address .....   | -          |
| Address Complement .....                                  | -          |
| Post Code .....   | -          |
| Approximate Age Years Old .....                           | -          |
| Injuries Sustained .....                                  | 1 DAY MC   |
| Injured person in which vehicle? .....                    | SMV8383Y   |
| Were seat belts worn? .....                               | -          |
| Was this injured conveyed to hospital by ambulance? ..... | -          |

## SKETCH PLAN

### IMPORTANT NOTICE

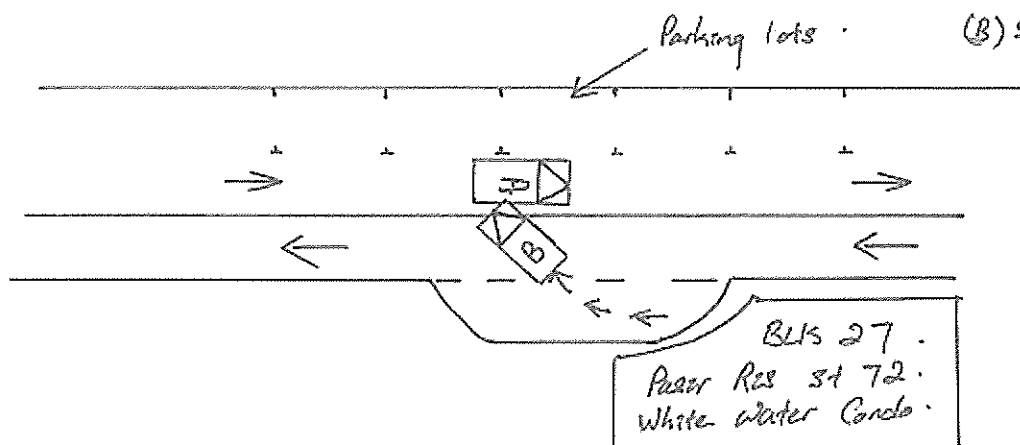
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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) 8MV 8383Y.

(B) 8HA 8517Z.



Describe Circumstances of the Accident

On 26/08/2021 at @ 0920 hrs, I was driving in my vehicle CMV 8383Y along the driveway in front of Bks 27 near RLS St 7D, White Water Condo, heading out of the condo. Suddenly, a taxi (SHA 8517Z) from the opposite side, drop off point of Bks 27, make a 3 point turn and collided into the right side 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

26.8.2021

Witnessed by Reporting Centre Personnel