

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

15 August 2022

Our Ref : CLM15378 / SJB4761G / DEC-07/2021

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SJB4761G & SHA9516U ON 18/12/2021
ALONG PIE TWDS TUAS B4 PAYA LEBAR EXIT

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHA9516U** 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 | \$ | 5,564.00 | (Include 7% GST) |
| Loss of rental | \$ | 1,200.00 | (\$120 X 10 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>7,071.45</u> | |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15378
- 2) Twincar Rental - Invoice No: 13-3522 , Vha No: 73401
- 3) Autobay Towing - SJB4761G (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SJB4761G

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

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

TAX INVOICE

Date : 05/08/2022

Date in : 18/12/2021

Vehicle Num. : SJB4761G

Make/Model : TOYOTA VIOS J AUTO-2007

Chassis/Eng# : MR053HY9305046508/1NZX689636

Accident Date : 18/12/2021

Claim No : CLM15378

Reference : DEC-07/2021

Policy No. : Z21VP05028203 (14/01/2022)

LUMPSUM REPAIR BILL

REF : CLM15378-TWINCAR DATED 21/12/2021

BY DIRECT

Amount S\$

5,200.00



| | | |
|----------------|-----------|----------|
| E. & O.E. | Sub S\$: | 5,200.00 |
| Add GST (7%) | S\$: | 364.00 |
| Total Amount | S\$: | 5,564.00 |

for TWINCAR AUTOMOTIVE PTE LTD

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

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

Invoice To :

GUI AH BAH
30 JALAN PARI UNAK
S (488503)

INVOICE

Invoice No. 13-3522

Date 27/12/2021

| | | Hirer's Car No. | VHA No. | Terms |
|------------|--|-----------------|-------------------|-------|
| | | SJB4761G | 73401 | CASH |
| No. of Day | Description | Per Day | Amount (S\$) | |
| 10 | Car Rental from the period of 18/12/2021 to 27/12/2021. Vehicle no. SKT6872A Singapore Dollars One Thousand and Two Hundred Only | 120.00 | 1,200.00 | |
| | | Total | \$1,200.00 | |

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

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

SJB 4761G(TC)

VHA No: 73401

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

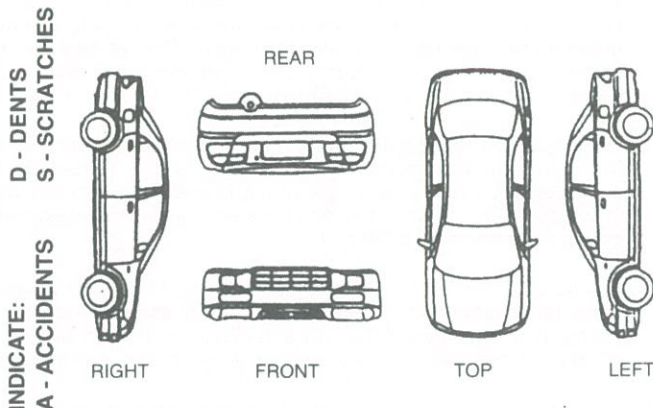
HIRER'S PARTICULAR

Name: (as in I/C) Gul Ali BAH
NRIC/PASSPORT No: S 1486466 J
Address (Res): 30 JALAN PARI UNAK
S (488503)
Name & Address of Employer: _____
Occupation: _____ Driving Exp: _____
Driving Licence No: S 1486466 J D/L Type: Local / International
Pass Date: 15/10/1979 Date of Birth: 05/09/1961
Tel: (O) _____ (R) _____ HP 9125 3132

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) ANG HOON YEN
NRIC/PASSPORT No: S 1240807 J
Address (Res): 30 JALAN PARI UNAK
S (488503)
Driving Licence No: S 1240807 J D/L Type: Local / International
Pass Date: 04/11/1998 Date of Birth: 26/02/1966
Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST



ACCESSORIES CHECK

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

Vehicle No: SK76P72A Replace Veh No: _____
Mileage Out: _____ Mileage Out: _____
Make & Model: T. AHIS. Auto / Manual
Group: _____
OUT: Date 18/12/2021 Time: 1230HRS.
HIRE/PERIOD EXPIRY _____
NON-WAIVER EXCESS: \$ _____

CHARGES

| | | | | |
|------------------|-----------------|---------------|-------------|---------------|
| Daily | @ \$ <u>120</u> | per day | <u>(10)</u> | <u>\$1200</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 \$ 1200

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 BE 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>27/12/2021</u> | <u>17.00HRS</u> | | | | |

AUTOBAY TOWING

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

CASH SALE

(TWINCAR)

No. _____

Sold to: _____

STB 4761 G

Date: 18/12/21

| Item | Quantity | Description | Unit Price | Amount |
|------------|----------|-----------------------|-------------|--------|
| | | Auto Hub to Defu lane | | 100 |
| | | Reporting Two Trips | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| E. & O. E. | | | Sub Total : | |
| | | | GST Tax : | |
| | | | Total : | 100 |

Issued by: _____



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Dec 2021 / 12:45:51

Receipt Date/Time : 18 Dec 2021 / 12:45:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211218-001203

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 - SHA9516U | | | | |
| As at 18 Dec 2021/10:50:00 | | | | |
| Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SHA9516U | | | |
| | Enquiry Fee | 7.00 | 0.49 | 7.49 |
| | 20211218124531046886 | | | |
| | 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 | | | | |
| | czdz1zgf | | 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: SJB 4761 G & SHA 9516 U
ALONG PIE TWDS TUAS B4 PAYA LEBAR EXIT ON 18/12/2021

I/We GUI AN BAH NRIC/Passport No: S 1486466 J
of 30 JALAN PARI UNAK S(488503)
the owner of vehicle no. SJB 4761 G 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 LONPAZ
Policy No. 221VP05028203 Expiry Date: 14/01/2022

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 | 20/12/2021 13:20 (SGT) |
| Date of Accident | 18/12/2021 10:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIE TOWARDS TUAS BEFORE PAYA LEBAR ROAD EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJB4761G |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | GUI AH BAH |
| NRIC No | S1486466J |
| Email Address | steven2186@gmail.com |
| Mobile Phone No | (Phone) +65-94519611 |
| Alternative Phone No | +65-94519611 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | VIOS J 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 | Lonpac Insurance Bhd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | Z21VP05028203 |
| Cover Note Number | 15/01/2021 TO 14/01/2022 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | ANG HOON YEN |
| NRIC No | S1740807J |

| | |
|--|-------------------------------------|
| Date Of Birth | 26/02/1966 |
| Occupation | Indoor |
| Date Of Driving Pass | 04/11/1998 |
| Driving experience | 23 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-91253132 |
| Alt. Phone Number | - |
| Email Address | steven2186@gmail.com |
| Address | 30 JALAN PARI UNAK SINGAPORE 488503 |
| 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 - 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 vehicle 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 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 | SHA9516U |
| 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) .. | - |

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

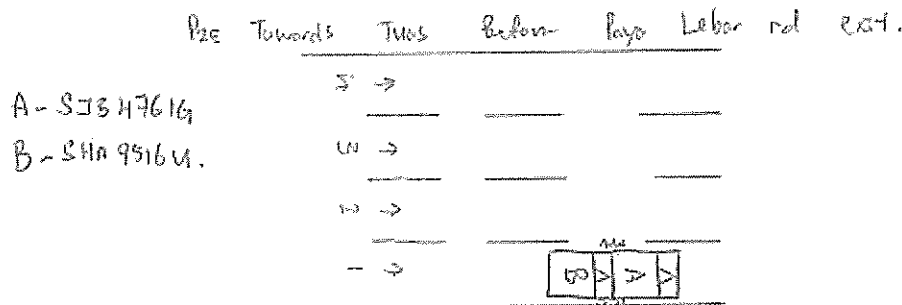
13.00

18/12/21



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS per above date and time, I was driving SJB 4761G along
 Per Towards Tms on the extreme right lane. Somewhere before
 paye lebar rd exit, vehicles in front of me suddenly slowed
 down. Therefore, I applied brake and slowed down as well. Out of
 sudden, I felt an impact from the rear. I alighted and
 discovered VEH (B) SHN 9516U front portion collided onto my
 vehicle rear portion.


A - SJB 4761G
 B - SHN 9516U.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
 Time

13.00
 18/12/21


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



Witnessed by Reporting Centre
 Personnel