

# 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

P.I.C - Melody Chin

Reply to :huixin@n51.com.sg

06 March 2023

Our Ref : CLM15442 / SLV3901Y / FEB-11/2022

**HSBC LIFE (SINGAPORE) PTE LTD**

10 MARINA BOULEVARD #48-01

MARINA BAY FINANCIAL CENTRE TOWER 2

SINGAPORE 018983

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SLV3901Y & SHC3347U ON 27/01/2022**  
**ALONG PIE TOWARDS CHANGI (LORNIE ROAD EXIT)**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC3347U** 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	\$	4,752.00	(Include 8% GST)
Loss of rental	\$	960.00	(\$120 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 \$	<u>5,979.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15442
- 2) Twincar Rental - Invoice No: 13-3567 , Vha No: 73437
- 3) Autobay Towing - SLV3901Y (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SLV3901Y

We look forward to your prompt reply.

Yours faithfully,



**Twincar Automotive Pte Ltd**

S.Y.NEO

Director

# 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

HSBC LIFE (SINGAPORE) PTE LTD

10 MARINA BOULEVARD #48-01

MARINA BAY FINANCIAL CENTRE TOWER 2

SINGAPORE 018983

## TAX INVOICE

Date : 04/03/2023

Date in : 07/02/2022

Vehicle Num. : SLV3901Y

Make/Model : HONDA VEZEL HYBRID 1.5X AUTO-2017

Chassis/Eng# : RU31265193/LEB5965212

Accident Date : 27/01/2022

Claim No : CLM15442

Reference : FEB-11/2022

Policy No. : 5122999558 (22/07/2022)

LUMP SUM REPAIR BILL

REF : CLM15442-TWINCAR DATED 09/02/2022

BY DIRECT

Amount S\$

4,400.00



E. & O.E.	Sub S\$ :	4,400.00
	Add GST ( 8% ) S\$ :	352.00
	Total Amount S\$ :	4,752.00

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 :

PEH LIAN KEE  
BLK 407 SERANGOON AVE 1  
#04-81 S (550407)

## INVOICE

Invoice No. 13-3567

Date 15/02/2022

		Hirer's Car No.	VHA No.	Terms
		SLV3901Y	73437	CASH
No. of Day	Description	Per Day	Amount (S\$)	
8	Car rental from the period of 07/02/2022 to 15/02/2022. Vehicle no.: SND5151C  Singapore Dollars Nine Hundred and Sixty Only	120.00	960.00	
		<b>Total</b>	<b>\$960.00</b>	

TWINCAR RENTAL



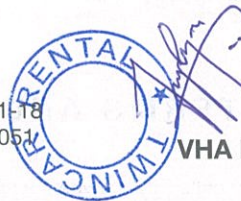
Authorised Signature





# TWINCAR RENTAL

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



VHA No: 73437

ROC NO. 53092815M

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULAR

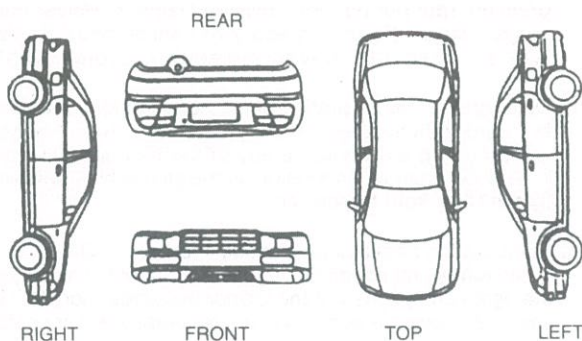
Name: (as in I/C) PEN LIAN KEE  
NRIC/PASSPORT No: S01760982  
Address (Res): BLK 407 Serangoon Ave 1  
#04-81 S'pore 550407  
Name & Address of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_  
Driving Licence No: S01760982 D/L Type: Local / International  
Pass Date: 11/04/1967 Date of Birth: 26/09/1948  
Tel: (O) \_\_\_\_\_ (R) \_\_\_\_\_ HP 97863715

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) \_\_\_\_\_  
NRIC/PASSPORT No: \_\_\_\_\_  
Address (Res): \_\_\_\_\_  
Driving Licence No: \_\_\_\_\_ D/L Type: Local / International  
Pass Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_

### VEHICLE CHECKLIST

INDICATE:  
D - DENTS  
S - SCRATCHES  
A - ACCIDENTS



### ACCESSORIES CHECK

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

Vehicle No: SND 551C Replace Veh No: \_\_\_\_\_  
Mileage Out: \_\_\_\_\_ Mileage Out: \_\_\_\_\_  
Make & Model: TOYOTA SIENNA ☒ Auto ☐ Manual  
Group: \_\_\_\_\_  
OUT: Date 07/02/2022 Time: 12:5 hrs  
HIRE/PERIOD EXPIRY 21/02/2022  
NON-WAIVER EXCESS : \$ \_\_\_\_\_

### CHARGES

Daily @ \$ 120 per day (8) \$120/2  
Weekly @ \$ \_\_\_\_\_ per week \$960  
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 \$ 960 \$04

Rented out by: \_\_\_\_\_

Hirer's Signature 

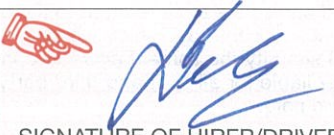
Addition Driver's Signature \_\_\_\_\_

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
15/02/2022	15:20HRS				

**AUTOBAY TOWING**

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

**CASH SALE**

No. \_\_\_\_\_

Sold to: (10) SLV3901YDate: 27/1/22

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: \_\_\_\_\_

CROWN



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Feb 2022 / 10:43:05

Receipt Date/Time : 07 Feb 2022 / 10:43:05

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220207-000793

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 - SHC3347U				
As at 27 Jan 2022/14:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC3347U Enquiry Fee 20220207104249623994	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				
pbva8pxn			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: SLV 3901 Y & SLC 3347 Y  
ALONG PIE TWS CHANGI (LORNIE RD EXIT) ON 27/01/2022

I/We PEH LIAN KEE NRIC/Passport No: S 01760982  
of BLK 407 SERANGOON AVE 1 #04-81 S/550404  
the owner of vehicle no. SLV 3901 Y 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 \_\_\_\_\_

Policy No. \_\_\_\_\_

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

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	28/01/2022 09:42 (SGT)
Date of Accident	27/01/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (LORNIE ROAD EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3901Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PEH LIAN KEE
NRIC No	S0176098Z
Email Address	liankee1948@gmail.com
Mobile Phone No	(Phone) +65-97863775
Alternative Phone No	+65-97863775

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL HYBRID 1.5X 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 hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122999558
Cover Note Number	23/07/2021 TO 22/07/2022

### DRIVER

Name of Driver	PEH LIAN KEE
NRIC No	S0176098Z





Date Of Birth	26/09/1948
Occupation	Outdoor
Date Of Driving Pass	11/04/1967
Driving experience	54 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97863775
Alt. Phone Number	+65-97863775
Email Address	liankee1948@gmail.com
Address	APT BLK 407 SERANGOON AVENUE 1 #04-81 (S) 550407
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 - 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?	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	SHC3347U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOW KIA LIAW
Contact Number	-
Address	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

WITNESS DETAILS

WITNESS 1

Name ..... RAVINDRAN S/O ADAIKALAM  
Phone ..... (Phone) +65-94894101  
Email ..... -

**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;


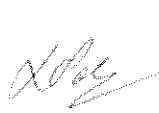

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

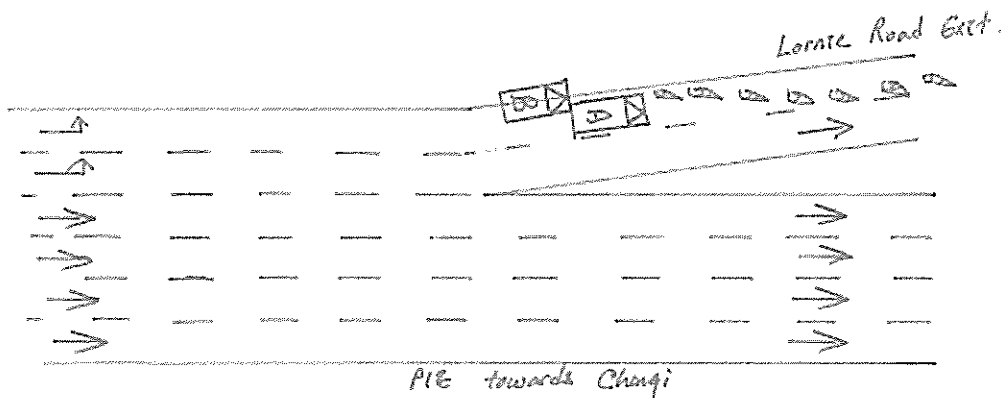
(collectively the "Purposes")

(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
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**Sketch Plan**



(A) SLV 3901Y.  
(B) SH/C 3347U.

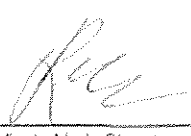


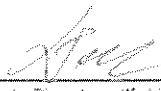
## Describe Circumstances of the Accident


On 27/01/2022 at @ 1430 hrs, I was travelling in my vehicle (SLV 3901Y) along PIE towards Changi exit into Lorne Road exit on the extreme left lane. I slowed down and stopped due to road work ahead. Suddenly, a taxi (SHC 3347U) from behind collided onto the rear portion of my vehicle. The taxi passenger, Mr Ravindran S/o Adaitalam agreed to be my witness.

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 9.00  
28/1/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel