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

13 September 2022

Our Ref:

CLM15569 / GBF7334K / JUNE-14/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD P.O.BOX 1094 SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING GBF7334K & SH2952Y ON 24/06/2022 ALONG KAMPONG JAVA RD SLIP RD CAVENAGH RD

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SH2952Y** whose vehicle was insured with you at the material date of the accident.

We are prosposing 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		\$ 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	\$ 6,591.45	
			-

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15569
- 2) Twincar Rental Invoice No: 13-3721, Vha No: 72559
- 3) Autobay Towing GBF7334K (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of GBF7334K

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 : 05/09/2022 Date in : 24/06/2022 Vehicle Num. : GBF7334K

Make/Model: TOYOTA HIACE VAN TURBO 5 DR MANUAL-2016

Chassis/Eng#: JTFHT02P000216166/1KD2685486

Accident Date : 24/06/2022 Claim No : CLM15569 Reference : JUNE-14/2022

Policy No.: 22-MQ000788-R01 (25/02/2023)

LUMPSUM REPAIR BILL

REF: CLM15569-TWINCAR DATED 27/06/2022

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:

O2 AIRCON ENGINEERING PTE LTD

BLK 157 JALAN TECK WHYE

#03-123

SINGAPORE 680157

INVOICE

Invoice No.

13-3721

Date

30/06/2022

		Hirer's Car No.	VHA No.	Terms
		GBF7334K	72559	CASH
No. of Day	Description		Per Day	Amount (S\$)
6	Car Rental from the period of 24/06/2022 to Vehicle no. GBG4478T	30/06/2022.	120.00	720.00
	Singapore Dollars Seven Hundred and Twenty	Only		
			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: 72559

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR	Vehicle No: GRG 4478 T Replace Veh No:
Name: (as in I/C) O2 AIRCON ENGINEERING PTE LTD	Mileage Out:
NRIC/PASSPORT No: 2017 32927 H	Make & Model: Tayoth Guc Auto / Manual
Address (Res): BLK 15+ JALAN FECK WHYE	OUT: Date 24/06/22 - Time: 1645WS
#03-123 8 (680157)	
Name & Address of Employer:	HIRE/PERIOD EXPIRY
	NON-WAIVER EXCESS : \$
Occupation: Driving Exp:	
Driving Licence No: D/L Type: Local / International	CHARGES
Pass Date: Date of Birth:	Daily @\$ 120 per day 6 7x0 00
Tel: (0) 9370 50 10 (R) HP 9449 + 264	Weekly @\$ per week
ADDITIONAL DRIVER'S PARTICULARS	Monthly @ \$ per month
Name: (as in I/C) DURAL SOKKALINGAM CARRELE D	Hours @\$ per hour
NRIC/PASSPORT No: G8859785 R	3
Address (Res): BLK 157 JALAN TECK WAYE # 03-123 8 (680187)	Others @\$
Driving Licence No: 1959 1858 D/L Type: Local / International	CDW @ \$ per day/month
Pass Date: Db ot 220 Date of Birth: 1004 1998	PAI @ \$ per day/month
	Delivery Service
Occupation: Driving Exp:	SUB-TOTAL \$
VEHICLE CHECKLIST	SUB-TUTAL \$
S	PETROL LEVEL
REAR	Out E 1/4 1/2 3/4 F
- DENTS - SCRATCHES - SCRATCHES	In E 1/4 1/2 3/4 F
	EXTENSION
	Collection Service
	Misc.
\$ 1	TOTAL CHARGE \$ 720 0D
ACCIDENTS ACCIDE	Rented out by:
RIGHT FRONT TOP LEFT	
RIGHT FRONT TOP LEFT	
= 4	Hirer's Signature
ACCESSORIES CHECK	riller a Signature
Ashtray Cig Lighter S/Tyre	0 -
STD Tools Jack Hub Caps	
STD Tools Jack Hub Caps Radio / Cass CD Cartidges	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

- 1. ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE TAHN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. 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.
- 4. 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.
- 5. 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	
30/06/2022	19:05 hrs				The Mo sort set
					SIGNATURE OF HIRER/DRIVER

AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883 Tel: 9616 8988 (Ah Boon) **CASH SALE** (TWINGE) GBF 7334K Sold to: **Unit Price** Quantity Description Amount Item lane 100 Two E. & O. E. Sub Total: GST Tax :

Issued by: _

\$100

Total

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

24 Jun 2022 / 17:11:49

Receipt Date/Time: 24 Jun 2022 / 17:11:49

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220624-003293

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 - SH2952Y As at 24 Jun 2022/08:40:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SH2952Y				
Enquiry Fee 20220624171131671322		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			
	5dt4m1h6		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: ACCII	DENT INVOLVING VEHICLE NOS:	GBF 7334K	&	5429524
ALONG	KAMPONG JAVA RD SUP R'D CAM	ENAGU RD	ON -	04/06/2022
I/We	02 AIRCON ENGINEERING RELID	NRIC/Passport No:		2017329274
of	BLK 157 JLNI TECK WHYE			
the owner	of vehicle no. GBF 7334 K he	ereby authorise you to com	mence repair t	to the said
vehicle for	rthwith. In consideration of you repairing	my/our vehicle at my/our re	quest.	

- 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 indequate, 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 Tokio M	MARINE	08/-/0-	
Policy No. 22-MQ 000788 - ROI	Expiry Date:	25/02/2013	-
Said GINE PARTY OF THE PARTY OF	Excess:		
25	Sil.		
Owner's Signature/Cols stamp (if applicable)	Witness Signature/Name		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctily</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 5. Internation provides must be so an advantage 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 the control of the part of the part of the part of the insurance Association of Singapore (GIA) for archiving the control of the part of the 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 24/06/2022 17:23 (SGT) Reported by Driver Date of Accident 24/06/2022 08:40 (SGT) Exact Location of Accident Singapore Additional Location Information KAMPONG JAVA ROAD SLIP ROAD CAVEAGH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF7334K**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 02 AIRCON ENGINEERING PTE LTD Company Reg No 2XXXXX927H Email Address 02airconbiz@gmail.com Mobile Phone No (Phone) +65-93205010 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model TOYOTA HIACE VAN TURBO 5 DR MANUAL 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 Commercial vehicle Transmission Manual 2982

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MQ000788-R01 (COMPREHENSIVE)

DRIVER

Name of Driver **DURAI SOKKALINGAM** Passport No/FIN GXXXX785R Date Of Birth 10/04/1998 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/07/2020 1 YEAR AND 11 MONTHS Male (Phone) +65-94497264 - is.d.lingam101998@gmail.com 157 JALAN TECK WHYE #03-123 680157 No Hirer No
GENERAL IN CRIMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No 2 No - Yes 2 No No No No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SH2952Y - - -

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-92714033
Address	-
Address complement	-
Postcode	<u></u>
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No, Of Passenger (Including Driver)	-
PASSENGER 1	
Name	PASSENGER 1
Gender	Male
PASSENGER 2	
Name	PASSENGER 2
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

akal 2360 000 E

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as fruthful 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 Formby 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that

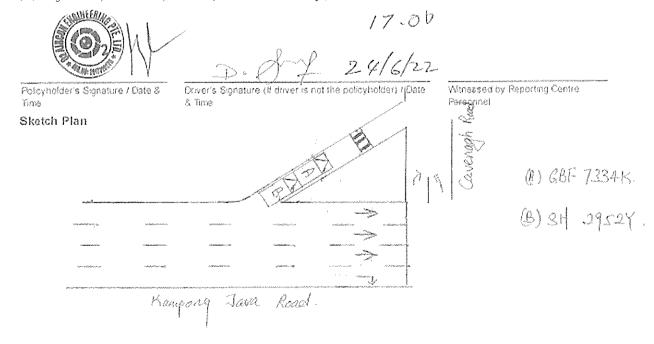
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(it processing handling anglor 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 ma:
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could awolve 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 taw yers/law firms, may/are parmitted to collect use, disclose andlor process my Personal Information for one or more of the above Purposes, and
- (c) my Parsonal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law-firms), which may be sited outside of Singapore, for one or more of the above Purposes



Describe Circumstances of the Accident

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