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:

CLM15575 / SMX3273D / JUNE-20/2022

AXA INSURANCE PTE LTD

ROBINSON ROAD P.O.BOX 1094 SINGAPORE 902144

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMX3273D & SHD4831B ON 23/06/2022 ALONG BRAS BASAH RD INFRT CARLTON HOTEL

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD4831B** 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		\$ 2,033.00	(Include 7% GST)
Loss of use		\$ 480.00	(\$120 X 4 Days)
Additional 2 days loss of use for pre repair		\$ 200.00	(\$100 X 2 Days)
Towing fee		\$ 100.00	
3rd party GIA report		\$ 29.00	
	S	\$ 2,842.00	•

We enclosed herein the following documents for your necessary attention.

1) Our Final Bill No: CLM15575

2) Autobay Towing - SMX3273D (receipt attached)

3) Tax Invoice of 3rd party GIA report

4) Letter of Authorisation

5) GIA report of SMX3273D

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 : 06/09/2022 Date in : 04/07/2022 Vehicle Num. : SMX3273D

Make/Model: TOYOTA PRIUS HYBRID 1.8S CVT-2020

Chassis/Eng#: ZVW516154377/2ZR2H32983

Accident Date: 23/06/2022 Claim No: CLM15575 Reference: JUNE-20/2022

Policy No.: DMHCSNW00001132200 (11/01/2023)

LUMPSUM REPAIR BILL

REF: <u>CLM15575-TWINCAR</u> DATED <u>04/07/2022</u>

BY DIRECT

Amount S\$ 1,900.00



E. & O.E. Sub S\$: 1,900.00 Add GST (7%) S\$: 133.00 Total Amount S\$: 2,033.00

		AUTOBAY TOWING 1 Kaki Bukit Avenue 6 #01-55 AutoBay @ Kaki Bukit Singapore 417883	CASH S	SALE
	(TWINCAR)		No	
	Sold to:	SMX 3273 1) -	Date:2	3/6/22
	Item Quantity	Description	Unit Price	Amount
y		Auto Hub to Ubi DAC		\$700
CROWN		Reporting Two Tongs		
S				
Į		E. & O. E.	Cult To 1	
			Sub Total : GST Tax :	
Is	ssued by:		Total :	\$100



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Date of Request: 24/06/2022

Your Ref No: T140-SMX3273D-22-KHH

Dear Sir/Madam,

Date of Accident: 23/06/2022 00:00 (SGT)

Vehicle No: SMX3273D

Place of Accident: Bras Basah Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)		
SHD4831B	Bras Basah Rd, Singapore	(31.00)	1	(28.97)		
GST Amount						
Total Amount Due	(31.00)					

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

LETTER OF AUTHORISATION

To: M/s Twincar Automotive Pte Ltd Singapore

RE:	ACCIDENT INVOLVING VEHICLE NOS: SMX 3273D & S1D 4831 B ON 23/06/2022
I/We of the	5 7867 1490
·	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.
in c	e also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers onnection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
pai un	e undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third ty's insurance company communicate with me/us directly, orally or in writing and I/we further dertake not to accept any monies or offer of settlement from the third party's insurers without first mmunicating with you and obtaining your consent.
thi	on settlement of the third party claim and in case the settlement monies was sent to me/us by the rd party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and ated expenses and disbursement incurred.
	/Our insurer is/are CMINA 1911/VG licy No. DMMCSNW00001/32200 Expiry Date:
Da	te: Excess:
	vner's Signature/Co's stamp (if applicable) Witness Signature/Name

SN09226O0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 24/06/2022 10:06 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (24/06/2022 10:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</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 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.

- The issue and acceptance of this Form by insurance companies is not all admission of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 10:06 (SGT)
Reported by	Both
Date of Accident	23/06/2022 12:55 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	INFRT CARLTON HOTEL
Country/State of Loss	Singapore

Additional Location Information Country/State of Loss	INFRT CARLTON HOTEL Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SMX3273D
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No NAGAPPAN MANIKANDAN S7867149A mani.nathi78@gmail.com (Phone) +65-94502491
Manufacturer Model 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? Vehicle Category Transmission CC INSURANCE COMPANY	Toyota Prius - Private hire No - Claiming third party Private hire Auto 1800
Name of Insurance Company Policy Number / Cover Note Number DRIVER	China Taiping Insurance (Singapore) Pte. Ltd. DMHCSNW00001132200
Name of Driver NRIC No Date Of Birth Occupation	NAGAPPAN MANIKANDAN S7867149A 04/06/1978 Outdoor

GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was any injured conveyed to hospital by ambulance? - Was any injured conveyed to hospital by ambulance? - No No No Was any injured conveyed to hospital by ambulance? - No No No Sus 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 Translator's name - Translator's phone number Translator's emai - Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No If yes, against whom? - CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. 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 SD CARD CORRUPTED	Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	19/04/2003 19 YEARS AND 2 MONTHS Male (Phone) +65-94502491
Weather Conditions Clear Dry Road Surface Dry OTHER INFORMATION No Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was any holy 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 Translator's name - - Translator's phone number - - Translator's POLICE ACTION - - Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? - CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. Arra accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes	GENERAL INFORMATION OF 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? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's PD Translator's PD Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes	Weather Conditions Road Surface	Clear
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Was there any video captured by Car Camera? Yes	Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT.	1.15
DETAILS OF OTHER VEHICLE PROPERTY 1	Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes SD CARD CORRUPTED

Vehicle Registration Number	SHD4831B
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 clastis process
- This Form must be completed by the Policyholder and/or the Authorised Giver
- 3 information provided must be as <u>truthful and accurate as possible</u>. Any willul instepresentation of withholding of material facts may abox insurance companies to repudiate policy liability
- 4. The issue and acceptance of the Formby insurance companies is not an edmestich of only liability on the part of the insurance concanes.

6 Any false reporting may be referred to the Police for investigation

- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association
- of Singapore (GtA) for accoming and that copies of this report walfor a fee be made available upon application by interested parties
- 7. By the lodgetnent 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 afores aro

© Consent under the Personal Data Protection Act (PDPA)

funderstand acknowledge agree and consent that

- (a) My insurer my workshop and the General Insurance Association of Singapore (GIA') may rare permitted to corect 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 insureres; 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 fams, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- on processing, transling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims
- religiouslying out and/or dealing with my instructions or responding to any enquiries by me
- (w) 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 shvelopes/met packages) and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the 'Purposes')

(b) at instrictis) who have insured vehicle(s) involved in this accident and the histings law yers law firms. Imaylate permited to collect use disclose and/or process my Personal Evormation for one or more of the above Purosess and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their find party service providers or agents (including their law yers law firms), which may be sted outside of Singapore, for one or more of the above Purposes

NAMIZA ROSKINGA BANIE A SOMAR Winessed by Reporting Centre Criver's Signature (# driver is not the policyholder) / Cale Poscyholder's Signature / Cate & Personnel 24/06/22 Sketch Plan (A) SMX 32730. Hotel Cartton (B) SHO H831B Bras Basah

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