

# 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 : CLM15609 / SLR5661Y / JULY-33/2022

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**AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

**ATTN: MOTOR CLAIMS DEPARTMENT**

Dear Sir @ Madam,

**RE: ACCIDENT INVOLVING SLR5661Y & SHC7247Z ON 27/07/2022  
ALONG 349 JURONG EAST AVE 1 NEAR MULTI-STOREY CARPARK ENTRANCE**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHC7247Z** 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	\$	3,852.00	(Include 7% GST)
Loss of use	\$	700.00	(\$100 X 7 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
LTA search fee	\$	7.45	
	S	<u>4,719.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15609
- 2) LTA search
- 3) Letter of Authorisation
- 4) GIA report of SLR5661Y

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 : 29/07/2022  
Vehicle Num. : SLR5661Y  
Make/Model : TOYOTA COROLLA ALTIS 1.6 AUTO-2009  
Chassis/Eng# : MR053ZEE106154262/3ZZ4929551  
Accident Date : 27/07/2022  
Claim No : CLM15609  
Reference : JULY-33/2022  
Policy No. : GA494046/1 (21/09/2022)

LUMPSUM REPAIR BILL  
REF : CLM15609-TWINCAR DATED 29/07/2022  
BY DIRECT

Amount S\$  
3,600.00

E. & O.E.	Sub S\$ :	3,600.00
	Add GST ( 7% ) S\$ :	252.00
	Total Amount S\$ :	<u>3,852.00</u>



for TWINCAR AUTOMOTIVE PTE LTD

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Jul 2022 / 15:33:17

Receipt Date/Time : 27 Jul 2022 / 15:33:17

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220727-002733

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 - SHC7247Z As at 27 Jul 2022/11:46:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC7247Z Enquiry Fee 20220727153301882903	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				-0.04
<b>Total Amount Payable</b>				7.45
Paid By				
3f115230			Credit Card	7.45
<b>Total</b>				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: SLR 5661 Y & SHC 7247 Z  
ALONG 349 JURONG EAST AVE 1 NEAR MULTI-STOREY CARPARK ENTRANCE ON 27/07/2022

I/We N-51 AUTOMOTIVE PTE LTD NRIC/Passport No: 200616038C  
of 2 KAKI BUKIT AVE 2 #01-18 KAKI BUKIT AUTOHUB S(417921)  
the owner of vehicle no. SLR 5661 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 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 AXA  
Policy No. GA 49404611 Expiry Date: 27/07/2022

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	27/07/2022 16:32 (SGT)
Reported by	Both
Date of Accident	27/07/2022 11:46 (SGT)
Exact Location of Accident	349 Jurong East Ave 1, Block 349, Singapore 600349
Additional Location Information	MSCP ENTRANCE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR5661Y

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	N-51 AUTOMOTIVE PTE LTD
Company Reg No	200616038C
Email Address	sales@n51.com.sg
Mobile Phone No	(Phone) +65-98575300
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA494046

### DRIVER

Name of Driver	LESLIE LIM SOON SENG
NRIC No	S9343404H
Date Of Birth	16/11/1993
Occupation	Outdoor

Date Of Driving Pass	13/04/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83665000
Alt. Phone Number	-
Email Address	sales@n51.com.sg
Address	328 JURONG EAST STREET 31 #11-138
Address complement	-
Postcode	600328
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ABOVE DATE AND TIME, I WAS DRIVING ALONG 349 JURONG EAST AVE 1. SOMEWHERE NEAR THE MULTI STOREY CARPARK ENTRANCE, VEHICLE B (SHC7247Z) EXITED AND MAKE A RIGHT TURN WITHOUT CHECKING ONCOMING VEHICLE AND COLLIDED ONTO MY VEHICLE RIGHT REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7247Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	TEO SENG HUAT
Contact Number	(Phone) +65-97325979
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LESLIE LIM SOON SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR5661Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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

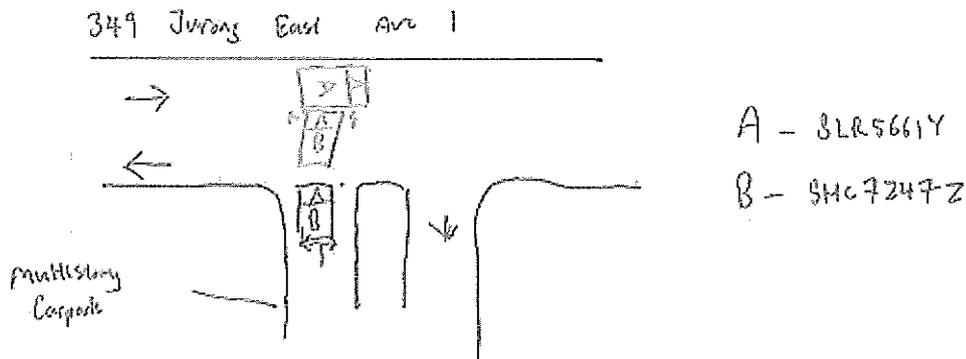
(c) my Personal Information may/ can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

As per above date and time, I was driving road along 349 Jersey East Ave. Somewhere near the multi-story carpark entrance, VEH(B) SHC 7247Z exited and made a right turn without checking oncoming vehicles and collided with my vehicle right rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel