

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

03 March 2023

Our Ref : CLM15722 / SMF5700U / NOV-07/2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMF5700U & GBC9572S ON 16/11/2022 ALONG PIE TOWARDS CHANGI BEFORE KIM KEAT LINK

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **GBC9572S** 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	\$	5,616.00	(Include 8% GST)
Loss of rental	\$	840.00	(\$120 X 7 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>6,723.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15722
- 2) Hock Chuan Heng Car rental & Trading Pte Ltd - Invoice No: 16058
- 3) Autobay Towing - SMF5700U (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SMF5700U

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

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD
#09-01
SINGAPORE 068897

TAX INVOICE

Date : 29/12/2022
Date in : 16/11/2022
Vehicle Num. : SMF5700U
Make/Model : HONDA CIVIC 1.5 TURBO VTIS SR-2018
Chassis/Eng# : MRHFC1660JT000012/L15B73621181
Accident Date : 16/11/2022
Claim No : CLM15722
Reference : NOV-07/2022
Policy No. : 5128094838 (17/06/2023)

LUMPSUM REPAIR BILL
REF : CLM15722-TWINCAR DATED 17/11/2022
BY DIRECT

Amount S\$
5,200.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$:	5,200.00
Add GST (8%)	S\$:	416.00
Total Amount	S\$:	5,616.00



I/We SEOW MEI FONG
HIRER'S PARTICULARS of BLK 622 BUKIT BATOK CENTRAL
If Different From Section ① #18-502 S 650622 Tel: 9817 8818

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

- a) **THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**
the Excess which is the maximum amount of \$1500 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.
- b) **COMPREHENSIVE MOTOR VEHICLE COVERAGE**
the Excess which is the maximum amount of \$2000 for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.
- c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼 <u>SKN 6597 B</u>		Rental Agreement 合同號碼 <u>No. H 16058</u>	
Section ① Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄		租出日期及時間 Date & Time OUT <u>16/11/22</u> <u>1045 hrs</u>	
姓名 Name: <u>NG KWOK SENG</u>		交車日期及時間 Date & Time IN <u>23/11/22</u> <u>1640hrs</u>	
地址 Address: <u>BLK 622 BUKIT BATOK CENTRAL</u>		Chargeable	Rates Amount
<u>#18-502</u> S <u>650622</u>		<u>7</u>	天 Days @ \$ <u>8840/-</u>
居民證/護照號碼 I/C No./Passport No: <u>S1518642</u>		星期 Weeks @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Months @ \$	
出生日期 Date of Birth: <u>10/11/1961</u>		Pass 日期 Pass Date: <u>14/05/1984</u>	
發源地 Place of Issue:			
三號保險底金 \$1500/- a) Third Party Only Policy Excess \$1500/-		一號保險底金 \$2000/- b) Comprehensive Policy Excess \$2000/-	
車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:		保險 Insurance	
備註與付款記錄 Remarks & Payment Records		總計 Total Charge	
按金 Security Deposit			
總金額 Total Payable		<u>8840/-</u>	
來銀 Amount Paid			
送車/費 Delivery Fees			
收車費用 Collection Fees/Misc.			
超過/小時 Extra Hours @ \$			
出車油箱 Fuel Tank OUT	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F	出車油箱 Fuel Tank IN	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
車牌號碼 Vehicle No:	1)	起 From:	至 To:
車牌號碼 Vehicle No:	2)	起 From:	至 To:
工具 Tools	輪胎 Spare Tyre	裝飾品 Accessories	加額費用 Total Additional Charges
車輛發出人 Vehicle Issued By:	車輛接收人 Vehicle Collected By:		總計 Grand Total
NOTE: 註 租車者或司機必須付所有停車, 違反交通及噴過量黑煙法例負起一切的責任。 HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION.			

租車者不准載沙或石灰
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE
PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING.

我/我們同意以上及後頁租車公司所列的條規與條件。
I/We have read and hereby agree to the terms and conditions on both sides of this rental agreement.

日期
Date:

16/11/2022

租車者簽名
Signature of Hirer:

[Signature]

SMF 5700 U (Tuncat)

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

SMF 5700u

No. _____

Date: 16/11/20

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Auto Bay		\$ 100
		Reporting Two Trips		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$100

Issued by: _____

CROWN

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Nov 2022 / 11:32:42

Receipt Date/Time : 16 Nov 2022 / 11:32:42

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221116-001401

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 - GBC9572S				
As at 16 Nov 2022/09:08:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - GBC9572S Enquiry Fee 20221116113226624733	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				
gqrf073z			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: SMF 5700 U & GBC 9572 S
ALONG PIE TWDS GIANGI B4 Kim Kiat LINK ON 16/11/2022
I/We SEOW MEI FONG NRIC/Passport No: S1537866 B
of BLK 622 BUKIT BATOK CENTRAL #18-502 S18506221
the owner of vehicle no. SMF5700U 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 Actual 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	16/11/2022 12:52 (SGT)
Reported by	Both
Date of Accident	16/11/2022 09:08 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI BEFORE KIM KEAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5700U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW MEI FONG
NRIC No	S1537866B
Email Address	JN57@ALPHABUILDERS2015.COM
Mobile Phone No	(Phone) +65-97548818
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128094838

DRIVER

Name of Driver	NG KWOK SENG
NRIC No	S1512864Z
Date Of Birth	10/11/1961
Occupation	Indoor

Date Of Driving Pass	14/05/1984
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98178818
Alt. Phone Number	-
Email Address	JN57@ALPHABUILDERS2015.COM
Address	BLK 622 BUKIT BATOK CENTRAL #18-502
Address complement	-
Postcode	650622
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?	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 OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SMF5700U) ALONG PIE TOWARDS CHANGI BEFORE KIM KEAT LINK ON THE SECOND LANE OF A 4 LANES EXPRESSWAY. THE VEHICLE OF MY VEHICLE BRAKE AND I FOLLOWED ACCORDINGLY. OUT OF SUDDEN, VEHICLE B (GBC9572S) COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. VIDEO FOOTAGE ATTACHED.

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	GBC9572S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	-
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	NG KWOK SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF5700U
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

3. 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/small 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/are 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 (Name as in NRIC/ID card)

Sketch Plan

	<p style="text-align: right;">Vehicle A - SIF 5700 U</p> <p style="text-align: center;">PE towards Changi, Before Km 10.7 Link</p> <p style="text-align: right;">Vehicle B - GBC 9572 S</p>
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Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (SMF 5700U) along PIE towards Changi before Kim Keat Link on the 2nd lane of a 4 lane expressway. The vehicle ahead of my vehicle braked and I followed accordingly. Out of a sudden, vehicle B (QBC 9572S) collided into the rear portion of my vehicle.

Video footage Attached.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Constable Personnel (Name as in NUCCID card)