

# 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 :

CLM15728 / GBL4757L / NOV-13/2022

**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 GBL4757L & SGK3883H ON 16/11/2022**  
**ALONG EAST COAST RD**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SGK3883H** 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                              | \$   | 5,508.00        | (Include 8% GST)     |
| Loss of rental                               | \$   | 1,765.50        | (\$160.50 X 11 Days) |
| Additional 2 days loss of use for pre repair | \$   | 200.00          | (\$100 X 2 Days)     |
| LTA search fee                               | \$   | 7.45            |                      |
|  | S \$ | <u>7,480.95</u> |                      |

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15728
- 2) Chiang Kang Enterprises Co (Pte) Ltd - Invoice No: 94432
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of GBL4757L

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 : 17/11/2022  
Vehicle Num. : GBL4757L  
Make/Model : NISSAN NV200 1.6DX VANETTE AUTO-2021  
Chassis/Eng# : VM20169299/HR16191096D  
Accident Date : 16/11/2022  
Claim No : CLM15728  
Reference : NOV-13/2022  
Policy No. : D22MTPCVE002154 (19/08/2023)

LUMPSUM REPAIR BILL  
REF : CLM15728-TWINCAR DATED 21/11/2022  
BY DIRECT

Amount S\$  
5,100.00



|           |                      |          |
|-----------|----------------------|----------|
| E. & O.E. | Sub S\$ :            | 5,100.00 |
|           | Add GST ( 8% ) S\$ : | 408.00   |
|           | Total Amount S\$ :   | 5,508.00 |

for TWINCAR AUTOMOTIVE PTE LTD





# 長江企業(私人)有限公司

## Chiang Kang Enterprises Co. (Pte.) Ltd.



1995 - 2003

### TAX INVOICE

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246 Fax: 6298 386

### RENTAL OF CARS, VANS, PICK-UPS & LORRIES

出租：汽車、廣告車、必甲與輕重型羅厘

GST Reg. No. 19-8304039-K

### HIRER'S PARTICULARS

If Different From

Section ①

I/We

of

HOME SOLUTIONS SG

540 ANG MO KIO AVE 10 #04-2397

CHENG SAN GREEN

S

560540

Tel:

9457 5381

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from CHIANG KANG ENTERPRISES CO. (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:-

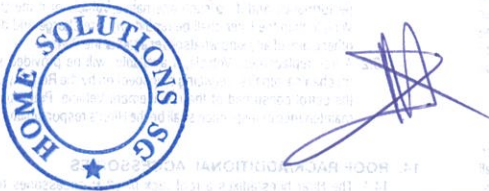
#### a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE

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 GBL 3161 L  |   | Rental Agreement 合同號碼 No. A 94432          |                                   |
| 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 17/11/2022 1.30pm. |                                   |
| 姓名 Name: LEE ZHI WEI  |   | 交車日期及時間 Date & Time IN 28/11/2022 14:00hrs |                                   |
| 地址 Address: 22 BEDOK SOUTH AVE 1  |   | Chargeable Rates Amount                    |                                   |
| #04-787 S 460022  |   | 11   | 天 Days @ \$ 81650/-               |
| 居民證/護照號碼 I/C No./Passport No: G 88166924  | 駕駛執照號碼 Driving Licence No: G 88166924                   |  | 星期 Weeks @ \$                     |
| 居民證/護照種類 Type of I/C/Passport:  | Pass 日期 Pass Date: 09/02/2022                           |  | 月 Month @ \$                      |
| 出生日期 Date of Birth: 30/03/1996  | 發出地 Place of Issue:                                     | ADD 7% GST 8115.50                         |                                   |
| a) 三號保險底金 \$1500/= Third Party Only Policy Excess \$1500/=                          | b) 一號保險底金 \$2000/= Comprehensive Policy Excess \$2000/= | 送車/費 Delivery Fees                         |                                   |
| 車輛必須歸還車主於 Vehicle Must Be Returned To Owner's Office By:                            |   | 總計 Total Charge 81765.5                    |                                   |
| 備註與付款記錄 Remarks & Payment Records   |   | 按金 Security Deposit                        |                                   |
|  |   | 總金額 Total Payable 81765.5                  |                                   |
|   |   | 來銀 Amount Paid                             |                                   |
|   |   | 收車費用 Collection Fees/Misc.                 |                                   |
| <h3>IMPORTANT! For Singapore Use only!</h3>   |   | 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:                                    | 租費不包括汽油 Rates Do Not Include Fuel |
| 車牌號碼 Vehicle No:  | 2)  | 起 From:                                    | 添油 Refuelling                     |
| 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及違反交通法例負起一切的責任。  
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS.

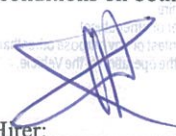
租車者不准載沙或石灰  
HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

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:

17/11/2022

租車者簽名  
Signature of Hirer:



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Nov 2022 / 10:31:12

Receipt Date/Time : 18 Nov 2022 / 10:31:12

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221118-000995

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - SGK3883H

As at 16 Nov 2022/17:10:00

Insurance Co: AXA INSURANCE PTE LTD

|   |   |      |      |      |
|---|---|------|------|------|
| 1 | Insurance Enquiry - SGK3883H<br>Enquiry Fee<br>20221118103057374975 | 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

|          |             |      |
|----------|-------------|------|
| Opn4khte | 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:

ALONG EAST COAST RD

GBL 4757L &

ON

SGK 3883H

16/11/2022

I/We

HOME SOLUTIONS SG

NRIC/Passport No:

533 85828 C

of

540 ANG MO KIO AVE 10 #04-2398 CHENG SIAN GREEN S (5615f0)

the owner of vehicle no.

GBL 4757L

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              | 17/11/2022 15:28 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 16/11/2022 17:10 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | EAST COAST RD          |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBL4757L |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | HOME SOLUTIONS SG    |
| Company Reg No           | 53385828C            |
| Email Address            | ZAIZAI8282@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-94575381 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Nv200                     |
| 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   | Auto                      |
| CC   | 1597                      |

#### INSURANCE COMPANY

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company         | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | -                                   |

#### DRIVER

|                 |             |
|-----------------|-------------|
| Name of Driver  | LEE ZHI WEN |
| Passport No/FIN | G8816692U   |
| Date Of Birth   | 30/03/1996  |
| Occupation      | Outdoor     |



|  |                                      |
|--|--------------------------------------|
| Date Of Driving Pass .....   | 09/02/2022                           |
| Driving experience .....   | 9 MONTHS                             |
| Gender .....   | Male                                 |
| Mobile Number .....  | (Phone) +65-94575381                 |
| Alt. Phone Number .....  | -                                    |
| Email Address .....  | ZAIZAI8282@GMAIL.COM                 |
| Address .....  | 22 BEDOK SOUTH AVE 1 #04-787 S460022 |
| Address complement .....   | -                                    |
| Postcode .....   | -                                    |
| Is the driver the policyholder? .....                              | No                                   |
| If No, Relationship of the Driver with the Insured .....           | Friend                               |
| 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 ..... | Raining                  |
| Road Surface .....       | Wet                      |

#### 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  |
| 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

#### REFER TO ATTACHED REPORT

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SGK3883H    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| 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 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.



*[Signature]*

11:15

17-11-2022

Policyholder's Signature / Date & Time

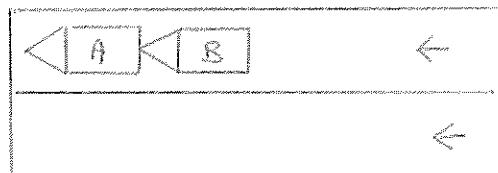
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

**Sketch Plan**

*East Coast Road*



Ⓐ GBL 4757 L

Ⓑ 56K 3883 H

Describe Circumstances of the Accident

my veh was stationary at the traffic junction waiting for the traffic light to turn green when veh B suddenly hit onto my veh rear portion

Declaration

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 Centre Personnel