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 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
 \$ 5,508.00 (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 7,480.95

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

THINGS OF THE PERSON OF THE PE

E. & O.E. Sub S\$: 5,100.00 Add GST (8%) S\$: 408.00

Total Amount S\$:

5,508.00



長は企業(私人)有限な司 Chiang Kang Enterprises Co. (Pte.) Ltd.



TAX INVOICE

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

RENTAL OF CARS, VAGST Reg.No. 19-830403		S & LO	RRIES (.or	出租	:汽車、廣	告車	、必甲與輕重型	」羅 厘
party Venicle of left with any agents of serverts remises most to during or after the Philal period consulance with the provisions of this agreement	I/We	HOME	SOLUTIO	WS S	down and the bases and to	Mary of the lattice and considerates	s is specific for our color of superior states in a specific size of the color of t	
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Section 1	CHENG	SAN	GREEN	S	560540	Tel:	9457 538	1
hereinafter called "the Hirer"	hereby confirm h	aving agr	eed to hire this da	v from CHIA	NG KANG ENT	ERPRISE	S CO (PTF) LTD her	reinafte

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 causes 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.

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 thire 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

	東注冊號碼 68	the back hereof:	z il zedika	Rental Agreer	nent 合同號碼	No. A 9443	32	
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HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE

I/We have read and hereby agree to the terms and conditions on both sides of this rental agreemen

orns

17/11/2022 日期 Date

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/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SGK3883H As at 16 Nov 2022/17:10:00 Insurance Co: AXA INSURANCE PTE LTD 1 Insurance Enquiry - SGK3883H				
Enquiry Fee 20221118103057374975		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			
	0pn4khte		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: ACCI	DENT INV	OLVING VEI	HICLE	NOS:		GBL 475	76 &	SCK 3	883 H
ALONG	EAST	C10937	RD	· ·			ON	16/11/	2012
l/We	Hone	SoLu71(INS	26		NRIC/Passpo	rt No:	53385	
of	540 C	nuc mo	KIO	AVE	70	#04-2398	CHRNG	SAW GREEN	5 (56,0540)
the owner	r of vehicle	no. G	BL4	7571	he	reby authorise you to	commence r	epair to the said	
vehicle fo	rthwith. In	consideratio	n of yo	ou repai	ring n	ny/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 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 Policy No.	Expiry Date:
Date:	Excess:
Owner's Signature/Cols stamp (Kep)(icable)	Witness Signature/Name
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VERSION: 1 (17/11/2022 15:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual 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
- 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto

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 Outdoor

Private car

Vehicle Category

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 Formitist be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful insrepresentation 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 hability on the part of the insurance. companies
- 6 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 in 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' law yers/law Tirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (a 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
- rivit administering my claims (including the mailing of correspondence, statements, involces, 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 clams.

(cellectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the hisurers, faw yers/law films, may/are permitted to coffect. 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 egents (including their law yers/law. firms), which may be seed outside of Singapore, for one or more of the above Purposes.

12-11-2022 **L**ansia Driver's Signature (It driver is not the policyholder) / Care Policyholde

Witnessed by Reporting Centre

Personnel

Sketch Plan

East Coast Road -DEBL 4757 L DS6K 3883 H

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