

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 : CLM15732 / SDP1970L / NOV-17/2022

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 SDP1970L & SHD3096M ON 17/11/2022

ALONG PIE TOWARDS TUAS AFTER PAYA LEBAR ROAD

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHD3096M** 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	\$	5,400.00	(Include 8% GST)
Loss of rental	\$	720.00	(\$120 X 6 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>6,387.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15732
- 2) Twincar Rental - Invoice No: 13-3907 , Vha No: 72755
- 3) Autobay Towing - SDP1970L (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SDP1970L

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 : 19/11/2022
Vehicle Num. : SDP1970L
Make/Model : TOYOTA COROLLA ALTIS 1.6L CVT-2015
Chassis/Eng# : MR053REH104546613/1ZRX556058
Accident Date : 17/11/2022
Claim No : CLM15732
Reference : NOV-17/2022
Policy No. : GA529645/1 (23/03/2023)

LUMP SUM REPAIR BILL
REF : CLM15732-TWINCAR DATED 22/11/2022
BY DIRECT

Amount S\$
5,000.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$:	5,000.00
	Add GST (8%) S\$:	400.00
	Total Amount S\$:	5,400.00

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-18 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

HAN HWEE TOO
BLK 310 TAMPINES ST 32
#10-130
SINGAPORE 520310

INVOICE

Invoice No. 13-3907

Date 25/11/2022

		Hirer's Car No.	VHA No.	Terms
		SDP1970L	72755	CASH
No. of Day	Description	Per Day	Amount (S\$)	
6	Car Rental from the period of 19/11/2022 to 25/11/2022. Vehicle no. SLP4051A Singapore Dollars Seven Hundred and Twenty Only	120.00	720.00	
		Total	\$720.00	

TWINCAR RENTAL



Authorised Signature



TWINCAR RENTAL

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18
Singapore 417921 Tel: 6744 0510 / 6842 0051

VHA No: 72755

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) HAN WEE TEO @ HAN WEE CHOO

NRIC/PASSPORT No: S 0116442 B

Address (Res): 310 TAMPAINES ST 32

#10-130 S (520310)

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____

Driving Licence No: _____ D/L Type: Local / International

Pass Date: _____ Date of Birth: 19/11/1949

Tel: (O) _____ (R) _____ HP 9889 8776

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) WOON WEE LIN, WARREN

NRIC/PASSPORT No: S 7440907E

Address (Res): BLK 310 TAMPAINES ST 32

#10-130 S (520310)

Driving Licence No: S 7440907E D/L Type: Local / International

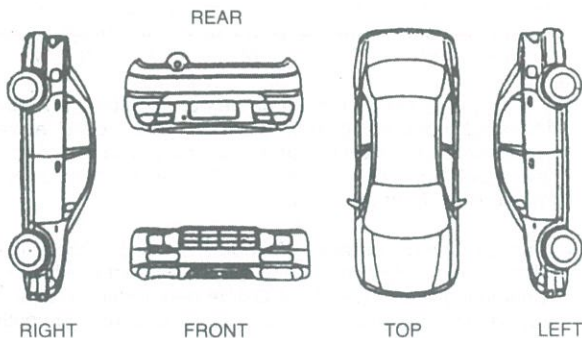
Pass Date: 13/06/1994 Date of Birth: 29/11/1974

Occupation: _____ Driving Exp: _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES

INDICATE:
A - ACCIDENTS



ACCESSORIES CHECK

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ashtray | <input type="checkbox"/> Cig Lighter | <input type="checkbox"/> S/Tyre |
| <input type="checkbox"/> STD Tools | <input type="checkbox"/> Jack | <input type="checkbox"/> Hub Caps |
| <input type="checkbox"/> Radio / Cass | <input type="checkbox"/> CD | <input type="checkbox"/> Cartridges |

Vehicle No: SLP 4051 A Replace Veh No: _____

Mileage Out: _____ Mileage Out: _____

Make & Model: _____ Auto / Manual Group: _____

OUT: Date 19/11/2022 Time: 1030hrs

HIRE/PERIOD EXPIRY _____

NON-WAIVER EXCESS: \$ _____

CHARGES

Daily	@ \$	<u>120</u>	per day	<u>6</u>	<u>720</u>	<u>00</u>
Weekly	@ \$		per week			
Monthly	@ \$		per month			
Hours	@ \$		per hour			
Others	@ \$					
CDW	@ \$		per day/month			
PAI	@ \$		per day/month			

Delivery Service _____

SUB-TOTAL \$ _____

PETROL LEVEL

Out	E	1/4	1/2	3/4	F	
In	E	1/4	1/2	3/4	F	

EXTENSION _____

Collection Service _____

Misc. _____

TOTAL CHARGE \$ 720 00

Rented out by: _____

Hirer's Signature 



Addition Driver's Signature 

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

* IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN, AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>25/11/2022</u>	<u>13:58hrs</u>				 

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 19/11/22

Sold to: _____

(TWINCAR)

SDP1970L

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 : 21 Nov 2022 / 10:28:20

Receipt Date/Time : 21 Nov 2022 / 10:28:20

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221121-000881

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 - SHD3096M				
As at 17 Nov 2022/19:37:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD3096M Enquiry Fee 20221121102802770027	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				
9ajy55qk			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: SDP 1970 L & SHD 3096 M
ALONG PIE TWPS TWAS AFTER "PAYA LEBAR RD" ON 17/11/2022

I/We HAN HWE TOU @ HAN HWE CHOO NRIC/Passport No: S0116442 B
of 310 TAMPAKES ST 32 #10-310 S (520310)
the owner of vehicle no. SDP 1970 L 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	21/11/2022 12:25 (SGT)
Reported by	Both
Date of Accident	17/11/2022 19:37 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS AFTER PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP1970L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN HWEE TOO
NRIC No	S0116442B
Email Address	WARRENWLUS@YAHOO.COM
Mobile Phone No	(Phone) +65-97527226
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA529645

DRIVER

Name of Driver	WOON WEE LIN WARREN
NRIC No	S7440907E
Date Of Birth	29/11/1974
Occupation	Indoor

Date Of Driving Pass	03/06/1994
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98898776
Alt. Phone Number	-
Email Address	WARRENWLUS@YAHOO.COM
Address	BLK 310 TAMPINES STREET 32 #10-130
Address complement	-
Postcode	520310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 (SDP1970L) ALONG PIE TOWARDS TUAS AFTER PAYA LEBAR ROAD ON THE EXTREME RIGHT LANE OF A 4 LANES EXPRESSWAY. THE VEHICLE AHEAD OF MY VEHICLE STOPPED DUE TO TRAFFIC AHEAD. I FOLLOWED ACCORDINGLY. OUT OF SUDDEN, I HEARD A LOUD BANG BEHIND MY VEHICLE. I SUDDENLY FELT A HUGE IMPACT FROM MY REAR PORTION. I ALIGHTED AND DISCOVERED I WAS INVOLVED IN A 4 CARS CHAIN COLLISION.

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	SHD3096M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97576080
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND1621P
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNE2389Z
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	VEHICLE D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WOON WEE LIN WARREN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDP1970L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

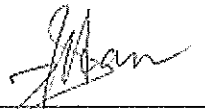
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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)

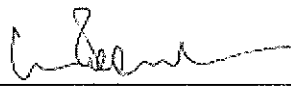
I understand, acknowledge, agree and consent that:

(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 based outside of Singapore, for one or more of the above Purposes.



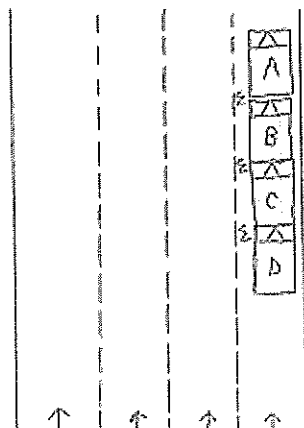
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



PIE towards Tuas
After Raja Lebar Rd

Vehicle A: SDP1930 L

Vehicle B: SHD 3096 M

Vehicle C: SND 1621 P

Vehicle D: SNE 2389 Z

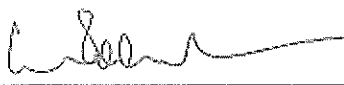
Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (SDP 1970L) along PIE towards Tuas After Paya Lebar Rd on the extreme right lane of a 4 lane expressway. The vehicle ahead of my vehicle stopped due to traffic ahead. I followed accordingly, but of a sudden I heard a loud bang behind my vehicle. I suddenly felt a huge impact from my rear portion. I alighted and discovered I was involved in a 4 car chain collision.

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 Centre Personnel