

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 : CLM15742 / SKH6599C / NOV-28/2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SKH6599C & SCX7343C ON 24/11/2022

ALONG BUNGKOK GREEN TWDS SENGKANG E RD AT BUANGKOK DR JUNC

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SCX7343C** 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	\$	4,536.00	(Include 8% GST)
Loss of rental (25/11/2022 - 30/11/2022)	\$	600.00	(\$120 X 5 Days)
Loss of rental (30/11/2022 - 02/12/2022)	\$	300.00	(\$100 X 3 Days)
Additional 2 days loss of use for pre repair	\$	160.00	(\$80 X 2 Days)
LTA search fee	\$	7.45	
	S \$	<u>5,603.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15742
- 2) Hock Chuan Heng Car rental & Trading Pte Ltd - Invoice No: 16062
- 3) LTA search
- 4) Letter of Authorisation
- 5) GIA report of SKH6599C

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 : 28/12/2022

Date in : 25/11/2022

Vehicle Num. : SKH6599C

Make/Model : TOYOTA VIOS E AUTO-2008

Chassis/Eng# : MR053HY9305085532/1NZX816092

Accident Date : 24/11/2022

Claim No : CLM15742

Reference : NOV-28/2022

Policy No. : 5108018716-03 (06/03/2023)

LUMP SUM REPAIR BILL
REF : CLM15742-TWINCAR DATED 28/11/2022
BY DIRECT

Amount S\$
4,200.00



E. & O.E.	Sub S\$:	4,200.00
Add GST (8%)	S\$:	336.00
Total Amount	S\$:	4,536.00

for TWINCAR AUTOMOTIVE PTE LTD

HIRER'S PARTICULARS
If Different From
Section ①I/We TASHA BIN ABU BAKAR
of BLK 486 PASIR RIS DRIVE 4
#03-489 S 510486 Tel: 9386 2440

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>SXD 52821</u>		Rental Agreement 合同號碼 <u>No. H 16062</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>25/11/22</u> <u>11:45 HRS</u>	
姓名 Name: <u>AS ABOVE</u>		交車日期及時間 Date & Time IN <u>30/11/22</u> <u>18:15 HRS</u>	
地址 Address: <u>AS ABOVE</u>		Chargeable Rates Amount	
S <u>5</u>		天 Days @ \$ <u>8600/-</u>	
居民證/護照號碼 I/C No./Passport No: <u>S76387152</u>		星期 Weeks @ \$	
駕駛執照號碼 Driving Licence No: <u>S76387152</u>		月 Months @ \$	
居民證/護照種類 Type of I/C/Passport:		月 Months @ \$	
Pass 日期 Pass Date: <u>24/11/1976</u>		月 Months @ \$	
出生日期 Date of Birth: <u>24/11/1976</u>		月 Months @ \$	
發源地 Place of Issue:		月 Months @ \$	
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>8600/-</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		租費不包括汽油 Rates Do Not Include Fuel	
車牌號碼 Vehicle No: 1)		起 From:	
車牌號碼 Vehicle No: 2)		起 From:	
工具 Tools		裝飾品 Accessories	
車輛發出人 Vehicle Issued By:		車輛接收人 Vehicle Collected By:	
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.		加額費用 Total Additional Charges	
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.		總計 Grand Total	

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:25/11/2022租車者簽名
Signature of Hirer:A

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 25 Nov 2022 / 12:04:11

Receipt Date/Time : 25 Nov 2022 / 12:04:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221125-001578

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 - SCX7343C				
As at 24 Nov 2022/20:50:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - SCX7343C Enquiry Fee 20221125120354192152	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				
84g4s211			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: SKH 6599C & SCX 7343C
ALONG BUANGKOK GREEN TUNDS SENGKANG E RD AT BUANGKOK ON 24/11/2022
I/We DR JUNE NRIC/Passport No: S 7638715 2
of TASHA BIN ABU BAKAR
BUK 436 PASIR RIS DRIVE 4 #03-489 S(510976)
the owner of vehicle no. SKH 6599C 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	25/11/2022 12:23 (SGT)
Reported by	Both
Date of Accident	24/11/2022 20:50 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	TWDS SENGKANG EAST RD AT BUANGKOK DR JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6599C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TASHA BIN ABU BAKAR
NRIC No	S7638715Z
Email Address	TASHA_ABU_BAKAR@ICLOUD.COM
Mobile Phone No	(Phone) +65-93862740
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	5108018716-03

DRIVER

Name of Driver	TASHA BIN ABU BAKAR
NRIC No	S7638715Z
Date Of Birth	24/11/1976
Occupation	Outdoor

Date Of Driving Pass	28/04/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93862740
Alt. Phone Number	-
Email Address	TASHA_ABU_BAKAR@ICLOUD.COM
Address	BLK 486 PASIR RIS DRIVE 4 #03-489
Address complement	-
Postcode	510486
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 (SKH6599C) ALONG BUANGKOK GREEN ROAD TOWARDS SENGKANG EAST ROAD ON LANE 3. SOMEWHERE NEAR BUANGKOK DRIVE JUNCTION, MY VEHICLE WAS STATIONARY STOPPED DUE TO THE TRAFFIC LIGHT WAS RED. OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR. I ALIGHTED AND DISCOVERED VEHICLE B (SCX7343C) FRONT PORTION COLLIDED ONTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCX7343C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM WEI JIE
Contact Number	(Phone) +65-83188081
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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.
- 6. 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.



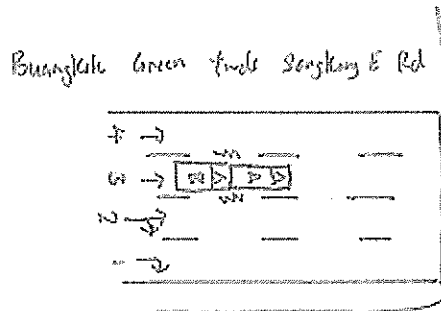
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Buanglah Green

Seng Kong E Rd

A - SKH 6599C

B - 3CX 7343C

Describe Circumstances of the Accident

As per above date and time, I was driving 9KH 6599C along
 Bunnagkik Poon Rd towards Sengkang E rd on lane 3, somewhere
 near Bunnagkik drive Junction, my vehicle was stationary stopped due
 to traffic light was red. Out of sudden, I felt an impact
 from the rear. I alighted and discovered Veh(B) 86X 7343C
 front portion collided onto my vehicle 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