

# 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 : CLM15752 / GBD4318M / NOV-38/2022

**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 GBD4318M & SHB6347E ON 30/11/2022**

**ALONG BOON TIONG RD ONTO ZION RD**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SHB6347E** 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	\$	2,268.00	(Include 8% GST)
Loss of rental	\$	963.00	
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	7.45	
	S \$	<u>3,538.45</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15752
- 2) Hwee Jan (S) Pte Ltd - Invoice No: 104373
- 3) Autobay Towing - GBD4318M (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of GBD4318M

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 : 30/11/2022  
Vehicle Num. : GBD4318M  
Make/Model : MITSUBISHI CANTER FEA01BR1SDEB (CBU)-2014  
Chassis/Eng# : FEA01BA00401/4P10B29509  
Accident Date : 30/11/2022  
Claim No : CLM15752  
Reference : NOV-38/2022  
Policy No. : D22MTHCVE001364 (19/09/2023)

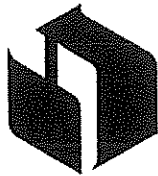
LUMPSUM REPAIR BILL  
REF : CLM15752-TWINCAR DATED 05/12/2022  
BY DIRECT

Amount S\$  
2,100.00



E. & O.E.	Sub S\$ :	2,100.00
	Add GST ( 8% ) S\$ :	168.00
	Total Amount S\$ :	2,268.00

for TWINCAR AUTOMOTIVE PTE LTD



# HWEE JAN (S) PTE LTD

Head Office: 82 Joo Koon Circle, Jurong Ind. Est., Singapore 629101. Tel: 6897 9339 Fax: 6897 7337 (Accs), 6863 4836 (Sales), 6863 4632 (Service)  
Co. Reg. No.: 199201209N GST Reg. No.: 19-9201209-N Website: <http://www.hweejan.com.sg>

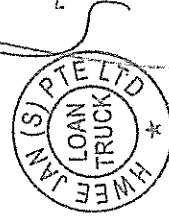
## TAX INVOICE ORIGINAL

Page 1 of 1

<b>Customer Name / Address</b>		<b>Invoice No.</b>	<b>Date</b>	<b>Currency</b>	<b>Terms</b>	<b>P.O. / Work Order</b>
S0226 SLK LOGISTICS PTE LTD 8A ADMIRALTY STREET FOOD XCHANGE@ADMIRALTY #05 - 24/25 SINGAPORE 757437 Tel:		104373	30-11-2022	SGD	NET DUE	
		<b>Vehicle No.</b>	<b>Vehicle Mileage</b>	<b>Running Hour</b>	<b>Confirmed By</b>	<b>Serviced By</b>
		GBB8341D			ALEX	ROSE LORRIS

S/N	Item	Description	UoM	Qty	U/Price	Disc.	Amount
1	RTL-TRUC	RENTAL CHARGES Loan of 10ft refrigerated vehicle Duration: 1 week Period: 30 November 2022 to 6 December 2022  Remarks: 10ft loan charges S\$900 per week	TRUCK	1.00	900.00	0.00	900.00

Sub Total 900.00  
GST (7%) 63.00  
Total 963.00



Terms and Conditions:  
\* Interest of 1% per month is chargeable for late payment.  
\* I certify that the above service & price have been carried out to my entire satisfaction, unless notified within 3 days, all work done will be deemed agreed.  
\* Goods sold are not refundable or commodities exchange.



Payment Methods:  
\* PayNow to UEN 199201209N  
\* Bank Transfer to DBS Bank 002-025502-2  
\* Cheque, crossed, made payable to Hwee Jan (S) Pte Ltd  
\*\*\* Please indicate invoice number behind the cheque or in the description for interbank transfer and PayNow

HWEE JAN (S) PTE LTD



# **HWEE JAN (S) PTE LTD**

82 JOO KOON CIRCLE, SINGAPORE 629101 (Co. Reg. No: 199201209N)  
TEL : +65 68979339 FAX: +65 68634836 www.hweejan.com.sg

ATTN : Alex  
COMPANY : SLK Logistics Pte Ltd  
MOBILE / TEL : 96877799  
DATE : 30<sup>th</sup> November 2022  
FROM : Linna / Serene  
MOBILE / E-MAIL : 8139 7997 / [mal@hweejan.com.sg](mailto:mal@hweejan.com.sg) / [coord@hweejan.com.sg](mailto:coord@hweejan.com.sg)  
RE : Quotation for Loan Truck  
Reference : HJ/LT/MA301122

We thank you for your enquiries and are pleased to submit hereby our quotation for the above.

Description	Charges per unit
Loan of 10FT refrigerated vehicle	\$900 per week

#### **Additional charges:**

Delivery & collection of 10FT refrigerated vehicle to customer – \$100 per truck (\$50 per trip)  
All the charges stated are in Singapore dollar and is subject to 7% GST.

#### **Terms and Conditions**

1. The minimum rental billing is 3 days if customer rent the truck(s) below 3 days.
2. Maximum reservation of three (03) days. Three (03) days advance notice for rental extension is required.
3. Rates are inclusive of free usage on mileage and maintenance (except accident repair).
4. Vehicle is required to be sent back for servicing (engine and freezer) at every 3months or 10,000km, whichever comes first.
5. The HIRER is responsible for all parking fines and driving offences.
6. Rates do not include fuel. Upon return, the fuel level must be the same as during collection.
7. **Insurance excess of \$3,000 is COMPULSORY in terms of accident.**  
**The following additional insurance excess are applicable if:**  
**7a. Drivers below 25 years of age or above 65 years old and/or with less than 2years driving experience in Singapore – \$2,500**  
**7b. Drivers who are work permit holders – \$3,000**  
**7c. Drivers who are a combination of both points 7a and 7b – \$5,500**
8. **Insurance excess of \$1,500 for windscreen damages.**
9. Please note that the vehicle is for use in MAINLAND SINGAPORE ONLY.
10. Hwee Jan reserves the right to terminate this loan truck agreement without prior notice in the event of late and/or non-payment.
11. Hwee Jan is not liable for any losses incurred should vehicle breakdown occurs during your rental period.
12. Please bring the CO. STAMP and both side photocopy of driving license and driver's IC when collecting the vehicle.
13. Operating business hours: Monday to Friday: 9am to 12nn, 1pm to 5.30pm; Saturday 9am to 12.30pm

We hope the above meets your requirement.

Should you have clarifications, please do not hesitate to contact us.

Thank you and looking forward to serve you better.

Yours Sincerely,


Linna  
Management Assistant

Acknowledged and confirmed by





Client Signature & Co. Stamp  
Please sign & stamp, fax to 6863 4836.  
Thank you.

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

(TWINCAR)

GBD 4318 M

No. \_\_\_\_\_

Date: 5/1/15

Sold to:

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

Issued by: \_\_\_\_\_

**CROWN**



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Nov 2022 / 15:29:35

Receipt Date/Time : 30 Nov 2022 / 15:29:35

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221130-002859

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 - SHB6347E				
As at 30 Nov 2022/10:05:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB6347E Enquiry Fee 20221130152913605960	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				
mmzr2bgy			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: GBD 438M & SUB 6347 E  
ALONG BOON TIONG RD ONTO ZION RD ON 30/11/2022

I/We SLK LOGISTICS PTE LTD NRIC/Passport No: 20/6/6824 C  
of 3A ADMIRALTY ST #05-24/25 S(757437)  
the owner of vehicle no. GBD 438M 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	30/11/2022 15:59 (SGT)
Reported by	Owner
Date of Accident	30/11/2022 10:05 (SGT)
Exact Location of Accident	Boon Tiong Rd, Singapore
Additional Location Information	INTO ZION ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4318M
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SLK LOGISTICS PTE LTD
Company Reg No	201616824G
Email Address	AUGUSNEO@SLKFORWARDING.COM
Mobile Phone No	(Phone) +65-90100353
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTHCVE001364

### DRIVER

Name of Driver	LEE ZONG JIE
NRIC No	G2711068T
Date Of Birth	29/03/1996
Occupation	Outdoor

Date Of Driving Pass .....	08/05/2019
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83102816
Alt. Phone Number .....	-
Email Address .....	AUGUSNEO@SLKFORWARDING.COM
Address .....	8A ADMIRALTY STREET #05-24/25
Address complement .....	-
Postcode .....	757437
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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 PER ABOVE DATE AND TIME, I WAS DRIVING GBD4318M ALONG BOON TIONG ROAD TOWARDS ZION ROAD. SOMEWHERE BEFORE ENTERING INTO ZION ROAD, I SLOWED DOWN AND STOPPED WITHIN THE STOO LINE FOR ONCOMING TRAFFIC TO PAST. AFTER A FEW SECONDS, I FELT AN IMPACT FROM THE REAR. I ALIGHTED AND DISCOVERED VEHICLE B SHB6347E 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


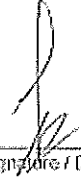
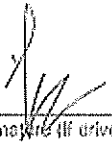
Vehicle Registration Number .....	SHB6347E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	ONG KIM TECK
NRIC No .....	-1
Contact Number .....	(Phone) +65-86069913
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

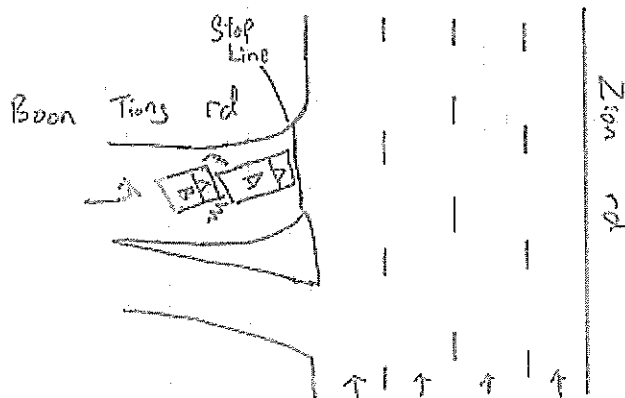
**SKETCH PLAN**

**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' law yers/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/postal 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' law yers/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 law yers/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
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**Sketch Plan**





A - GBD A31811  
B - JHB 6347E


Describe Circumstances of the Accident

As per above date and time, I was driving GB24318M along Baon Tine rd, finds Zion rd. Somewhere before entering Zion rd, I slowed down and stopped within the stop line for oncoming traffic to pass. After a few seconds, I felt an impact from the rear. I alighted and discovered vehicle SNB 6347E from 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 Control Personnel