

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

16 May 2023

Our Ref : CLM15781 / SMQ566R / JAN-02/2023

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

ATTN: MOTOR CLAIMS DEPARTMENT

Dear Sir @ Madam,

RE: ACCIDENT INVOLVING SMQ566R & SLP9793J ON 14/01/2023 **ALONG AYER RAJAH FOOD CENTRE & MARKET CARPARK**

We refer to the above accident which was caused due to the negligence of your insured driver of vehicle No: **SLP9793J** 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	\$	3,024.00	(Include 8% GST)
Loss of rental	\$	720.00	(\$120 X 6 Days)
Additional 2 days loss of use for pre repair	\$	200.00	(\$100 X 2 Days)
Towing fee	\$	100.00	
LTA search fee	\$	26.75	
	S \$	<u>4,070.75</u>	

We enclosed herein the following documents for your necessary attention.

- 1) Our Final Bill No: CLM15781
- 2) Hock Chuan Heng Car Rental & Trading Pte Ltd - Invoice No: 16197
- 3) Autobay Towing - SMQ566R (receipt attached)
- 4) LTA search
- 5) Letter of Authorisation
- 6) GIA report of SMQ566R

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

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

TAX INVOICE

Date : 11/05/2023
Date in : 22/02/2023
Vehicle Num. : SMQ566R
Make/Model : HONDA FREED HYBRID 1.5G AUTO-2019
Chassis/Eng# : GB71098278/LEB5638794
Accident Date : 14/01/2023
Claim No : CLM15781
Reference : JAN-02/2023
Policy No. : D22MTPV01016617 (28/10/2023)

LUMPSUM REPAIR BILL
REF : CLM15781-TWINCAR DATED 22/02/2023
BY DIRECT

Amount S\$
2,800.00



for TWINCAR AUTOMOTIVE PTE LTD

E. & O.E.	Sub S\$:	2,800.00
	Add GST (8%) S\$:	224.00
	Total Amount S\$:	3,024.00



福泉興汽車出租及貿易私人有限公司

HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD.

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

HIRER'S PARTICULARS

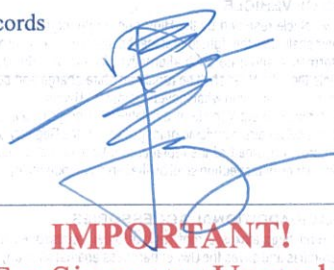
If Different From Section ①

I/We XIUWEN
of 83 WEST COAST DRIVE #01-06
HUNDRED TREES S 127999 Tel: 9831 0937

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>SLL 4277 L</u>		Rental Agreement 合同號碼 <u>No. H 16197</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>22/02/2023 1545hrs</u>	
姓名 Name: <u>AS ABOVE</u>		交車日期及時間 Date & Time IN <u>28/02/2023 2010hrs</u>	
地址 Address: <u>AS ABOVE</u>		Chargeable Rates Amount	
S		6 天 Days @ \$ <u>870/-</u>	
居民證/護照號碼 I/C No./Passport No: <u>S 7480386E</u>		星期 Weeks @ \$	
居民證/護照種類 Type of I/C./Passport:		月 Months @ \$	
出生日期 Date of Birth: <u>28/03/1974</u>		發源地 Place of Issue:	
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	
 IMPORTANT! For Singapore Use only.		按金 Security Deposit	
		總金額 Total Payable <u>870/-</u>	
		來銀 Amount Paid	
		送車/費 Delivery Fees	
		收車費用 Collection Fees/Misc.	
出車油箱 Fuel Tank OUT <u>E 1/4 3/4 1/2 3/4 1/4 F</u>		出車油箱 Fuel Tank IN <u>E 1/4 3/4 1/2 3/4 1/4 F</u>	
車牌號碼 Vehicle No: 1)		起 From:	
車牌號碼 Vehicle No: 2)		起 From:	
工具 Tools		輪胎 Spare Tyre	
車輛發出人 Vehicle Issued By:		裝飾品 Accessories	
車輛接收人 Vehicle Collected By:		租費不包括汽油 Rates Do Not Include Fuel	
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.		添油 Refuelling	
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.		加額費用 Total Additional Charges	
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.		總計 Grand Total	

日期
Date:

租車者簽名
Signature of Hirer:

AUTOBAY TOWING

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

CASH SALE

No. _____

Date: 16/1/23Sold to: SMQ 566 R

Item	Quantity	Description	Unit Price	Amount
		Auto Hub to Defu lane		\$ 100
		Reporting Two Trips		
E. & O. E.			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 : 16 Jan 2023 / 12:59:02

Receipt Date/Time : 16 Jan 2023 / 12:59:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230116-001937

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 - SLP9793J As at 14 Jan 2023/21:38:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SLP9793J Enquiry Fee 20230116125849470495	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
r5ye6rqw			Credit Card	26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
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: SMQ 566R & SLP 9793 J
ALONG AYER RAJAH FOOD CENTRE & MARKET ON 14/01/2023
CARPARK
I/We BI XIUWEN NRIC/Passport No: S 7480386 E
of 83 WEST COAST DRIVE #01-06 HUNDRED TREES S(127999)
the owner of vehicle no. SMQ 566R 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	16/01/2023 17:42 (SGT)
Reported by	Both
Date of Accident	14/01/2023 21:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYER RAJAH FOOD CENTRE AND MARKET CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ566R
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BI XIUWEN
NRIC No	S7480386E
Email Address	xiuxiuwen@yahoo.com
Mobile Phone No	(Phone) +65-98310937
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FREED HYBRID 1.5G AUTO
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01016617

DRIVER

Name of Driver	BI XIUWEN
NRIC No	S7480386E
Date Of Birth	28/03/1974
Occupation	Indoor

Date Of Driving Pass	08/01/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-98310937
Alt. Phone Number	-
Email Address	xiuxiuwen@yahoo.com
Address	83 WEST COAST DRIVE #01-06 HUNDRED TREES (S) 127999
Address complement	-
Postcode	-
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	Collided into Property
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	PASSENGER
Gender	Female

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 WITH ATTACHED.

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	WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9793J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHA'ARI BIN MUHD EUSOFF
Contact Number	(Phone) +65-80233527
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 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 reputate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 envelop/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' 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/are 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.

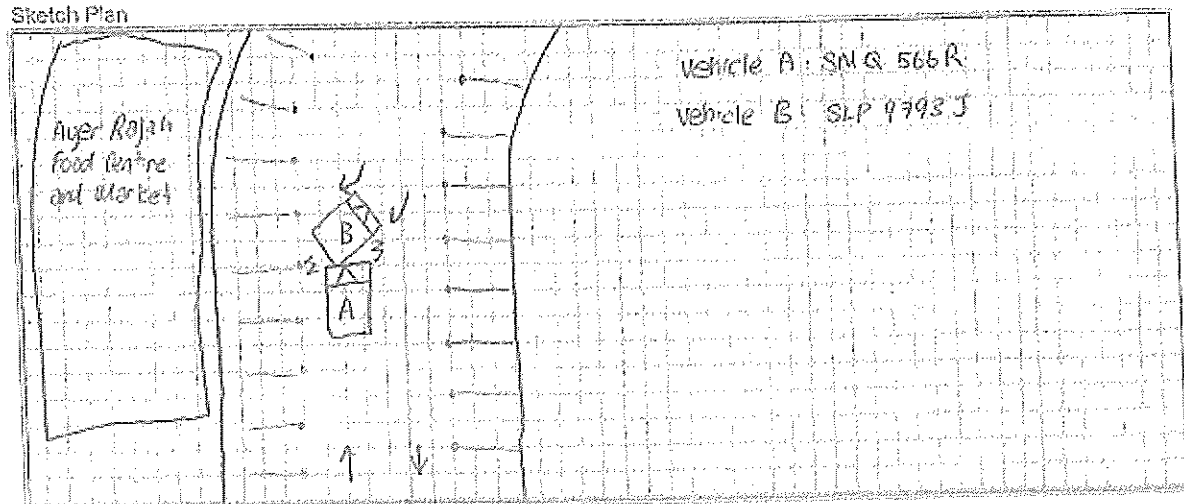

Policyholder's Signature / Date & Time


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

12-30
16/1/23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SMQ 566 R) along Ayer Rajah Food Centre and Market Carpark. Vehicle B (SLP 9793 J) was in front of my vehicle. Vehicle B stopped and I followed accordingly, vehicle B was reversing into a lot on my left and collided into my vehicle front portion while my vehicle was stationary.

Video Footage Attached

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 12-30
16/1/23
Driver's Signature (if different to the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)