



華明噴漆廠
HUA MENG SPRAY PAINTING WORKSHOP

AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883

Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 01/08/2019

Attn: Motor Claims Dept

**ACCIDENT ON 05.06.2019 INVOLVING VEHICLE SGU 544 D & SH 7023 X ALONG
BEDOK RESERVOIR ROAD**

With regards to the above, we are writing on behalf of the registered owner of vehicle SGU 544 D which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle SH 7023 X. As a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expenses, particulars of which are follows:

1) Repair cost	\$	3,500.00
2) Loss of rental-\$110 X06 days	\$	660.00
3) LTA search	\$	7.49
Total	\$	4,167.49

We hereby enclosed herewith the following documents for your consideration of the above claim.

a) Final Repair Bill Of SGU 544 D

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

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Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

AUTHORISATION TO ACT

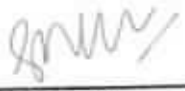
I/We, Sabrina Binte Abdul Hamid ("the third party claimant") of
Bik 147 Bedok Reservoir Road #05-1657 Singapore 470147 (address),
owner of SGU 544D (vehicle no.) hereby authorise **HUA MENG SPRAY PAINTING**
WORKSHOP ("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SGU 544D that was damaged pursuant
to the accident which occurred on 05.06.2019 (date) along Bedok Reservoir Road
(location) involving vehicle no/s SH 7023X ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem
fit and the workshop is further authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 11 (day) of 06 (month) 2019 (year)

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AUTOBAY@KAKI BUKIT
1 KAKI BUKIT AVE #01-34 SINGAPORE 417882
TEL: 6743 4898 FAX: 6743 4898


Signed by "the third party claimant"
(with company stamp if applicable)

Signed by "the workshop"
(with company stamp)

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

WITHOUT PREJUDICE
TO OUR & OUR POLICYHOLDERS
LIABILITY (PRESENT OR FUTURE) WHICH IS
EXPRESSLY RESERVED

India Ref: TP / MCT19060099

Claimant Ref: SGU544D

We/I, HUA MENG SPRAY PAINTING WORKSHOP ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 4,100.00 (Global Sum) ~~(Singapore Dollars)~~ ~~(US Dollars)~~ ~~(Euro)~~ ~~(British Pounds)~~ vehicle no. SGU544D that was damaged pursuant to the accident which occurred on 05/06/2019 (date) at BEDOK RESERVOIR ROAD (location) involving vehicle no. SH7023X (insured vehicle). This is pursuant to the inspection conducted on 11/06/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SABRINA BINTE ABDUL HAMID ("the third party claimant") of vehicle no. SGU544D to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SGU544D (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 4,100.00 to HUA MENG SPRAY PAINTING WORKSHOP

Dated this 11 day of Nov 2019
CLAIMANT:
Signature: HUA MENG SPRAY PAINTING WORKSHOP
AUTOBAY@KAKI BUKIT
1 KAKI BUKIT AVE 6 #01-34 SINGAPORE 417883
TEL: 6747 8004, 6748 5519 FAX: 6743 4896
Signed by "the workshop" (with chop)

Name: Hua Meng Spray Painting Workshop
NRIC: _____
Address: 1, Kaki Bukit Ave 6
01-61/01-34 S(417883)
Nationality: _____
Occupation: _____

WITNESS:

Signature: _____

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____



LWP

Signed by appointed Surveyor

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)



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Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680

Reg. No.: 254678/00M



Your Ref :

29/7/2019

Our Ref :

Date:.....

BILL TO: INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04, #05 IOB BUILDING SINGAPORE 049711

VEHICLE NO :SGU 544 D
MAKE / MODEL :TOYOTA VIOS
NAME :SABRINA BINTE ABDUL HAMID
ADDRESS :BLK 147 BEDOK RESERVOIR ROAD
#05-1657
S 470147

FINAL REPAIR BILL FOR VEHICLE NO:SGU 544 D

TO SUPPLY AND REPLACE PARTS, LABOUR CHARGES FOR
REPAIRING, KNOCKING, WELDING AND TO RESPRAY PAINTING
(LUMPSUM REPAIR)

\$ 3,500.00

SINGAPORE DOLLARS:THREE THOUSAND AND FIVE HUNDRED ONLY



WIN WIN RENT-A-CAR PTE LTD

Invoice

SGU544D
SABRINA BINTE ABDUL HAMID

Invoice No : WPLIN0003291
Invoice Date : 14/6/2019
Due Date : 14/6/2019
VHA No : 3698
Referral ID : H010

Description :	Amount
Rental for 6 Day/s @ \$110 per Day \$	660.00

Vehicle No : SKS 9704 M

Vehicle Description : Toyota Altis 1.6 A

Rental Period : 08/06/2019 to 14/06/2019

Total Amount Payable : \$ 660.00

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

Invoice No: WPEIN3297


Hirer's Vehicle No : 511744D

VEHICLE RENTAL AGREEMENT

I have read and agree to the terms and condition on both sides of the 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 **WIN WIN RENT-A-CAR PTE LTD** in connection with this agreement is true.

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COW AND/OR PAI WHERE APPLICABLE.
5. 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.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

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 WIN WIN RENT-A-CAR PTE LTD 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
14/6/19	16:05	22.2			

Enquire Vehicle & Owner Information (Vehicle No. SH7023X As At 05 Jun 2019 / 10:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SGU544D(H47)

Current Owner Details

Owner ID Type: Company
Owner ID: 199303821R
Owner Name: COMFORT TRANSPORTATION PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 383
Registered Street Name: SIN MING DRIVE
Registered Unit No.: -
Registered Building Name: GAS BUILDING
Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SH7023X
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD

DIRECT CREDIT AUTHORISATION FORM

INDIA INTERNATIONAL INSURANCE PTE LTD

This form is to be completed by the Supplier of _____ Payment will be credited directly

(Name of Paying Organisation)

into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form, obtain his banker's certification in Part II and return the duly completed form to

INDIA INTERNATIONAL INSURANCE PTE LTD.

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: INDIA INTERNATIONAL INSURANCE PTE LTD

(Name of Paying Organisation)

Supplier's Particulars:

Name : HUA MENG SPRAY PAINTING WORKSHOP

Address : 1, KAKI BUKIT AVENUE 6 BLK C #01-01/01-34 SINGAPORE 417883

Telephone Number: 6746 5519 Fax Number: 6743 4896

Name of Bank :: UOB Name of Branch: Toa Payoh

Account Number To Be Credited : 115 303 4643

INDIA INTERNATIONAL INSURANCE PTE LTD

I/We hereby authorise _____ to credit payments due to me/us to the above account.

(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: UOB

(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.

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TEL: 6747 8064, 6746 5519 FAX: 6743 4896

Signatures and Company's stamp As In Bank Account

Date

Part II (To Be Completed By Supplier's Bank)

To: UOB
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank Branch Account Number

7335 015 1153034643

In making the certification, the bank does not purport to make any representation as to the correctness or authenticity of the signature(s) / particulars. We expressly disclaim and take no responsibility for any loss, cost, damage or liability to any person that is based on, or arises out of, whether directly or indirectly, the certification.

FOR UNITED OVERSEAS BANK LIMITED

HOUGANG BRANCH
Name & Signature of Authorised Bank Officer

30 OCT 2019

Date



Angela Chan
20032

AUTHORISED SIGNATURE