

威利摩哆
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

01 AUGUST 2022

China Taiping Insurance (S) PL

Attn: Motor claim dept-3rd party claim

Your ref: CC6/CTI22007127/ga3

Claiming against your insured vehicle no: SLM5230J

Accident involving vehicle no: SMM7283G/SLM5230J

ON 23/07/2022 AT PRINSEP STREET

Dear officer in charge

We are the workshop for the owner of vehicle no: SMM7283G

Regarding the claim for the case above, this is a liability clear case considering that your client's vehicle collided into the rear portion of our client's vehicle.

The claim for vehicle No: SMM7283G as follow: -

Cost of repair to SMM7283G	\$ 1,150	finalised with your surveyor
GST 7%	\$ 80.50	
Loss of use	\$ 240.00	\$80x03d
LTA search fee	\$ 7.45	

\$ 1,477.95

Enclosed with all the necessary document for your reference.

Kindly let us have your reply soonest possible.

Thank you.

AUTHORIZATION TO ACT

I, KH Leasing Pte Ltd ("the third party claimant")
of 261A upper Thomson Road (address),
owner of Smm7283G (vehicle no.) hereby authorize
Wei Lee Motor Works

("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. Smm7283G that was
damaged pursuant to the accident which occurred on 23/7/2022 (date) along
Prinsep Street (location)
involving vehicle no/s Smm5230J ("the accident").

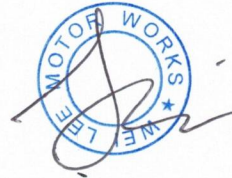
I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

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.

Date this 25 day of July (month) 20 22 (year)



Signed by "the third party claimant"



Signed by "the workshop"

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSNW00195652101 Claim No : SNM22D205225/C02/SLM5230J/CHNGPW

Claimant : KH LEASING PTE LTD

Amount : S\$1,417.95
SINGAPORE DOLLAR ONE THOUSAND FOUR HUNDRED SEVENTEEN AND
CENTS NINETY FIVE ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SMM7283G
Insured Vehicle No. : SLM5230J

Date of Loss : 23/07/2022
Place of Accident : SELEGIE ROAD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : WONG LAI HUAT
Driver Name : WONG LAI HUAT

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	1,230.50
(3) Loss of Use/ Rental/Earning	S\$	180.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees/Towing	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL	S\$	1,417.95
	=====	

Claimant Name : KH LEASING PTE LTD

NRIC No : 201611813C

Signature : _____

Date : 28/12/2022

威利摩托
WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-28,
SINGAPORE 575644.
TEL: 6459 9830 FAX: 6458 0128
Business Regn No: 269436/00J
GST Regn No: 26-943600-J

TAX INVOICE

M/S : China Taiping Insurance (S) PL

NO : WL04353
Vehicle No : SMM7283G
Date : 01-AUG-2022

<u>Quantity</u>	<u>Particulars</u>	<u>Unit Price</u>	<u>Amount Incl.</u> <u>GST</u>
SMM7283G			
1.00	Ref no: CC6/CTI22007127/ga3 Accident involving vehicle no: SMM7283G/SLM5230J DOA: 23/07/2022		
1.00	Cost of repair for vehicle no: SMM7283G Lump sum repaired as inspected and recommended by your surveyor	\$1,150.00	\$1,150.00
1.00	GST 7%	\$80.50	\$80.50
Total Amount Incl. GST			\$1,230.50
Standard Rate GST Amount (7%)		\$80.50	
Total Amount Before GST		\$1,150.00	



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Jul 2022 / 17:31:57

Receipt Date/Time : 25 Jul 2022 / 17:31:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220725-003454

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SLM5230J

As at 23 Jul 2022/16:05:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SLM5230J

Enquiry Fee

20220725173053101939

7.00	0.49	7.49
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Sub-Total

7.00	0.49	7.49
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Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

		0.04
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Total Amount Payable

		7.45
--	--	------

Paid By

414746XXXXXX4440

eNETS Credit Card

		7.45
--	--	------

Total

		7.45
--	--	------

Cash Change

		0.00
--	--	------

Tendered Amount

		7.45
--	--	------

Excess Refundable Amount

		0.00
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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.

FUND TRANSFER REQUEST FORM

IMPORTANT: Statement Pursuant to Section 25(5) of the Insurance Act, Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

1
Requestor Information
A. DETAILS OF POLICY OWNER

Name of Policy Owner

Policy Number

NRIC / Passport No. / Entity Registration No.

B. DETAILS OF PAYEE

Name of Bank Account Holder

WEI LEE MOTOR WORKS

Nationality

☐ Singaporean

☐ Singapore PR

☒ Others, please specify: COMPANY Y

NRIC / Passport No. / Entity Registration No.

Date of Birth

2694 3600J

D	D	/	M	M	/	Y	Y	Y	Y
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Is the Payee under Section 1B the same as Policy Owner?

☐ Yes

☒ No

If No, please state the basis of this payment and attach supporting document(s) to this form:

2
Payment Instructions - Direct Fund Transfer (DFT)
☐ **To link my DFT Account to my PayNow**

- Please ensure that you have registered your NRIC / UEN with the bank.
- We will not be responsible for any delays if NRIC / UEN is wrong or not registered with any bank.

NRIC / UEN:

OR

☐ **To link my DFT Account to my designated bank account**

- This account must belong to the Policy Owner or the Payee stated under Section 1B (the "Agreed Payee").
- Please submit a copy of your bank book or recent bank statement for account verification (You need to circle the account for crediting if your statement shows more than 1 bank account).
- Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Name: OCBC BANK

Bank Account Number: 531 038883 001

Email to notify on transfer: WEILEEMOTORWORKS@GMAIL.COM

Note:

- These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- DFT facility will not be applicable for any Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

Declaration & Acknowledgement

1. I/We understand the purpose and contents of this Fund Transfer Request Form and declare that the information above are true, correct and complete, whether written by me/us or by anyone else on our behalf and I/We accept full responsibility for them. I/We confirm that I/We would like China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") to perform the transaction selected above and acknowledge that CTPIS will not accept or process any incomplete form.
2. I/We confirm that the policy as identified by the Policy Number stated above (the "Policy") is owned by the Policy Owner stated above and has not been assigned to any other party. [Note: This declaration is only applicable to the Policy Owner or the authorised representative of the Policy Owner completing this form.].
3. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions set out in this Fund Transfer Request Form (including where relevant, the use of the electronic banking services stated in this Fund Transfer Request Form to effect payment) except where such loss is attributable solely to the gross negligence or wilful default of CTPIS.
4. I/We authorise CTPIS to effect the payment in accordance with the instruction as set out in this Fund Transfer Request Form.
5. If I/We opt to link my/our DFT account to my/our PayNow, I/We agree to register for PayNow using my/our NRIC/UEN number (if this has not been done already) and for all payments to be paid via PayNow as per my/our instructions set out in this Fund Transfer Request Form. I/we further agree that any payment made via the PayNow facility to my/our NRIC/UEN number shall be good and valid discharge and full and final settlement of any liability and obligations of CTPIS.
6. I/We am/are aware that this Fund Transfer Request will not be effective until it is formally accepted by CTPIS.
7. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by CTPIS's Privacy Policy which is made available on our website at <http://www.sg.cntaiping.com/privacypolicy>, as may be amended from time to time.
I/We agree on my/our behalf (where I am the Policy Owner or the claimant) or on behalf of the Policy Owner/the claimant (if applicable, and where I/We am/are the authorised representative of the Policy Owner or the claimant) that CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/the Policy Owner or the claimant (where I/We am/are the authorised representative of the Policy Owner or the claimant), that is received by CTPIS in accordance the Privacy Policy set out under paragraph 7 herein. As far as reasonably possible, CTPIS will release such information to the parties specified in the Privacy Policy on a need to know basis and on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the applicable law.

Signature of Policy Owner / Agreed Payee¹

Date

¹ For entities, this form must be signed by the authorised signatory of the company and company stamp is required.

EzLyna (LKKAuto)

From: EzLyna (LKKAuto)
Sent: Monday, 14 November 2022 3:48 PM
To: joseph.lhwong@gmail.com
Cc: Admin A
Subject: ACCIDENT INVOLVING SLM5230J (CHINA TAIPING) AND SMM7283G AT/ALONG SELEGIE ROAD ON 23/07/2022

Our Ref: CC6/CTI22007127/Kga3

Insured Name : Wong Lai Huat
Insured Driver : Wong Lai Huat

Dear Sir/Madam,

ACCIDENT INVOLVING SLM5230J (CHINA TAIPING) AND SMM7283G AT/ALONG SELEGIE ROAD ON 23/07/2022

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, China Taiping Insurance (Singapore) Pte Ltd to deal with the third party claim against your policy.

We have received a claim from SMM7283G against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your driver's favour. Therefore, we shall proceed to negotiate for an amicable settlement of the third party claim at best to avoid further litigation, which would escalate to even more cost.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 07 days from the date of this letter.

Thank you.

Best Regards,

Ezlyna Eng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: Ezlyna@lkkauto.com |

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

EzLyna (LKKAuto)

From: Adeline Chng <adeline.chng@sg.cntaiping.com>
Sent: Tuesday, 27 December 2022 5:48 pm
To: EzLyna (LKKAuto)
Cc: Admin A
Subject: RE: [SEEK MANDATE] / SNM22D205225/C02/SLM5230J/CHNGPW / FW: Direct Settlement - Accident Involving SLM5230J (OI : CTI - TBA) and SMM7283G (TP : LKK REF - CC6/CTI22007127/ga3) on 23/07/2022
Attachments: CTP-Fund Transfer Request Form-FA-Editable.pdf

Without Prejudice, Save as to Costs

Dear Ezlyna

Please proceed to resolve claim at \$1,417.95 and avoid settle in global sum.

Please get workshop to complete the attach payment if workshop would like to effect payment via bank transfer.

Thank you.

Adeline Chng
Claims Department

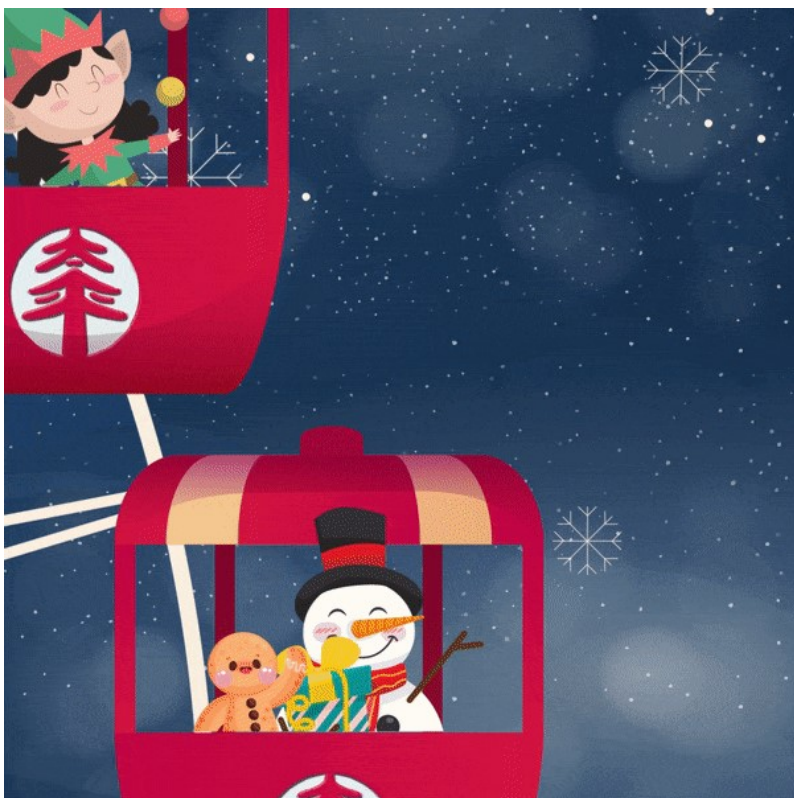
China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6155 | F: (65) 6224 7175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: EzLyna (LKKAuto) <ezlyna@lkkauto.com>

Sent: Thursday, December 15, 2022 9:46 AM

To: Adeline Chng <adeline.chng@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE:[SEEK MANDATE] / SNM22D205225/C02/SLM5230J/CHNGPW / FW: Direct Settlement - Accident Involving SLM5230J (OI : CTI - TBA) and SMM7283G (TP : LKK REF - CC6/CTI22007127/ga3) on 23/07/2022

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Your ref: SNM22D205225/C02/SLM5230J/CHNGPW

LKK ref : CC6/CTI22007127/ga3

Dear Adelaine,

ACCIDENT INVOLVING SLM5230J (CHINA TAIPING) AND SMM7283G (TP) ON 23/07/2022

We refer to the above matter.

It is under BOLA 27 scenario. Insured rear ended Third Party's vehicle. We are of the view that liability is on our driver's.

We seek your approval to offer repairer "Wei Lee Motor Works" at \$1,417.95 (all-in).

The summary is as follows: -