

Date: 12/09/2022

Ong Bee Bee

160 Sin Ming Drive

#05-11 Sin Ming Avenue

Singapore 575722

Attn : Motor Claim Department

Your Ref :

China Tailing Insurance (Singapore) Pte Ltd

3 Anson Road

#16-02 Springleaf Tower

Singapore 079909

Dear Sirs/Madam,

**DIRECT SETTLEMENT**

Accident on 05/09/2022 involving Vehicle No. SLZ 4002P & GBF 2892Z  
At Mandai Estate St.

I/We refer to my/our letter date

Arising out of the above accident, as a assessment on the damaged to my/our Vehicle No. SLZ 4002P was being conducted by your appointed panel surveyor.

Due to the negligence/fault of your insured/driver of Vehicle No. GBF 2892Z I/We am/are now claiming against you for the repair and other consequential suffered by me/us.

For the purpose of a amicable settlement. I/We quantified my/our claim as follows:-

- |   |              |
|---|--------------|
| a) Cost of repair at  | S\$ 2,150.00 |
| b) Loss of use for <u>3</u> days at rate of <u>(\$220 per day)</u><br><u>(car rental)</u> | S\$ 660.00   |
| c) Police/ROV Fee   | S\$          |
| d) Others <u>LTA Search Fee</u>   | S\$ 7.45     |

**Total Cost**

**S\$ 2,817.45**

I/We enclose herewith copies of all relevant documents for your perusal.

Kindly also direct all correspondence or liase with my Repairer's Messrs Hita Seng  
Spray Painting Pte Ltd relating to the said accident without any further reference to me/us.

Thanking you and awaiting your favourable response.

Yours Faithfully




## LETTER OF AUTHORIZATION

### To Whom It May Concern

Accident on 05/09/2022 involving SLZ 4002P and GBF 2892Z  
along Mandai Estate St.

I/We Ong Bee Bee NRIC No. S7236088E  
of 37 Metropole Drive Singapore 456714  
Owner of Motor Vehicle Registration No. SLZ 4002P insured by \_\_\_\_\_  
of MSIG Insurance (Singapore) Pte Ltd under Policy No. A300557152 AT2  
do hereby authorize M/s Hwa Seng Spray Painting Pte Ltd  
as my/our representative with full authority to write, negotiate and settle claim  
for damages on my/our behalf against the owner and/or driver of  
Motor Vehicle No. GBF 2892Z in regard to the abovementioned accident.

I/We also consent to the agreed settlement sum be made in favour of my/our  
representative, M/s Hwa Seng Spray Painting Pte Ltd and  
the said payment be forwarded to them to be construed as full and final discharge of  
my/our claim.

  
\_\_\_\_\_  
Owner Signature & Company Stamp

Date : 12/09/2022

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSNW00095262202 Claim No : SNM22D206340/C02/GBF2892Z/LEWLC

Claimant : ONG BEE BEE

Amount : S\$2,517.45  
SINGAPORE DOLLAR TWO THOUSAND FIVE HUNDRED SEVENTEEN AND  
CENTS FORTY 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. : SLZ4002P  
Insured Vehicle No. : GBF2892Z

Date of Loss : 05/09/2022  
Place of Accident : MANDAI ESTATE TOWARDS WOODLANDS 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 : BEE TECK INTERNATIONAL PTE LTD  
Driver Name : NEO YI

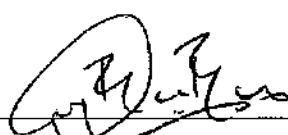
from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

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/ <del>Excess</del>	S\$	2,150.00
(3) Loss of Use/Rental/ <del>Earning</del>	S\$	360.00
(4) <del>GIA/Police Reports/</del> 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\$	2,517.45

Claimant Name : ONG BEE BEE

NRIC No : S7236088 E

Signature : 

Date : 4/01/2023

# HWA SENG SPRAY PAINTING PTE. LTD.

160 Sin Ming Drive, #05-11, Sin Ming Autocity

Singapore 575722

Tel No. : 64533100 Fax No. : 62669932

Buss. Reg. No. : 202017045G

ONG BEE BEE  
37 METROPOLE DRIVE  
456714

Attention : Motor Claim Department

Contact : 96623176

Final Repair Bill : H000085

Date : 12/09/2022

Vehicle Num. : SLZ 4002 P

Make/Model : TOYOTA PREVIA

Chassis/Eng# :

Accident Date : 05/09/2022

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LABOUR :		
		On lump sum basis repair inclusive of spare parts, panel knocking, spray paint and misc charges		2,150.00
		Labour Total S\$ :		2,150.00

E. & O.E.

Total S\$ : 2,150.00

=====



for HWA SENG SPRAY PAINTING PTE. LTD.

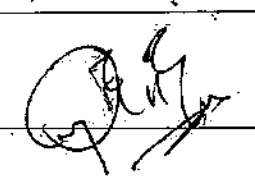
# HUI SHOON CAR RENTAL

BLK 1, SIN MING INDUSTRIAL ESTATE, SECTOR C. #01-125,  
SINGAPORE 575636. TEL: 6453 1473  
REGN. NO.: 53013461J

VRA NO:

17616



## VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: SLG 86Z		Mileage Out: 110151	
Hirer: <u>Ong Bee Bee (Wang Mei Mei)</u>		Make & Model: <u>Toyota Estima</u>		Auto/Manual Group: <u>Auto</u>	
NRIC / Passport No: <u>S7236088E</u> Date of Birth: <u>03.10.1972</u>		OUT: Date <u>07.09.2022</u>		OUT: Time <u>9am</u>	
Address: <u>37 Metropole Dr</u>		Replace Veh No:		Mileage Out:	
<u>S'pore 456714</u>		OUT: Date		OUT: Time	
Driving Licence No: <u>S7236088E</u> Pass Date: <u>05.11.1998</u>					
Contact Number:					
DRIVERS PARTICULARS (if different from Hirer)		CHARGES			
Appointed Driver:		Daily	3	@\$220	per day
NRIC / Passport No:		Weekly		@\$	per week
Date of Birth:		Monthly		@\$	per month
Address:		Hours		@\$	per hour
Driving Licence No:		Others		@\$	
Pass Date:					
Contact Number:					
		SUB-TOTAL \$ 660.00			
<b>Terms &amp; Conditions:</b>		PETROL LEVEL			
<b>ADDITIONAL S\$3000.00 EXCESS</b>		Out	E	1/4	1/2
For Hirer / Driver:		In	E	1/4	1/2
Age 23 years old & below.				3/4	F
Age 70 years old & above.					F
Less than Two (2) years Driving Experience.		TOTAL CHARGES \$ 660.00			
Malaysia Excess (Exclude Towing Fees and Any Charges in Malaysia): \$3,500.00					
REMARKS		<b>IMPORTANT!</b>			
		FOR SINGAPORE USE ONLY			
		Excess Liability: <b>S\$2500.00</b>			
		Malaysia Excess (With Prior Consent): <u>NOT ALLOWED</u>			
<b>PAYMENT METHOD:</b>		Hirer's Signature 			
BANK TRANSFER: DBS 015-900828-2		Addition Driver's Signature			
PAYNOW: 53013461J					

I have read and agree to the terms and condition on both sides of this 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 HUI SHOON CAR RENTAL in connection with this agreement is true.

### \* IMPORTANT

- ONLY PERSONS ABOVE 26 TO BE BELOW 65 YEARS OLD WITH MORE THAN 3 YEARS DRIVING EXPERIENCE. AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE. OTHERWISE ADDITIONAL S\$3000.00 EXCESS IS APPLICABLE.
  - ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AND ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
  - THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
  - VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY HUI SHOON CAR RENTAL.
  - 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.
- 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 BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO HUI SHOON CAR RENTAL 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	SIGNATURE OF HIRER / DRIVER
10/09/2022	11:00am	110415		

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Sep 2022 / 09:15:29

Receipt Date/Time : 06 Sep 2022 / 09:15:29

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220906-000534

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - GBF2892Z

As at 05 Sep 2022/13:23:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - GBF2892Z

Enquiry Fee

20220906091405114590

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

400682XXXXXX8782 eNETS 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.

## **Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Thursday, 29 September 2022 14:11  
**To:** viviantee@beeteck.com.sg  
**Subject:** ACCIDENT INVOLVING GBF 2892Z AND SLZ 4002P ON 05/09/2022

**Our Ref: CC6/CTI22008838/Kea3**

29 September 2022

**BEE TECK INTERNATIONAL PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING GBF 2892Z AND SLZ 4002P ON 05/09/2022**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher Sng  
Case Handler  
DID: 6841 6051  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. China Taiping Insurance (Singapore) Pte Ltd  
(Motor Claims Dept)

## EzLyna (LKKAUTO)

**From:** Jenny Lew <jenny.lew@sg.cntaiping.com>  
**Sent:** Friday, 11 November 2022 12:23 PM  
**To:** EzLyna (LKKAUTO)  
**Cc:** Admin A; Claims Dept of CTI  
**Subject:** RE: [SEEK MANDATE] - SNM22D206340/C02/GBF2892Z/LEWLC / RE: Direct Settlement - Accident Involving GBF2892Z (OI : CTI - TBA) AND SLZ4002P (TP : LKK REF - CC6/CTI22008838/Kea3) on 05/09/2022

Hi EzLyna

Pls proceed as follows:

	Amount Revised
1. Cost of Repair	\$ 2,150.00
2. Loss of Rental	\$ 540.00 (3days x \$120.00 - \$180.00)
4. LTA/GIA Search Fee	\$ 7.45
<b>Total</b>	<b>\$ 2,517.45 - \$ 2,697.45</b>

Thank you.

**NOTICE :**

In response to the escalating Covid-19 cases, please refrain from sending hardcopy documents to us as delay is to be expected for handling hardcopy documents. All correspondence should be made via email [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com) or fax at [6224 7175](tel:62247175). Any inconvenience caused is much regretted.

Regards,

**Jenny Lew**  
Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6172 | Tel: (65) 6389 6116 | F: (65) 6224 7175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** EzLyna (LKKAUTO) <ezlyna@lkkauto.com>  
**Sent:** Wednesday, 26 October 2022 10:58 am  
**To:** Jenny Lew <jenny.lew@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Cc:** Admin A <admin-a@lkkauto.com>  
**Subject:** [SEEK MANDATE] - SNM22D206340/C02/GBF2892Z/LEWLC / RE: Direct Settlement - Accident Involving GBF2892Z (OI : CTI - TBA) AND SLZ4002P (TP : LKK REF - CC6/CTI22008838/Kea3) on 05/09/2022

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Your ref: SNM22D206340/C02/GBF2892Z/LEWLC  
LKK ref : CC6/CTI22008838/Kea3

Dear Jenny,

ACCIDENT INVOLVING GBF2892Z(CHINA TAIPING) AND SLZ4002P(TP) ON 05/09/2022

We refer to the above matter.

It is a head-to-rear collision. We are of the view that liability is not in our driver's favour.

We seek your approval to offer repairer "HWA SENG SPRAY PAINTING PTE. LTD." at \$2,697.45(all-in).

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repair	\$ 4,698.27	\$ 2,150.00
2. Loss of Rental (3days x \$220)	\$ 660.00	\$ 540.00 (3days x \$180)
4. LTA/GIA Search Fee	\$ 7.45	\$ 7.45
<b>Total</b>	<b>\$ 8,183.22</b>	<b>\$ 2,697.45</b>

Surveyor recommended 5 days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly note that this inspection report dated 11/10/2022 is only for mandate purpose.

Kindly let us have your approval / instruction.

Best Regards,

Ezlyna Eng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: [Ezlyna@lkkauto.com](mailto:Ezlyna@lkkauto.com) |

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

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**From:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Sent:** Thursday, 8 September 2022 5:38 PM

**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>; Jenny Lew <[jenny.lew@sg.cntaiping.com](mailto:jenny.lew@sg.cntaiping.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>

**Subject:** O/R: SNM22D206340/C02/GBF2892Z/LEWLC / RE: Direct Settlement - Accident Involving GBF2892Z (OI : CTI - TBA) AND SLZ4002P (TP : LKK REF - CC6/CTI22008838/Kea3) on 05/09/2022

Dear all,

Please note that officer in charge for this case is Jenny Lew.

Claim no SNM22D206340/C02/GBF2892Z/LEWLC.

Dear Jenny,

Pls revert LKK.

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Thank you

Chong Boon Sen

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平狮城 Taiping SG

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**From:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>

**Sent:** Thursday, 8 September 2022 1:41 pm

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>

**Subject:** Direct Settlement - Accident Involving GBF2892Z (OI : CTI - TBA) AND SLZ4002P (TP : LKK REF - CC6/CTI22008838/Kea3) on 05/09/2022

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Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SLZ 4002P at M/s Hwa Seng Spray Painting Pte Ltd on 07.09.2022 on a WP basis and TP repairer proposed for a direct settlement.



## 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

HWA SENG SPRAY PAINTING PTE LTD

Nationality

☐ Singaporean

☐ Singapore PR

☐ Others, please specify: \_\_\_\_\_

NRIC / Passport No. / Entity Registration No.

2020170456

Date of Birth

□□ / □□ / □□□□

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: 2020170456

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: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Email to notify on transfer: \_\_\_\_\_

#### 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 &amp; 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 Payee<sup>1</sup>



Date

03/01/2023

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