INDIA INTERNATIONAL NSURANCE 5 I N G A F O R E Serving the region stoce 1987

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711 Office (65) 63476100 Email insure@iti.com.sg Fax (65) 62244174 Website www.tii.com.sg

Cecilia

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT16031162 Claimant Ref : JHV 6791

We/I,AUTOWORX HOUSE	("the workshop") hereby confirm that we/I have reached an agreement
with the appointed Surveyor of India International Ins	urance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name
of Surveyor) with respect to the amount claimed	for S\$ 4,090,00 (global sum) (************************************
vec(rentel), 66(coarch fee), vehicle no. Jt	that was damaged pursuant to the accident which occurred
on 30/03/2015 (date) at CLAYMORE HILL X CLAYMOR	EROAD (location) involving vehicle no. SHC 8532M (insured
vehicle). This is pursuant to the inspection conducted on	01/04/2016 (date) at "the workshop".
We/I confirm that we/I are/am authorized by the ow	vner PANG KONG YON ("the third party
claimant") of vehicle no. JHV 5791 to make the clair	n 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/l	deem fit. We/I enclose herein the letter of authority given by "the third
party claimant".	
	ternational Insurance Pte Ltd for all damages, loss and/or expense that
	It "the third party claimant" after the above said agreement lodges a
	openses suffered pertaining to cost of repairs and/or rental and/or loss
of use pursuant to the damage to JHV 6791 (vehic	de no.) as a result of the accident,
We/I confirm that the agreement reached above is	s in full and final settlement of all claims of "the third party claimant"
The state of the s	nent is reached on a without prejudice and without admission of liability
basis.	
This agreement is subject to the application of Singar	pore 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,	090.00 to AUTOWORX HOUSE
Dated this 28day of August 20	19
Dated thisday of	
THO TE	
CLAIMANT:	WITNESS:
Signature:	Signature: KSC
Signed by beworkshop (with ch	Signed by appointed Surveyor
Name: Chew Wing to	Name: LKK AUTO CONSULTANTS PTE LTD
NRIC: 8773752A	NRIC: 199607198R
Address: 176 Sin Ming	D'we Address: 51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK
# 02-01	#02-25 SINGAPORE 408933
Nationality: R'POREAN	Nationality:
Occupation: MANAGER	Occupation:

AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721 Email: autoworxhouse@hotmail.com •TEL: 6452 8211 •FAX: 6451 7420

Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: JHV 6791

INDIA INTERNATIONAL INSURANCE PTE LTD

Attn: Officer In Charge (Motor Claim Department)

12/6/2019

Dear Sir,

RE: ACCIDENT INVOLVING JHV6791 AND SHC8632M ALONG CLAYMORE HILL ON 30/03/2016.

We have been authorized by PANG KONG YAN, the registered owner of vehicle number JHV6791, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SHC8632M.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	3,000.00
Loss of Use (13days x \$80.00) include 2 Sundays	S\$	1,040.00
Vehicle Entry Pass Fee	S\$	435.00
Search Fee	S\$	5.35
Total	S\$	4,480.35

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours faithfully,

Autoworx House

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 64528211 FAX: 64517423 Registration No. 5296929B

INVOICE

5357

INDIA INTERNATIONAL INSURANCE PTE LTD

12/6/2019

QUANTITY	PARTICULARS		AMOUNT (\$)
	RE: JHV 6791 / PROTON WIRA		
	Lump sum repair for the above mentioned vehicle.		3,000.00
		Total	3,000.00
	Jow 2		
	A B S C S C S C S C S C S C S C S C S C S		
			1.3

LAND TRANSPORT AUTHORITY LTA VTL PAYMENT RECEIPT JHV6791 CAR 13 Apr 2016, 03:56 PM

Counter No: 1

Receipt No :MARYJJ1GMAD16041300054

VEP payable period: Tue 29 Mar 2016 To Wed 13 Apr 2016

1ETSU0007D \$844.0

TA THE DR THE TENT OF THE TEN 82849301 REF:6791 CUR

3 APR, 2016 15:56:13 03160 723927 00

BTAL . \$435.00

S\$ 10.00 Fine S\$ 420.00 VEP fee S\$ 5.00 ERP (1 day)

APPROVED

Total paid

S\$ 435.00

Payment Details EFTPUS-NETSATM

\$\$ 435.00

Remaining Card Balance

1111737022581984 (FP) S\$ 89.52

Year : 2016

Remaining Free VEP Days : 0 Days

The no. of free VEP days allocated per calendar year is tied to the vehicle. For more details, please seek assistance at our VEP/Toll LTA office.

THANK YOU



Text size + -



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

30 Mar 2016 / 14:02:34

Receipt Date/Time:

30 Mar 2016 / 14:02:34

Tax Invoice/Receipt

Receipt No.: ITNET-00000-160330-000765

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No. Result of Insurance Enquiry - SHC8632M As at 30 Mar 2016/03:40:00 Insurance Co: INDIA INT'L INS PTE LTD		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
1 Insurance Enquiry - SHC8632M Enquiry Fee 20160330140056449312		5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	20160330140146850	Direct Debit: ell Debit (Internet		5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

Print Receipt

OK





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 1 of 3 Report No. T/20160330/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2016 06:08		/lade:	Vide Report No.:	Station Diary No.: 22	
Informa	nt's Partic	ulars			
	Informant: ONG YON		Address:		
ID Type / ID No.: FIN NO / G7303694T		1 Τ	Contact No.: Home/Office:	Mobile: 84313180	
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 13/07/1979	Type of Informant:		
Race: Chinese			Language: Institution / School Na Chinese		
Occupation: Painter			Driving Licence Information: Class: 3	Date of Expiry: 13/07/2021	

Tune of	nation of the Accident	Drink	Date/Time of	Type of Location
Type of Accident: Foreign Vehicle		Drive:	Accident: 30/03/2016 03:40	Straight Road
Location: Along Road 1 CLAYMORE I				
Lamp Post Nu Weather:	imber. 6	Road Surface:		Road Speed Limit:
		Dry		
		Diy		
Clear Traffic Flow:		Traffic Control:		Traffic Volume:
		-		Traffic Volume: No Traffic

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of
JHV6791	Car	PROTON	Wira	Black	Seriously Damaged	1
SHC8632M	Car	HYUNDAI		Blue	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





3 of 3

Report No. T/20160330/2013

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

Informant is not able to provide sketch plan

Sketch Plan

NP168

CONTINUATION OF REPORT

~2)957	
125AS1	61
	e's Insurance Certificate to this report. If you don't have 55474885 stating the report number as reference. Signature Of Informant:
E / THONG RAYMOND	Signature of Informatic.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2016 06:08
Officer In Charge Of Case: TP / AEIT / WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp SN 172	



DRIVER AND PASSENGERS' PERSONAL ACCIDENT POLICY SCHEDULE

JADUAL POLISI KEMALANGAN DIRI PEMANDU DAN PENUMPANG

Policy Schedule attaching to and forming part of the e-Policy. / Jadual Polisi yang disertakan adalah sebahagian daripada e-Polisi Name and Address of Insured / Nama dan Alamat Pihak Diinsuranskan e-Policy No. JGC0522728 PANG KONG YON No. e-Polisi 69 JLN BUNGA KEKWA 5 Period of Insurance From 00:00:01 AM 26-12-2015 To 25-12-2016 TMN BUKIT Tempoh Insurans 81000 Agent Code KULAI C46700-00 Kod Ejen Gross Premium Postcode / Poskod 81000 KULAI RM 60.00 Premium Kasar 0% Service Tax Occupation / Business IC or Business Registration No. RM 0.00 0 % Cukai Perkhidmatan Pekerjaan / Perniagaan No KP atau No Pendaftaran Perniagaan 6 % GST SR RM 3.60 OTHERS 790713016029 6 % GST SR Stamp Duty RM 10.00 Duti Setem Total Payable RM 73.60 Jumlah Berbayar Total Payable(OTC) / RM 73.60 Jumlah Berbayar Di Kauntei Table of Benefits / Jadual Faedah (RM) PLAN / PELAN A Item / BENEFITS / FAEDAH-FAEDAH Perkara SUM INSURED I JUMLAH DIINSURANSKAN A Accidental Death / Kematian Akibat Kemalangan 10,000.00 В 10,000.00 Permanent Disablement / Hilang Upaya Kekal C Medical Expenses / Perbelanjaan Perubatan 500.00 D Corrective Dental & Cosmetic Surgery/ Pembedahan Pembetulan Gigi dan Kosmetik 1,000.00 500.00 Bereavement Allowance / Elaun Pengkebumian Description of Risks /Interest Covered / Deskripsi Risiko/ Kepentingan Yang Dilindungi PROTON WIRA, 1.5 GL A/B Vehicle Make & Model / Buatan Kenderaan & Model Type of Body / Vehicle /Jenis Badan / kenderaan AEROBACK / PRIVATE CAR Registration Number / No. Pendaftaran : JHV6791 Motor / AutoShield Policy No. / No. Polisi Kenderaan : JVD1212024 Hire Purchase Owner / Pemilik Sewa Beli Seating Capacity (Including Driver) / Muatan Tempat Duduk (Termasuk Pemandu) : Territorial Limit / Had Wilayah : Within the States of Malaysia, Singapore and Brunei Darussalam Subject to the following Clauses / Warranties /Endorsement attached here to:-Tertakluk kepada Fasal / Waranti /Endorsemen berikut yang disertakan bersama ini **Exclusion Of Terrorism Cover** GST Goods & Services Tax (GST) Replacing Cover Note. No. / Issued By / Dikeluarkan oleh: For / untuk

Gantian No. Nota

Perlindungan Previous Policy No. / No Polisi Terdahulu

Date of Proposal or Declaration / Tarikh Cadangan atau

Pengisytiharan

0101JGJH791232-1

Date of Issue / Time

Tarikh Dikeluarkan / Waktu

22-12-2015 / 01:38:32 PM

22-12-2015

Tel: 076869027 Fax: 076869027

Page 1

JALAN BAKEK

82000 PONTIAN

P.F.LIM

LIM SENG 728 MEDAN KOOP

Authorised Signature / Tandatangan Yang Diberi Kuasa

AmGeneral Insurance Berhad

BAYARAN-BAYARAN

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109013 22122010 09:05:57 039800 N 18-72808 PMDRMAH 00341 TU 0 00341 JHV6791 27/12/2011 22030606M*********************************	18:		
	19		
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PERTUKARAN-PER	TUKARAN MILIKAN DAN	ALAWAT	
PANG KONG YON 89 JALAH BUNGA KEKWA 5 TAHAN BUKIT 81800 KULAI JOHOR D.T.		No. K.P./Car Maga/Syss 790713016029 /MAL 26122012	(Moneyci)-
		No. R PJDst. NacwSvkt.	
			Total Control
		No. K.P./Duf. Nega/Syci	
		No. K.P./Ool. Nega/Sylo.	Partie Section
		,	eration per Protection (description
		No. ICP / Def: Nega/Sylic	
			Personal and Const.
REKOD	-REKOD PEMERIKSAAN		
5			
8			
7			
В		19	

	LEGICE OF AUGUSTISATION
ALC	ACCIDENT INVOLVING JHV 6791 & SHC 8632 M DNG/AT CLAYMOPE HILL CAMP POLT #6.
1.	I/We, PANG KING YAN OWNER/driver of motor vehicle no. The Agriculture of motor vehicle no. The Agriculture of motor vehicle no. The Agriculture repairing my/our vehicle, I/we hereby authorise you to claim on my/our behalf for the costs of repair and loss of use. I/We further confirm and authorise you to use my/our name/s to engage the said service of a solicitor to proceed with negotiation with the defaulting party's insurance company for payment of the same and in the event negotiation fails, to instruct the solicitor to issue Summons on my/our behalf and in my/our name/s to claim for the same. Irrespective whether the claim is successful or not, all legal costs incurred shall be borne by you, provided we rendered our
	assistance as per second paragraph stated herein below.
2.	I/We understand that by signing this Letter of Authorisation, I/we has/have to render whatever reasonable assistance to you including signing all relevant Court's document and attendance in Court to give evidence to enable the claim to succeed. If I/we failed or neglected to do so despite request from you, you shall be entitled to claim from me/us the repair costs together with legal costs, other incidental costs and expenses pertaining the issuance of Summons in order to obtain payment from defaulting party.
3.	You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my/our claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my/our claim, on my/our behalf. You also have my/our full authority to collect all compensation monies pertaining to the above-mentioned accident from insurance company or any other party, directly to your workshop M/s
4.	In the event the claim is settled or judgment is obtained against the defaulting party, payment after deducing all costs and disbursements incurred should be drawn in your name and will be forwarded to you.
5.	This letter of Authorisation is irrevocable.
	nature: ne: Pang Kong Yon IC NO: 790713016029.

Date this 30 day of March 20 16.