

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT16050204  
Claimant Ref: FBK9272R

We/I, SINCERE LEAD AUTOMOTIVE ("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\$ 2,500.00 (repair cost), S\$ 80.00 (loss of use/rental), S\$ --- (search fee), vehicle no. FBK9272R that was damaged pursuant to the accident which occurred on 04/05/2016 (date) at WOODLANDS AVENUE 1 (location) involving vehicle no. SH7301T (insured vehicle). This is pursuant to the inspection conducted on 12/05/2016 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner NG YU HANG ("the third party claimant") of vehicle no. FBK9272R 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 FBK9272R (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\$ 2,580.00 to SINCERE LEAD AUTOMOTIVE.

Dated this 21 day of January 20 19

CLAIMANT:

Signature:

  
Signed by "the workshop" (with chop)

Name:

NRIC: **SINCERE LEAD AUTOMOTIVE**

Address:

(Reg: 53221249E)  
**38 Woodlands Industrial Park E1,  
#05-13 Singapore 757700  
Tel : 6734 1869 / 6734 1387  
Fax : 6287 7949  
Email : sincerelead@hotmail.com**

Nationality:

Occupation:

WITNESS:

Signature:

  
Signed by appointed Surveyor

Name:

**LKK AUTO CONSULTANTS PTE LTD**

NRIC:

199607198R

Address:

51 UBI AVENUE 1 #01-25

PAYA UBI INDUSTRIAL PARK (S) 408933

Nationality:

Occupation:

## DIRECT CREDIT AUTHORISATION FORM

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  
\_\_\_\_\_  
(Name of Paying Organisation)

### Part I (To Be Completed By Supplier)

(A) To: \_\_\_\_\_  
(Name of Paying Organisation)

#### Supplier's Particulars:

Name : SINCERE LEAD AUTOMOTIVE

Address : 38 WOODLANDS IND. PARK #1 #05-16 S (757700)

Telephone Number: 6734 1869 Fax Number: 6734 1387

Name of Bank : STANDARD CHARTERED BANK Name of Branch: \_\_\_\_\_

Account Number To Be Credited : 0106860836

I/We hereby authorise INDIA INTERNATIONAL INSURANCE PTE LTD 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: STANDARD CHARTERED BANK  
(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.



Signatures and Company's stamp As In Bank Account

21.01.2019

Date

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

To: \_\_\_\_\_  
(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
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name & Signature of Authorised Bank Officer

Date