

EXPRESS SETTLEMENT

DISCHARGE VOUCHER
III- Direct Settlement (PODS)

India Ref: MCT18050249
Claimant Ref: SLX6031C

We/I, BH AUTO SERVICES PTE LTD ("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\$ 6,750.00 (^{Global Sum - all in} ~~repair cost~~), S\$ --- (loss of use/rental), S\$ --- (search fee), vehicle no SLX6031C that was damaged pursuant to the accident which occurred on 10/05/2018 (date) at TANGLIN ROAD (location) involving vehicle no SHC2202K insured vehicle). This is pursuant to the inspection conducted on 17/05/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TAN SOK FERN (CHEN SHUFEN) ("the third party claimant") of vehicle no SLX6031C 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 SLX6031C (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\$ 6,750.00 to BH AUTO SERVICES PTE LTD.

Dated this 13 day of March 2019

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by "the workshop" (with chop)

BH Auto Services Pte Ltd
Blk 1 Sin Ming Industrial Estate
Sector C #01-111/113/115/117
Singapore 575636

Admin

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by appointed Surveyor

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVENUE 1 #01-25

PAYA UBI INDUSTRIAL PARK (S) 408933



DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance. 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.
(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: India International Insurance
(Name of Paying Organisation)

Supplier's Particulars:

Name : BH AUTO SERVICES PTE LTD
Address : Blk 1 Sin Ming Industrial Estate Sector C #01-111/113/115/117 (S) 575636.
Telephone Number: 6559 8942 Fax Number: 6269 2404
Name of Bank : May Bank Name of Branch: May Bank
Account Number To Be Credited : 042 110 20567.

I/We hereby authorise India International Insurance 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: India International Insurance
(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

13/03/2019
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"/>

Name & Signature of Authorised Bank Officer

Date