

MOTOR SPORT PTE LTD

Blk 3007 Ubi Road 1, #01-446
Singapore 408701
Tel: 67496717, Fax: 67416719
Co's Reg. 199002311D
GST Reg. M2-0093053-3

vic

Date: 21 February 2017

INDIA INTERNATIONAL INSURANCE PTE LTD
#04-#05 IOB BUILDING
Singapore 049711

Motor Claim Dept.

Dear Sir/Madam,

3rd PARTY CLAIM FOR FBJ5762A

We are claiming the repair for the above motor scooter FBJ5762A as below:-

1	Repair as Invoice: 21022019	\$	1,742.17
4	Lost of use 3 days @ \$30.00	\$	90.00
	Total	\$	1,832.17
	Less 50%	\$	916.09
3	LTA search fee	\$	5.35
	Total Claim	\$	<u>921.44</u>

Attach is the Invoice and DV voucher and LTA search fee for your reference.

If you have any doubts, kindly contact me at 96638118.

Thank you.

Yours truly,



Herbert Teh
Manager



AUTHORISATION TO ACT

I, YEO ZHI XIANG, JACKSON (the third party claimant) of BLK 22 HAVELOCK ROAD #12-681 S(160022) (address), owner of FBJ5762A (vehicle no.)
Hereby authorize MOTOR SPORT PTE LTD ("the workshop") to act for me
with respect to my claim for repair costs and/or loss of use ("claim") for my vehicle No.
FBJ5762A that was damaged pursuant to the accident which occurred on 06/01/2017
(date) along ALONG MCE TOWARD AYE (location) involving vehicle no/s
SHD3664Z ("the accident").

I further authorize the workshop to settle my 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.

Dated this 02 (date) of Oct (month) 2017 (year)



Signed by "the third party claimant"
(with chip if applicable)



Signed by "the workshop"
(with chop)

EXPRESS SETTLEMENT

DISCHARGE VOUCHER

III-Direct Settlement (PODS)

India Ref: MCT17010180

Claimant Ref: FBJ5762A

We/I, MOTOR SPORT 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\$ 871.09 (repair cost), S\$ 45.00 (loss of use), S\$ 5.35 (search fee), vehicle no FBJ5762A that was damaged pursuant to the accident which occurred on 06/01/2017 (date) at MARINA COAST EXPRESSWAY (location) involving vehicle no SHD3664Z (insured vehicle). This is pursuant to the inspection conducted on 13/01/2017 (date) at "the workshop".

We/I confirm that we/I am authorized by the owner YEO ZHI XIANG JACKSON ("the third party claimant") of vehicle no FBJ5762A 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 FBJ5762A (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\$ 921.44 to MOTOR SPORT PTE LTD

Dated this 14 day of February 2020

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:


Signed for "the workshop" (with chop)


Teh sin chuan

S1505641 F

110, 3007 Ubi Road 1

#01-446 S (408701)

Singaporean

Manager

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

**MOTOR SPORT PTE LTD**

BLK 3007 UBI ROAD 1,
#01-446, SINGAPORE (408701)
TEL: +65 67496717 FAX: +65 67416719
CR No. 199002311D GST Reg No. M2-0093053

PO No. 2102019

INVOICE**Customer**

Name **INDIA INTERNATIONAL INSURANCE PTE LTD**
Address **#04-#05 iob bUILDING**
Country **Singapore** P code **049711**
MOTOR CLAIM DEPT.

Date **2/10/2017**
Order No.

Qty	Description	Unit Price	TOTAL
1	FRONT COVER		\$ 239.00
1	LH FRONT COVER SIDE CENTER		\$ 39.00
1	LH BRAKE LEVER		\$ 47.00
1	LEGSHIED		\$ 103.00
1	LH SIDE SKIRT		\$ 144.00
1	LH SIDE SKIRT REAR		\$ 171.00
1	LH FOOT FLOOR BOARD		\$ 54.00
1	LH PILLION FOOTREST		\$ 33.00
1	AIR FILTER COVER		\$ 40.00
1	LH ENGINE COVER		\$ 115.00
1	LH ENGINE COVER FRONT COVER (BLACK)		\$ 25.00
1	SIDE STAND		\$ 20.00
1	MAIN STAND		\$ 88.00
1	REAR BOX		\$ 280.00
	TOTAL		\$ 1,398.00
	LESS 10%		\$ 139.80
	TOTAL		\$ 1,258.20
1	SPRAY PAINTING		\$ 220.00
1	LABOUR CHARGE		\$ 150.00
	TOTAL		\$ 1,628.20
	LIABILITY 50%		\$ 814.10
	TOTAL CLAIM		\$ 814.10
ACCIDENT CLAIM FOR FBJ5762A			

Payment Details

- ☐ Cash
☐ TT
☒ Others #VALUE!

BANK: _____
BRANCH: _____
ACCOUNT NOS: _____

SubTotal \$814.10

GST 7% \$56.99

GST INCL. TOTAL \$871.09

For MOTOR SPORT PTE LTD





Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No : M4-0006529-2



Print Date/Time : 12 Jan 2017 / 08:52:52

Receipt Date/Time : 12 Jan 2017 / 08:52:52

Tax Invoice/Receipt

Receipt No : LTACT-QBS-170112-000010

Previous Receipt No :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3664Z As at 06 Jan 2017/08:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD3664Z Enquiry Fee 20170112085226685334	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				
	Cash			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

Save as PDF

India Int'l Ins P.L.
#04 - #05 10B Building
S(049211)

~~Aditya~~
murugan @iii.com.sg

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 : MOTOR SPORT PTE LTD
Address : 198 JOO CHAT ROAD #02-01 S(427469)
Telephone Number: 67496717 Fax Number: 67496719
Name of Bank : UOB Name of Branch: 7375
Account Number To Be Credited : 109-308-818-8

I/We hereby authorise _____ 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: UOB
(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

Date

14/2/80

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