My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims arising from the same accident.

*Kindly note that w.e.f 21st Mar 2017, we will relocated to:
6 Marsiling Lane S739145
tel: (65) 3157 2626

Please mail all future correspondence to stated address.*

DISCHARGE VOUCHER AND INDEMNITY

I / We, the undersigned <u>GOLDEN CHARTER PTE. LTD.</u> DO HEREBY AGREE to accept the offer by the Government of the Republic of Singapore (hereinafter referred to as the "Government") for the sum of <u>SGD SIX THOUSAND ONE HUNDRED NINETY SEVEN AND CENTS FIFTY ONLY (S\$6,197.50)</u> in full and final settlement of all claims (Excluding Injury Claim) howsoever arising out of or in connection with the damages caused to my vehicle no. <u>SJT 5612C</u>, in an accident involving Govt, vehicle no. <u>MID 34550</u> on <u>22/06/2018</u>.

I hereby authorize you to make payment in favour of AUTO INSURE PTE. LTD.

I agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I declare that I have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Injury Claim) which may arise out of the aforesaid accident.

I also declare that I am the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

Date: 26 03 2019
Signature of Claimant (with company stamp if applicable):
Name of Claimant: Golden Charter Pte. Ltd.
If the Claimant is a Company or Firm, Name and Designation
Of the person signing on behalf of the Company of Firm.
Sean Executive
Signature of Witness:
Name and Designation of Witness: Gerand Plase handler
CO. REG. NO.

CC2/MIDA18013940/Vp



Auto Insure Pte. Ltd.

6 Marsiling Lane Singapore (739145) E: claims@autoinsure.com.sg W: www.autoinsure.com.sg T: 3157 2626 F: 6368 0081 GST No.: 201437380M

Our Ref:

SJT5612C

Your Ref:

34550MID

Accident Date:

22-Jun-18

ATTENTION: MOTOR CLAIMS DEPT

Email:

chewht@lkkauto.com

LKK Auto Consultants Pte Ltd 51 Paya Ubi Industrial Park Ubi Avenue 1 #02-25 Singapore 408933

CLAIMANT: GOLDEN CHARTER PTE. LTD.

ACCIDENT INVOLVING SJT5612C & 34550MID ALONG AIRPORT BOULEVARD TOWARDS PIE ON 22/06/2018.

We are instructed by GOLDEN CHARTER PTE. LTD. to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

WITHOUT PREJUDICE

15-Jan-19

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

1) Cost of Repair (with GST) after surveyor final esti. 2) Loss of Use (Includes loss of PRS and loss of Sun & PHs) (14 days x \$100) 5,082.50 3) LTA/GIA Search Fees 1,400.00 4) Other incidentals \$ 15.00 5) Towing 5 300.00 TOTAL: \$ 6,797.50

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within <u>8 weeks</u> of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157 2628 directly.

Yours Faithfully,

Heng Auto Insure Pte Ltd Claims Director



Auto Insure Pte. Ltd.
6 Marsiling Lane
Singapore (739145)
E: claims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

TAX INVOICE

Invoice No.: AI-3288-2348

Date: Terms: Ref: 15-01-2019 30 DAYS T064

BILLING DETAILS		
NAME	MINDEF (GOV)	
VEH REG. NO.	SJT5612C	
ADDRESS		
ATTENTION TO TEL	MINDEF (GOV)	
EMAIL		

S/N	DATE	CODE						
	DAIL	CODE	DESCRIPTION	PRICE w/o GST GST AMT		GST AMT	AMOUNT (\$)	
1 22-Jun-18		Jun-18 Lump Sum Repair Cost: To supply charges for repair, panel-beating, w	Lump Sum Repair Cost: To supply and replace parts, labour charges for repair, panel beating, welding and respray painting.	\$4,750.00	\$	332.50	\$5,082.50	

Antoinsuro

Cheque Payment should be crossed and issued in favour of AUTO INSURE PTE. LTD.

No Receipt will be issued.

Thank you for your patronage.

SUBTOTAL \$4,750.00

ADD GST 7.00 % \$ 332.50

TOTAL AMOUNT (\$) \$ 5,082.50

This is a computerized document. No signature is required.

LETTER OF AUTHORISATION

RE: ACCIDENT ON	22/06/2018 19:45		INVOLVING VEHICLE NOS:		
SJT5612C	_ & _	34550MID	ALONG _	AIRPORT BOULEVARD	
TOWARDS PIE				·	
, GOLDEN CHARTER P	ΓΕ. LT	<u>d.</u> , NRIC/FIN: _ 20	01529252Z	, driver of vehicle No.	
SJT5612C	her	eby authorise you	to commence r	epair to the said vehicle forthy	

- 1. I hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I agree to assign the whole proceeds of my third-party claims to you and my Workshops (to be appointed by you on my/our behalf) shall accept this as my irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I undertake to co-operate fully with you and my Workshops to see the claims to as successful conclusion.
- I also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary
 papers in connection with the above claims in my absence. I irrevocable authorise you to appoint such
 a firm of workshop on my behalf as you shall deem fit for the purpose of the third party/own insurer's
 claim.
- 3. I undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me directly, orally and in writing and I further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
- 4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
- Upon settlement of the third-party claims and in case the settlement monies were sent to me by the third party's insurers, I undertake to pay you and my Workshops the cost of repairs settled and related expenses and disbursement incurred.

Owner / Driver's Signature (Company's Stamp If applicable)

To: M/S AUTO INSURE PTE. LTD.

Witness Signature/Name



DOCUMENTS RECEIVED ACKNOWLEGEMENT LETTER

Dear Sir/Mdm,

Kindly acknowledge recipient of this documents soonest via email at $\underline{claims01@autoinsure.com.sg}$ or call Mr Sam at 3157 2628 directly.

If we failed to receive this acknowledgment within 2 weeks, we will proceed to courier future documents to you as required via courier and charges will be borne by your side.

Geraldine Lim Case Handler 31572628/31572624 Auto Insure Pte. Ltd.