

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of _____, Payment will be credited directly 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: Chew Goon Motor
(Name of Paying Organisation)

Supplier's Particulars:

Name: Chew Goon Motor 趙源摩哆 Chew Yuen Goon
Address: Blk 18 Ang Mo Kio Industrial Park 2A Ave 5 #01-15/16/17 AMK Autopoint Singapore 568047
Telephone Number: 6484 1626 Fax Number: 6484 0465
Name of Bank: OCBC Bank Name of Branch: Tua Payoh Central Branch
Account Number To Be Credited: 526 015 128001

I/We hereby authorise Chew Goon Motor 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: OCBC TUA PAYOH BRANCH
(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.

趙源摩哆
CHEW GOON MOTOR
Blk 18 Ang Mo Kio Industrial Park 2A Ave 5
#01-15/16/17 AMK Autopoint Singapore 568047
Tel: 6484 1626 Fax: 6484 0465
Email: cheugoon@chewmotor.com.sg
Chew Yuen Goon
Signatures and Company's stamp As In Bank Account

04/06/2019
Date

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

To: Chew Goon Motor
(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
7339	526	015128001

Debbie Lim
8891
OCBC Bank

Name & Signature of Authorised Bank Officer

- 6 JUN 2019

Date

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18080378
Claimant Ref: SJG7222A

We/I, CHEW GOON MOTOR ("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\$ 1,819.00 (repair cost), S\$ 1,348.20 (loss of use/rental), S\$ 36.45 (search fee), vehicle no. SJG7222A that was damaged pursuant to the accident which occurred on 13/08/2018 (date) at SENGKANG WEST DRIVE (location) involving vehicle no. SHC1014T (insured vehicle). This is pursuant to the inspection conducted on 15/08/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner KONG YUET MUN CYNTHIA ("the third party claimant") of vehicle no. SJG7222A 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 SJG7222A (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\$ 3,203.65 to CHEW GOON MOTOR.

Dated this day of 20

CLAIMANT:

Signature: _____

Signed by "the workshop" (with chop)

Name: _____

CHEW GOON MOTOR

Blk 10 Ang Mo Kio Industrial Park 2A Ave 5

Address: 15 to 17 AMK Autopoint Singapore 568047

Tel: 6484 1626 Fax: 6484 0465

Email: chewgoon@singnet.com.sg

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: _____

Cheque payable to:
Chew Goon Motor

WITHOUT PREJUDICE to:

(a) Insurers' Subrogated Claim and/or

(b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]