

India Ref: MCT18110466

NRIC

Address

Nationality

Occupation:

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-8078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 108 Building | Singapere 049711. Office (65) 63476100 Email Insure@ili.com.ag Fax (65) 62244174 Website www.ili.com.ag 65162244174

FXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS) Sinned without prejudice for any claim for personal injury

Claimant Ref: SKZ4998C Elite AM Pte Ltd ("the workshop") hereby confirm that we'll have reached an agreement We/L: LKK Auto Consultants Pte Ltd with the appointed Surveyor of India International Insurance Pte Ltd of Surveyor) with respect to the amount claimed for S\$ 11,600.00 (Global Sum) whicle no SKZ4998C that was damaged pursuant to the accident which occurred on 15/11/2018 (date) at Junction of Upp Cross St & South Bridge Rd (location) involving vehicle no SHC8422C (insured vehicle). This is pursuant to the inspection conducted on 20/11/2018 (date) at "the workshop". Choong Woon Hun We/I confirm that we/I are/am authorized by the owner. claimant") of vehicle no. SKZ4998C to make the claim as set out in the above paragraph and well have full authority to settle the matter on his/her behalf in a mariner that we/l deem fit. We/l enclose herein the letter of authority given by "the third party claimant". We'll further confirm that we'll 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 SKZ4998C (vehicle no.) as a result of the accident. We'll 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 barsis. 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/lauthorize you to pay the total amount of S\$ 11,600.00 to Elite AM Pte Ltd CLAIMANT: WITNESS: Signature: Signature: Signed by appointed Surveyor workshop" (with chop) LIM WEE KIANG LKK Auto Consultants Pte Ltd Name: Name: 56902903€ 199607198R

NRIC:

Address:

Nationality.

Occupation:

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

30 SPRINGRAF HALK S(787882)

SIN GAFOREAN

DIRECT CREDIT AUTHORISATION FORM

(Name of Paying Organization) of the Supplier's bank account stated below through Interbank Giro. The Supplier has to tain his banker's certification in Part II and return the duly a International Insurance Pte Ltd.	ment will be credited directly o complete Part I of the form, y completed form to
(Name of Paying Organisation)	
Part I (To Be Completed By Supplier)	
A) To: India International Insurance Pte Ltd	
A) To:	
Supplier's Particulars:	
Elite Am Pte Ltd	
Name	
Additos	973
Telephone Number: 8334 6210 Fax Number: 8481 1	I Northwest heavets
Name of Bank :: UOB Name of Branch: UOB	realiport bench
Account Number To Be Credited : 358-305-579-5	
I/We hereby authorise India International Insurance Pte Ltd to credit payments due	to me/us to the above account.
(Name of Paying Organization)	
This authorisation shall continue to be in force until I/we have express! delivered to you. You may in your absolute discretion terminate this arrange my/our address last known to you.	y revoked it by notice in writin ment by written notice delivered t
In the event of a change of bank account, I/we shall inform you in writi- change.	ng 2 weeks in advance before th
	ng 2 weeks in advance before th
change. B) To: UOB	ing to me/us as requested for in thi
change. B) To: UOB (Name of Supplier's Bank) I/We hereby consent to the Bank's disclosure of customer information relation document.	ing to me/us as requested for in the
change. B) To: UOB (Name of Supplier's Bank) [/We hereby consent to the Bank's disclosure of customer information relationships and the bank's disclosure of customer information relationships are the bank's disclosure of customer information relations	ing to me/us as requested for in thi
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Change. B) To: UOB (Name of Supplier's Bank) [/We hereby consent to the Bank's disclosure of customer information relation document. Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank)	ing to me/us as requested for in thi 24/4/19 Date
Change. B) To: UOB (Name of Supplier's Bank) L/We hereby consent to the Bank's disclosure of customer information relatited document. Signatures and Company's stamp As In Bank Account	ing to me/us as requested for in the 24/4/19 Date
Change. B) To: UOB (Name of Supplier's Bank) I/We hereby consent to the Bank's disclosure of customer information relating document. Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank) To:	ing to me/us as requested for in the 24/4/19 Date k)
Change. B) To: UOB (Name of Supplier's Bank) L/We hereby consent to the Bank's disclosure of customer information relation document. Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank (Name of Paying Organization) Without responsibility on the part of the Bank or the signing officer, we particulars agree with that in our files. The account number to be presented follows: Bank Branch Account Number T375 446 3583055795 stag to selected of the signing of selected as the signing of the signin	ing to me/us as requested for in the 24/4/19 Date k)
Change. B) To: UOB [Name of Supplier's Bank) [We hereby consent to the Bank's disclosure of customer information relationship document. Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank [Name of Paying Organization] Without responsibility on the part of the Bank or the signing officer, we particulars agree with that in our files. The account number to be presented follows: Bank Branch Account Number [13] 15 446 [3583055795] rating the intification, the limit cone was proper to mine any representation in the supplier of the signing	24/4/19 Date No confirm that the signature/other in the Interbank Giro format is a

ELITE AM PTE LTD

280 Woodlands Industrial Park E5, #01-17 Harvest @ Woodlands (S) 757322 Fax: 63397475

Tel: 63397378/86606722

Reg No: 201606209K

GST Reg No: 201606209K

Date: 23/04/2019

OUR REF: TP/SKZ 4998C/19

M/S: INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #05-01 IOB BUILDING SINGAPORE 049711

> Statement Of Claim On Veh No: SKZ 4998C MODEL : TOYOTA WISH

LUMP SUM OF REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

7%GST

\$10,100.00

\$707.00 \$10,807.00

LOSS OF RENTAL (\$200 X 19DAYS)

\$3,800.00

*PRE-REPAIR INSPECTION

*INCLU WEEKEND

*POST REPAIR

LTA SEARCH

\$7.45

\$14,614.45

Date:	e:	
To:		

LETTER OF AUTHORITY & INDEMNITY

INVe. Choons	Woon Hun		IRIC / Company	Registration
No. S8381167F				
5(567699)				
vehicle SKZ 4998 C	, hereby au	thorise M/ El	ite AM Pte Ltd ("the Repairer")
to commence repairs to n	ny / our vehicle and to	forward the	claim for amon	g other things,
the cost of repairs to the	owner/ insured of the	Third Party r	esponsible for t	he said accident
on (date) 15-11-2016	f involving motor	vehicle nos	94C8422C	and
SLR5176G alon	a Upper Cross st	(T-junction	with South Brid	I further
authorise M/ Elite AM Pte				
not limited to the Dischar	ge Voucher in connec	tion with the	claim against th	ne Third Party.
I will also render for	ull co-operation to M/ I	Elite AM Pte	Ltd in the follow	ing situations:
1. Present my car for	pre-inspection, post-	inspection a	nd/ or re-inspec	tion, should it be
requested for by the	ne insurance company	y.		

- 2. I will sign the Discharge Voucher when presented by the Repairer, upon final confirmation of liability and quantum, accepted by the Repairer.
- 3. In the event where I were to receive any cheques from the third parties' insurance company for the payment of the repairs, I will forward the said payment to M/ Elite AM Pte Ltd.

I / We hereby also confirm that I was involved in the said above mentioned accident and that it was not a false or staged accident. I/ We are fully aware and advised that if the above accident was proven to be a false or fraudulent accident, I/ We will be liable to pay for all your damages, expenses and other incidental charges. I/ We will also have to bear your legal costs incurred on an indemnity basis for any legal action which may arise against me/ us with regards to the above incident.

My / Our vehicle is repaired by the Repairer on my/ our own free will and without any threat, inducement and/ or promise.

Signature / Company Stamp

Name: Choons Woon Han.

> Backlo OneMotoring

Land Transport Authority

SK24998C

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No. M4-0006529-2

Print Date/Time:

16 Nov 2018 / 10:49:50

Receipt Date/Time: 16 Nov 2018 / 10:49:50

Tax Invoice/Receipt

Receipt No.: ITNET-00000-181116-000661

Previous Receipt No.

Previo	us Receipt No. :				
SIN	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	Amount (S\$)	Amount After GST (S\$)
As at Insura	It of Insurance Enquiry - SHC8422C 15 Nov 2018/21:30:00 ance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SHC8422C Enquiry Fee 20181118104828353013		7.00	0.49	7.49
	2010111010102000011	Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7,49
		Rounding Difference			0.04
		Total Amount Payable			7,45
		Paid By			
		100000000000003138	Credit Card: Visa/MasterCard		7,45
		Total			7.45
		Cash Change			0.00
		Tendered Amount			7.45
		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.



21 Seletar West Farmway 1

Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No.430058/00D

Stz 49980 Nº 36193

RENTAL AGREEMENT

DATE 16/11/18

Name			Name CHOONG WOON HUN		
			(s) 508781		
Occupation					
Date of Birth	Age				
Driving Licence No.	Date Pass	ed			
Tel: (HP) (Residence)			Tel: (Office) 90615 790 (Residence)		
	IMPORTANT NOTES:		CHARGE	s	
No Hauttine Governge if the This vehicle is licenced to car	yy O O D passengers	inty	10 Day at 50000	D per days	\$3800.00
3 Here is liable to pay first \$ of warning while damaged ver	hide is under repair.	Claims any accident plus loss	Day at \$	per week	7-000
4 For usage to Mateyeas supect 5 Please notify our office should 8 No refund will be given for se	I there be any accident involving		Day at \$	per month	
No related will be given for pe	erol left in vehicle.				
Filter is liable to pay all parking fee and traffic summirrows 9: Validous to be return during reflex four only 10: No Service on Public Holdey and Sunday.		de la company			
SCHEDULE	2000 €€	MODEL	TOTAL AMOUNT		72000
SIV 1340C		T WISH.	AMOUNT PAID		\$ 2000.00
Date	Time	Mileage	BALANCE DUE Days Extension From	To	
16(41)2018	3.35 PM.		Days Extension Prom	10	
2/15/18			Amount Deposit (refundable	e) \$	
FROM 16 11 18		то 5	12/18		
Twe have read and understoo above and beneby agreed to a				1110	

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES



DAWN ENTERPRISES

SINGAPORE 798125
TELI: 6383 2661 FAX: 6484 2836
REG. NO. 430058/000

No. 19916

OFFICIAL RECEIPT

proved apout An

the sum of Dollars

who perpund tyleis pullnary coon

being Payment Of_

321 1340 C

7/19/18)

Date.

\$ 3800/5

Cash Cheque No.

DAWN/ENTERPRISES