



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC20182964

Claimant Ref: FILE 253 - SJV7316J

We/I, CARCRAFTERS SINGAPORE 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\$ 3,263.50 (repair cost), S\$ 500.00 (loss of use/rental), S\$ 7.45 (search fee), vehicle no. SJV7316J that was damaged pursuant to the accident which occurred on 21/11/2018 (date) at CHANGI AIRFREIGHT CENTRE (location) involving vehicle no. YL7912M (insured vehicle). This is pursuant to the inspection conducted on 29/11/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner PETER LEE TZE LIANG ("the third party claimant") of vehicle no. SJV7316J 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 SJV7316J (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\$ 3,770.95 to CARCRAFTERS SINGAPORE PTE LTD

Dated this 18 day of April 2019

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

Chua Ee Ling

NRIC:

S8235592 H

Address:

48 Toh Guan Road East
#05-155 S(608586)

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK AUTO CONSULTANTS PTE LTD

NRIC:

199607198R

Address:

51 UBI AVENUE 1 #01-25PAYA UBI INDUSTRIAL PARK (S) 408933

Nationality:

Occupation:

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: International India Insurance Pte Ltd
(Name of Paying Organisation)

Supplier's Particulars:

Name: CarCrafters Singapore Pte Ltd
Address: 48 Toh Guan Road East #05-155 Enterprise Hub S(608586)
Telephone Number: 6515 9515 Fax Number: _____
Name of Bank: DBS Name of Branch: Holland Village
Account Number To Be Credited: 107 901991 9

I/We hereby authorise India International Insurance Pte Ltd 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: _____
(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.

  



23/4/19

Signatures and Company's stamp As In Bank Account

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

7171

107

1079019919

Without responsibility on the part of the bank or the signing officer, we confirm that the signature/other particulars agree with that contained in our files.

Name & Signature of Authorised Bank Officer

Date

For DBS BANK LTD



02 MAY 2019

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: India International Insurance Pte Ltd
(Name of Paying Organisation)

Supplier's Particulars:

Name : VAG Singapore Pte Ltd
Address : 48 Toh Guan Road East #05-136 Enterprise Hub S(608586)
Telephone Number: 6515 9515 Fax Number: _____
Name of Bank : DBS Name of Branch: Holland Village
Account Number To Be Credited : 107 9007198

I/We hereby authorise India International Insurance Pte Ltd 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: _____
(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.



23/4/19
Date

Signatures and Company's stamp As In Bank Account

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

2121

107

1079007198

Without responsibility on the part of the bank or the signing officer, we confirm that the signature/other particulars agree with that contained in our files.

Name & Signature of Authorised Bank Officer



02 MAY 2019
Date

For DBS BANK LTD