

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 108 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; MCT18110820 Claimant Ref : SLD 7918T

of Surveyor) with			100 1 10 410	LKK AUTO CON	BOLIMNISTIELIE	1000
	respect to the a	mount claimed for	S\$ 3,691.50	(repair c	ost), SS 200.00	(loss of
use/ rest al), SS_	(search fee), vehicle no. <u>\$LD 7</u>	918T_that wa	s damaged pursu	ant to the accident	which occurred
	(date) at	HOSPITAL DRIVE INFRDI		(location) invo	lving vehicle no. SH	IC 3334G (Insured
vehicle). This is p	oursuant to the inspect	on conducted on2	9/11/2018 (d	ate) at "the worksho	p".	
We/I confirm the	at we/I are/am auth	orized by the owner	YE	W SOO KIANG		("the third party
claimant") of ve	hicle no. SLD 7918T	to make the claim as	set out in the	above paragraph	and we/I have full a	authority to settle
the matter on h	is/her behalf in a m	anner that we/I dee	m fit. We/I en	close herein the le	etter of authority gi	iven by "the third
party claimant".						
We/I further cor	nfirm that we/I will in	demnify India Intern	ational Insura	nce Pte Ltd for all	damages, loss and	d/or expense that
		in the event that "t				
		any loss and exper				
		SLD 7918T (vehicle r				
We/I confirm th	at the agreement of	eached above is in	full and final	settlement of all	claims of "the thir	d party claimant*
pursuant to the	accident and that for	irther this settlement	is reached o	n a without prejud	ice and without adr	mission of liability
basis.						
This agreement	is subject to the ap	olication of Singapore	law and the	Singapore Courts	have exclusive juri	sdiction over any
		olication of Singapore	alaw and the	Singapore Courts	have exclusive juri	sdiction over any
		olication of Singapore	a law and the	Singapore Courts	have exclusive juri	sdiction over any
dispute arising o	out of the same.					sdiction over any
dispute arising o	ut of the same.	amount of S\$ 3,891				sdiction over any
dispute arising o	out of the same.	amount of S\$ 3,891				sdiction over any
dispute arising o	ut of the same.	amount of S\$ 3,891				sdiction over any
dispute arising o	you to pay the tota	amount of S\$ 3,891				sdiction over any
We/I authorize Dated this \\S	you to pay the tota	amount of S\$ 3,891		CCESS UNITED PTE		sdiction over any
We/lauthorize	you to pay the tota	amount of S\$ 3,891	.50 to SU	CCESS UNITED PTE	LTD	-E)
We/I authorize Dated this \\S	you to pay the tota	amount of S\$ 3,891	.50 to SU	CCESS UNITED PTE	LTD Signed by a	AWK
We/Lauthorize Dated this \\S CLAIMANT: Signature:	you to pay the total	amount of S\$ 3,891	.50 to SU	WITNESS: Signature	LTD Signed by a	AWK
We/lauthorize Dated this \\S CLAIMANT: Signature: Name:	signa Pons	amount of S\$ 3,891	.50 to SU	WITNESS: Signature: Name:	Signed by at LKK AUTO CONS	AWK
We/l authorize Dated this \\ \S' CLAIMANT: Signature: Name:	Signa Rome Signa Rome	amount of S\$ 3,891	.50 to SU	WITNESS: Signature: Name: NRIC: Address:	Signed by at LKK AUTO CONS	AWK ppointed Surveyor sultants PTE LTD
We/I authorize Dated this \\ \S' CLAIMANT: Signature: Name:	Signa Rome Signa Rome	amount of S\$ 3,891 2d9 2rkshop" (with chop	.50 to SU	WITNESS: Signature: Name: NRIC: Address:	Signed by an LKK AUTO CONS 199607198R 51 UBI AVE 1, PA	AWK ppointed Surveyor sultants PTE LTD



2 Kaki Bukit Ave 2, #01-33 / #02-29 Kaki Bukit AutoHub Singapore 417921 Tel: 6746 1515 / 6747 1787 Fax: 6748 5015

Your Ref: SHC 3334G

24th December 2018

M/s. India International Insurance Pte Ltd

64 Cecil Street #04/06 IOB Building Singapore 049711

Attn: Motor Claims

Dear Sir

Re: Acc Invig SLD 7918T & SHC 3334G ON 26.11.18

We refer to the above accident which was caused due to the negligence of your insured driver of Veh No. SHC 3334G

We are claiming for the following costs and losses incurred:

1) Cost of Repairs (Inc. 7% GST)

7,383.00

2) Loss of Use (\$70 X 8 days)

\$ 560.00

Total:

7,943.00

Enclosed herein the following documents for your perusal.

Tax Invoice No.

51812049

2) Letter of Authorisation

We appreciate your prompt attention and response.

Yours faithfully





SS UNITED PTE LTD

2 Kaki Bukit Ave 2, #01-33 / #02-29 Kaki Bukit AutoHub Singapore 417921 Tel: 6746 1515 / 6747 1787 Fax: 6748 5015 Co. / GST Reg: 200402570G

www.successunited.com.sg

India International Insurance Pte Ltd 64 Cecil Street #04/06 IOB Building Singapore 049711

Attention: Motor Claim Department

Contact: 63476100 Fax No.: 62257743/62244174

Tax Invoice: S1812049

Date: 21/12/2018 Vehicle Num.: SLD7918T

Make/Model: Nissan Qashqai-2016

Chassis/Eng# : SJNFEAJ11U1674552/HRA2284620A Accident Date : 26/11/2018

Claim No. : Reference:

Policy No.: (28/06/2019)

Amount S\$

To provide materisls, labour and respray painting.

LUMP SUM

6.900.00

E. & O.E.

Total S\$:

GST @ 7% S\$:

6,900.00 483.00 7,383.00

Amount Due S\$:

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for SUCCESS UNITED PTE LTD

LETTER OF AUTHORISATION

Success United Pte Ltd To: Singapore

ACCIDENT INVOLVING VEHICLE NOS:

SLD 7918T & SHC 3334G

ALONG

Hospital Drive Infront Blk 4 ON 26.11.18

I/We, Yew Soo Kiang

Co's Rgn/NRIC No. S0477420E

BLK 138D Yuan Ching Rd #21-151

Singapore 614138

hereby authorise you to commence repair to the said **SLD 7918T** the owner of vehicle no. vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request:

- I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident claim and all and any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby b) instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid c) is indequate, I/we underake to pay you for your expenses, costs and fees immediately.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we 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.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are

AVIVA Ltd

Policy No. 10757484

Expiry Date:

28.06.19

Date:

Excess:

Witness Signature/Name

Owner's Signature/Co's stamp

Yew Soo Kiang

NRIC No: S0477420E