



Date: 26 August 2019

**c/o LKK AUTO CONSULTANTS PTE LTD
INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/#05 IOB Building
Singapore 049711
Attn : Motor Claims Department**

Your Ref : **SFH8800S**

Our Ref : **SJM632P**

RE: Accident involving SJM632P & SFH8800S on 22/11/2018

Enclosed is the duly signed **Express Settlement discharge voucher** for your perusal.

Please pay **Trans Eurokars Pte Ltd** the sum of **\$4,461.70** as soon as possible and mail your cheque to **12 Sungei Kadut Avenue Singapore 729648.**

Yours faithfully,

Stephanie Loke
Manager – Service & Development
DID: 63310686
FAX: 63310690
e-mail: Stephanie.loke@eurokars.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

**Without Prejudice
to Injury Claim**

India Ref: MCA180280

Claimant Ref: SJM 632P

We/I, TRANS EUROKARS 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 CONSULTANT PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 4,020.70 (repair cost), S\$ 321.00 / 120.00 (loss of use/rental), S\$ - (search fee), vehicle no. SJM 632P that was damaged pursuant to the accident which occurred on 22/11/2018 (date) at ANG MO KIO AVE 3 (location) involving vehicle no. SFH 8800S (insured vehicle). This is pursuant to the inspection conducted on 05/12/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CHEONG CHEE KONG ("the third party claimant") of vehicle no. SJM 632P 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 SJM 632P (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\$ 4,461.70 to TRANS EUROKARS PTE LTD.

Dated this 26 day of August 2019

CLAIMANT:

Signature: [Signature]
Signed by "the workshop" (with chop)

Name: Jen Lim

NRIC: _____

Address: 27A Tg Penjuru
S(609042)

Nationality: _____

Occupation: _____

WITNESS:

Signature: XGQ
Signed by appointed Surveyor

Name: LKK AUTO CONSULTANT PTE LTD

NRIC: 199607198R

Address: 51 UBI AVE 1 #02-25
PAYA UBI INDUSTRIAL PARK S(408933)

Nationality: _____

Occupation: _____



INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04-00 & #05-00 IOB Building
Singapore 049711

ATTN : MOTOR CLAIMS DEPARTMENT

DATE : 10/07/2019

Your Ref : **SFH8800S**

Car Regn No: **SJM632P**

Accident involving SJM632P & SFH8800S on 22/11/2018

Direct Settlement Claim

Dear Sirs

The repairs have been completed for **SJM632P**. We submit the following documents for your perusal:-

| | | |
|---|----|--------------------|
| 1) Invoice No 30059671 | \$ | 4,020.70 |
| 2) Car Rental Invoice No. 18045 | \$ | 321.00 |
| 3) PRI (2 days X \$60.00) | \$ | 120.00 |
| 4) Letter of Authorisation | | |
| 5) Discharge Voucher signed by customer | | |
| TOTAL | | \$ 4,461.70 |

Please pay **Trans Eurokars Pte Ltd** the sum of **\$4,461.70** as soon as possible and mail your cheque to **12 Sungei Kadut Avenue Singapore 729648**.

Yours faithfully,


Tommy Woon
Assistant Manager - Body & Paint Division
DID :63310693
FAX:63310690
e-mail : tommywoon@eurokars.com.sg



mazda

CODE:

I0002 INS-IND

CUSTOMER:

INDIA INTERNATIONAL INSURANCE PTE L

ADDRESS:

64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

TEL NO:

6347 6100

MODEL:

MAZDA3 1.5L SDN DELUXE BLACK L

CHASSIS NO:

JM6BN22A8J0188324

ENGINE NO:

P520479505

DESCRIPTION:

Body repair

TAX INVOICE

GST Reg No: M90364005A

Mazda(UB)

PAGE NO : 2

INVOICE NO: I 30059671

DEPT/POS ID: I / MU

DATE IN 23/01/2019

DATE PRINTED: 08/07/2019

JOB NO : 35837

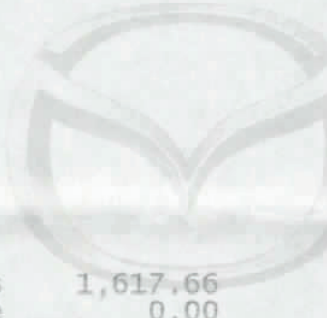
CSO/OP CODE: Catherine Chua

REGN NO : SJM632P

REGN DATE : 12/01/2018

MILEAGE : 13700

REQUISITION NO: JESS

| CODE | DESCRIPTION | AMOUNT |
|---|----------------------|---|
| BHN1-51-163 | GASKET(L),RR.COMB. B | 1 20.90 18.81 |
| BHN1-51-153 | GASKET(R),RR.COMB.BM | 1 20.90 18.81 |
| B45A-50-260 | REINFORMENT REAR BM | 1 537.30 483.57 |
| <div>  </div> | | |
| <div> <div>Parts</div> <div>Surcharge</div> <div>Labour</div> <div>Menus</div> </div> | | <div>1,617.66</div> <div>0.00</div> <div>2,140.00</div> <div>0.00</div> |
| <div> <div>Net</div> <div>G.S.T. 7%</div> <div>Total</div> <div>Paid</div> <div>Amount Due</div> </div> | | <div>3,757.66</div> <div>263.04</div> <div>4,020.70</div> <div>0.00</div> <div>4,020.70</div> |
| ORIGINAL COPY | | |

All major repaired parts stated above are covered under a 6 months or 10,000 km warranty, whichever comes first. The above excludes expendable maintenance items, natural wear & tear components and parts damaged due to negligence or improper handlings.

Proof of Payment is only valid if this invoice is stamped "PAID" & signed by us. Any dispute to this invoice must be made within 5 calendar days.

TRANS EUROKARS PTE LTD

CASH / NETS / AMEX / VISA / MASTER
NO:

Customer Signature

Authorised Signature

Corporate Head Office : Trans Eurokars Pte Ltd, Eurokars Centre 12 Sungei Kadut Ave Singapore 729648
Tel: 6363 3003 Fax: 6369 3003 BRN.199103859N

Showrooms & Service Centres :

5 Ubi Close Singapore 408605
Sales Tel.: 6395 8888 Service Tel.: 6395 8899
Sales Fax: 6846 1700 Service Fax: 6744 940223 Leng Kee Road Singapore 159095
Sales Tel.: 6603 6118 Service Tel.: 6603 6128
Sales Fax: 6476 7073 Service Fax: 6476 7417

Eurokars Aftersales Centre :

27A Tanjong Penjuru Singapore 60
Service Tel.: 6331 0606
Service Fax: 6331 0620

ZOOM-ZOOM



mazda

CODE:

I0002 INS-IND

CUSTOMER:

INDIA INTERNATIONAL INSURANCE PTE L

ADDRESS:

64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

TEL NO:

6347 6100

MODEL:

MAZDA3 1.5L SDN DELUXE BLACK L

CHASSIS NO:

JM6BN22A8J0188324

ENGINE NO:

P520479505

DESCRIPTION:

Body repair

TAX INVOICE

GST Reg No:M90364005A

Mazda(UB)

PAGE NO : 1

INVOICE NO: I 30059671

DEPT/POS ID: I / MU

DATE IN 23/01/2019

DATE PRINTED: 08/07/2019

JOB NO : 35837

CSO/OP CODE: Catherine Chua

REGN NO : SJM632P

REGN DATE : 12/01/2018

MILEAGE : 13700

REQUISITION NO: JESS

| CODE | DESCRIPTION | AMOUNT |
|----------------|--|-----------|
| NOTES | INSURANCE CLAIMS: THIRD PARTY DATE OF ACCIDENT: 22/11/2018 | 0.00 |
| MZ-BR-RE | TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. | 660.00 |
| MZ-SP-SR | TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT. | 630.00 |
| MZ-BR-RE | TO TRANSFER REVERSE SENSORS. | 330.00 |
| MZ-BR-EL | TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONIN | 150.00 |
| MZ-BR-RE | TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. | 180.00 |
| SUB | TO SUPPLY BRILA PREMIUM COATING | 180.00 |
| MZ-BR-SU | SUNDRIES | 10.00 |
| BPD8-50-221A88 | REAR BUMPER BM/BN | 1 1074.80 |
| KD47-67-UC5A53 | RETAINER S/ACTIV | 4 17.30 |
| GS1D-50-EM1A | TAPE, PROTECTOR | 3 8.10 |
| BBM4-50-355 | RIVET | 4 4.20 |
| BHN1-50-021A | GROMMET, SCREW | 4 2.50 |
| 9991-00-501 | GROMMET, SCREW | 2 2.80 |
| B45A-56-146A | FASTENER | 4 2.80 |
| GJ21-50-049 | CLIP | 2 3.20 |

ORIGINAL COPY

All major repaired parts stated above are covered under a 6 months or 10,000 km warranty, whichever comes first. The above excludes expendable maintenance items, natural wear & tear components and parts damaged due to negligence or improper handlings.

Proof of Payment is only valid if this invoice is stamped "PAID" & signed by us. Any dispute to this invoice must be made within 5 calendar days.

TRANS EUROKARS PTE LTD

CASH / NETS / AMEX / VISA / MASTER
NO:

Customer Signature

Authorised Signature



Corporate Head Office : Trans Eurokars Pte Ltd, Eurokars Centre 12 Sungei Kadut Ave Singapore 729648
Tel: 6363 3003 Fax: 6369 3003 BRN:199103859N

Showrooms & Service Centres :

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Sales Tel.: 6395 8888 Service Tel.: 6395 8899
Sales Fax: 6846 1700 Service Fax: 6744 9402

23 Leng Kee Road Singapore 159095
Sales Tel.: 6603 6118 Service Tel.: 6603 6128
Sales Fax: 6476 7073 Service Fax: 6476 7417

Eurokars Aftersales Centre :

27A Tanjong Penjuru Singapore 60
Service Tel.: 6331 0606
Service Fax: 6331 0620

ZOOM-ZOOM

TAX INVOICE

Invoice to: INDIA INTERNATIONAL INSURANCE
PTE LTD
64 CECIL STREET
#04-05 IOB BUILDING
SINGAPORE 049711

Invoice number: 18045
GST REGN NO: M90364005A
Date: 28/02/2019
Account number: I0001
Invoice Currency: SIN
Term of Credit: C.O.D.
Page: 1

| Description | GST | Amount |
|-------------------------------------|-----|--------|
| NAME OF CUSTOMER: CHEONG CHEE KONG | S | 300.00 |
| CUSTOMER VEHICLE: SJM632P (MAZDA 3) | | |

LOAN'S CAR MODEL: MAZDA 3
LOAN'S CAR REGN NO: SKX6947Y

BEING CAR RENTAL CHARGE FOR 3 DAYS
FROM 23/01/2019-26/01/2019 @ \$100/DAY

| Code | Description | % Rate | Goods Total | GST Total | SIN Total |
|--------------------|---------------|--------|-------------|-----------|-----------|
| S | Standard Rate | 7.000 | 300.00 | 21.00 | 321.00 |
| Totals for invoice | | | 300.00 | 21.00 | 321.00 |

For Eurokars Leasing Pte Ltd


Authorized Signature

Head office & Postal address:

Eurokars Centre
12 Sungei Kadut Ave
Singapore 729648

Tel : 6363 3003
Fax: 6369 3003

Emergency Breakdown
Tel : 9760 3003

Email : leasing@eurokarsleasing.com
www.eurokarsleasing.com

CHEN KONG (Owner's Name)
(Address)

India International Insurance (Int Co)
(Address)

Attn : Motor Claims Dept
Your ref : SFH8800S
Our ref : SJM632P
Date : 23/11/18

Dear Sirs,

RE : Accident involving vehicle nos. SJM 632P and SFH8800S on 22/11/18.

I refer to the above accident.

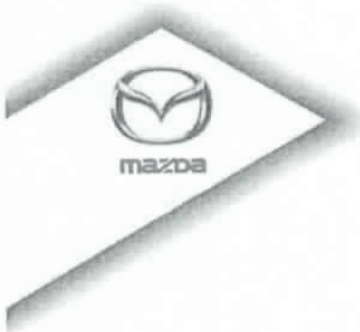
My car been repaired by Trans Eurokars Pte Ltd. As they are submitting a 3rd Party claim against India International Insurance on behalf, please pay to Trans Eurokars Pte Ltd for the whole claim due to them.

Yours faithfully,

✕ OK Ong
()

I/C No : _____

Cc. Trans Eurokars Pte Ltd
Eurokars Centre
12 Sungei Kadut Avenue
Singapore 729648



DISCHARGE VOUCHER

I/ We hereby acknowledge having received from the under-mentioned repairers my/our vehicle No: SSM 632P which has been repaired to my satisfaction and I/we admit that the payment for such repairs by Trans Eurokars Pte Ltd is in full and final discharge of my claim under policy number: - in respect of damage caused to the said vehicle as a result of an accident that occurred on 22/11/2018 at Ang Mo Kio Ave 3 towards CTE.

Witnessed by Repairers



26/01/2019

Date

X

Signature by Insured

26/01/2019

Date



Corporate Head Office

: Trans Eurokars Pte Ltd, Eurokars Centre, 12 Sungai Kadut Ave Singapore 729648
Tel: 6363 3003 Fax: 6369 3003 BRN.199103859N

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5 Ubi Close Singapore 408605

Sales Hotline : 6395 8888 Service Hotline : 6395 8899
Sales Fax : 6846 1700 Service Fax : 6744 9402

LETTER OF AUTHORISATION

To: Trans Eurokars Pte Ltd

From:

Name: CHEN WEN CHIE KONG (NRIC) S7707236B

Address: 725 Ank MO KIO Ave 6
#17-4142 S (S60725)

In the matter of an accident involving motor vehicles _____

I/We CHEN WEN CHIE KONG the owner of vehicle registration no: STM 632P

hereby do authorize you to commence repairs to my abovementioned vehicle.

I/We confirm that you are hereby authorized to handle the repair and/or to negotiate and settle any claims relating to the above accident which I/we may have against other third party/parties or Insurers and/or to instruct lawyer on my/our behalf to facilitate the third party claim for me/us.

You are hereby authorized as my attorney to execute and/or sign any document/discharge vouchers/discharge agreement regarding my/our claim for my convenience.

I confirm that in the event of an unsuccessful claim against the negligent party and/or my own Insurer for the damages caused to my vehicle, I agree to pay for all repair cost and/or any incidental expenses incurred by you.

Dated the 23 day of NOV 2018

X OK Chy

Owner (name/signature)

NRIC No:

[Signature]

Witness (name/signature)

NRIC No: