

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: Claimant Ref : Without Prejudice to Injury Claim

with the appointed of Surveyor) with use/rental), S\$ on _08/12/2018	("the workshop") Surveyor of India International Insurance Pte Ltd_ respect to the amount claimed for S\$3,770. (search fee), vehicle no. SMA7238B that w (date) atSIMS AVE TOWARDS PAYA LEBAR RD JUNCTION (suant to the inspection conducted on11/01/2019()	LKK Auto Co 16 (repair co 18 damaged pursua 18 (location) invol	ost), S\$ 300.00 ant to the accident which living vehicle no. SHC8391	(name (loss of n occurred	
We/I confirm that we/I are/am authorized by the owner					
We/l further confirm that we/l 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 SMA7238B (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\$4,070.16to TRANS EUROKARS PTE LTD					
Dated this15 day of					
CLAIMANT:	- ALCONE	WITNESS:			
Signature:	Signed by "the good of the "I (if the base)	Signature:	Ciaradh		
Name:	Signed by "the workshop" (with chop)	Name:	Signed by appointed LKK Auto Consultants		
NRIC:		NRIC:	199607198R		
Address:	VAA TO Penjum	Address:	51 Ubi Avenue 1		
	5 (609042)		#01-25 Paya Ubi Ind. P	ark S(408933)	
Nationality:		Nationality:			
Occupation:		Occupation:			



INDIA INTERNATIONAL INSURANCE PTE LTD

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

ATTN: MOTOR CLAIMS DEPARTMENT

DATE: 03/07/2019

Your Ref: SHC8391H

Car Regn No: SMA7238B

Accident involving SMA7238B & SHC8391H on 08/12/2018

Direct Settlement Claim

Dear Sirs

The repairs have been completed for SMA7238B. We submit the following documents for your perusal:-

1) Invoice No 30059105	\$ 3,770.16
2) Loss of Use (3 days x \$80.00)	\$ 240.00
3) PRI (2 days x \$80.00)	\$ 160.00

4) Letter Of Authorisation

5) Discharge Voucher signed by customer

TOTAL 4,170.16

Please pay Trans Eurokars Pte Ltd the sum of \$4,170.16 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



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

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 609042 Service Tel: 6331 0606

Service Fax : 6331 0620



Trans Eurokars

TAX INVOICE GST Reg No: M90364005A

Mazda(UB)

CUSTOMER:

ADDRESS:

TEL NO:

10DEL:

I0002

INS-IND

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

MAZDA3 1.5L SDN DELUXE BLACK L

PAGE NO

30059105 INVOICE NO: I DEPT/POS ID:

I MU

INDIA INTERNATIONAL INSURANCE PTE L DATE IN

22/04/2019 21/06/2019

DATE PRINTED:

37370

JOB NO CSO/OP CODE:

Catherine Chua

REGN NO

SMA7238B

REGN DATE MILEAGE

18/06/2018

6762

JM6BN22A8J0204105

SINGAPORE 049711

CHASSIS NO: ENGINE NO: DESCRIPTION:

P520494915 Body repair

6347 6100

REQUISITION NO: **JESS**

CODE **DESCRIPTION AMOUNT** B45A-50-260 REINFORMENT REAR BM 537.30 483.57 Parts ,533.51 Net 3,523.51 Surcharge 0.00 7% 246.65 G.S.T. 1,990.00 Labour Total 3,770.16 Menus 0.00 Paid 0.00 3,770.16 Amount Due **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.

> CASH / NETS / AMEX / VISA / MASTER NO:

Customer Signature

Authorised Signature

TRANS EUROKARS PTE LTD



zoom-zoom

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 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 609042 Service Tel.: 6331 0606

Service Fax: 6331 0620

Page 2 of



Eurokars

SDN DELUXE BLACK L

INS-IND

#04-00 & #05-00 IOB BUILDING

INVOICE GST Reg No: M90364005A

Mazda (UB) PAGE NO

30059105 INVOICE NO: I

DEPT/POS ID: MU 22/04/2019 INDIA INTERNATIONAL INSURANCE PTE L DATE IN 21/06/2019 DATE PRINTED:

37370 JOB NO

Catherine Chua CSO/OP CODE:

SMA7238B REGN NO 18/06/2018 REGN DATE 6762

MILEAGE REQUISITION NO: JESS

SINGAPORE 049711 6347 6100

I0002

TEL NO: 40DEL:

CUSTOMER:

ADDRESS:

MAZDA3 1.5L SDN D JM6BN22A8J0204105

CHASSIS NO: ENGINE NO:

P520494915 Body repair

64 CECIL STREET

DESCRIPTION: **AMOUNT** DESCRIPTION CODE 0.00 INSURANCE CLAIMS: THIRD PARTY NOTES DATE OF ACCIDENT: 08/12/2018 TO REPLACE REAR BUMPER AND REAR REINFORCEMENT. 660.00 MZ-BR-RE REPAIR ALL AREAS AFFECTED BY THE ACCIDENT 630.00 TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT. MZ-SP-SR 200.00 TO TRANSFER REVERSE SENSORS. MZ-BR-RE 120.00 TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONIN MZ-BR-EL 150.00 TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. MZ-BR-RE 200.00 TO SUPPLY BRILA PREMIUM COATING. SUB 30.00 SUNDRIES MZ-BR-SU BPD8-50-221ABB 967.32 REAR BUMPER BM/BN 1074.80 3.20 5.76 GJ21-50-049 24 CLIP 10.08 B45A-56-146A **FASTENER** 15.12 9.00 4 4.20 BBM4-50-355 RIVET 2.50 2.80 20.90 4 BHN1-50-0Z1A GROMMET, SCREW 2 5.04 9991-00-501 GROMMET, SCREW 18.81 GASKET(L), RR.COMB. B BHN1-51-163 18.81 BHN1-51-153 GASKET(R), RR.COMB.BM 20.90

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.

CASH / NETS / AMEX / VISA / MASTER NO:

Customer Signature

Authorised Signature

TRANS EUROKARS PTE LTD

(4) TRANS**EUROKARS**

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 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 609042

Service Tel.: 6331 0606 Service Fax: 6331 0620

zoom-zoom



DISCHARGE VOUCHER

T T T T T T T T T T T T T T T T T T T	received from the under-mentioned
repairers my/our vehicle No:	which has been
repaired to my satisfaction and I/w	e 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 resu	It of an accident that occurred on
Witnessed by Repairers	Date
Signature by Insured	Date

TRANSEUROKARS

Corporate Head Office

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

Showroom & Service Centre : 23 Leng Kee Road Singapore 159095

Sales Hotline : 6603 6118

Sales Fax : 6476 7073 Service Fax : 6476 7417

5 Ubi Close Singapore 408605 Sales Hotline : 6395 8888 S Sales Fax : 6846 1700 S Service Hotline: 6395 8899 Service Fax: 6744 9402 300m 200m

MGLM	(Owner's Name (Address)			
India Inte	mational (1840) (Address)			
Attn	: Motor Claims Dept			
Your ref Our ref	: SHC 8391H : SMAT > 38B			
Date	: 10/12/18 SHC83AIH			
Dear Sirs,	CAND 203/12/18			
	RE: Accident involving vehicle nos			
My car been	n repaired by Trans Eurokars Pte Ltd. As they are submitting a 3rd Party claim IN 19 10 Trans Eurokars the whole claim due to them.			
Yours faith	fully,			
*	omon,			
I/C No:				
Euroke 12 Sun	Surokars Pte Ltd rs Centre gei Kadut Avenue ore 729648			

LETTER OF AUTHORISATION

To:	: Trans Eurokars Pte Ltd			
From:	Name: MIGLANT GAMPANAICT S			
	Address:			
In the	matter of an accident involving motor vehicles			
I/We N	MGIANI GAURAV the owner of vehicle registration no: SWA 7238 R			
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.				
	e hereby authorized as my attorney to execute and/or sign any document/discharge ers/discharge agreement regarding my/our claim for my convenience.			
Insure	rm that in the event of an unsuccessful claim against the negligent party and/or my own for the damages caused to my vehicle, I agree to pay for all repair cost and/or any atal expenses incurred by you.			
×	Dated the 10 day of 20 16			
	(name/signature) Witness (name/signature)			
NRIC N	o: NRIC No:			