Date: 0	05/10/2019			
M/s:	INTERNATIONAL INS PTE LTD			
64 CE	CIL STREET			
#05-00	S(049711)			
Singapo	ore 049711			
Attn: Me	otor Claims Department			
Dear Si	ir/ Medam,			
Accide	int involving vehicle SKV9707P and GBF97	27Y	on29/12/2018	
I am the	e owner of vehicle no SKV9707P which was involve	ed in an ao	cident with your insured vehicle	no GBF9727Y
The ac	cident was caused solely by your insured's negligence. I a d below:			
a)	Repair Cost/ Excess —			S\$ 2,951.83
b)	- Less of Use/Rental of vehicles for7 day(s) @ SS_	117.70 pe	er day +GST	S\$ 823.90
c)	-L-TA/ GIA Search Fees			S\$ 2.00
d)	Administrative Charges			ss
e)	Others			S\$
			TOTAL	S\$ 3,777.73
l enclos	se herewith copy of the following: (please tick the appropria Repair Invoice	te boxes)	LTA/ GIA Search Receipt	
-	Policy Excess Invoice	~		
,	BOLD STANDING TO SHOULD AND STANDING ST		NRIC/ Driving License	
V	Rental Invoice	V	GIA Report	
	Certificate of Insurance	V	Survey Report	
Please	ment should be made in my favour and the said payment as acknowledge receipt and let me have your favourable reply stact Details are as follow; NA		nal settlement of my claim.	
HP No:	7 BIVERVALE LINK MILTON SIGNATURE			
Address	S			
E-mail A	Address —			

Sincerely ONG ENG SENG

300



LETTER OF AUTHORITY AND INDEMNITY

Motor Image Enterprises Pte Ltd

Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255

Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

Third Party (Direct Settlement)

Own Damage (Recovery Claim)

ACCIDENT	INVOLVING	VEHICLE	REGISTRATION	N

AND

- ON
- I, the owner of vehicle no. 34 4 4 1 1 1 1 hereby instruct you and authorise you to act for me with respect to the following: -1.
 - (a) To submit my claims for all loses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
- 2 I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection 3. with my claim, I shall render full cooperation.
- 4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement. is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
- 5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
- I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out. or falls, I agree that I shall be liable to you for the repair and other costs incurred by you.
- 7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
- 8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- 9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
- 10 In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of 11 upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name ONG ENG	SENG	Company Name
Address 7 EIVERDING	21NK 7/03-51	Claim Officer's Name (E (0))
5054512		
Telephone No 97050	820	Telephone No 6763 8761
Date / MA 2019	Email JACKESSTOR	Date 1/3/2019
Company Stamp [For Co Regn Vehicle]	Authorized Signature	Claim Officer Signature



INDIA INTERNATIONAL INSURANCE PIE LED

- Heg. Sci. 1967/057628 (1681) they Se. M. Lord Street, N. Sci. 1867/057628 (1681) they Se. M. Lord Street, N. Sci. 1867/0576 (1687) the Street Street, N. Sci. 1867/0576 (1687) the Street Str

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MC2018/3020 Claimant Ref : SKV 9707P

	or) with respect to the amount claimed for S\$. S\$ 2.00 (search fee), vehicle no. SKV 9707 /2018 (date) atALONG PIE AFTER KPE EXIT	2,951.83 (repa	o Consultants Pte Ltd (name of cost), S\$ 705.20 (loss of
on29/12/ vehicle). Th	/2018 (date) at ALONG PIE AFTER KPE EXIT his is pursuant to the inspection conducted on 31/01/	(location) 2019 (date) at "the wor	ursuant to the accident which occurred involving vehicle no. GBF 9727Y (insured kshop*,
The state of the s	on that we/l are/am authorized by the owner of vehicle no.SKV 9707P to make the claim as set on his/her behalf in a manner that we/l deem fit	CANADA MENDESTINA CONTRACTOR	("the third party
party claima	on his/her behalf in a manner that we/I deem fit int".	. We/l enclose herein th	aph and we/I have full authority to settle be letter of authority given by "the third
further claim	confirm that we/l will indemnify India International have already incurred in the event that "the thin against the former for any loss and expenses used to the damage to SKV 9707P (vehicle no.) at	or party claimant after	the above said agreement lodges a
We/I confirm	n that the agreement reached above is in full a	nd final settlement of a	all claims of the
pursuant to t	the accident and that further this settlement is re-	ached on a without prein	in claims of 'the third party claimant"
This agreeme dispute arising	ent is subject to the application of Singapore law a gout of the same. Ze you to pay the total amount of S\$ 3,860.03	and the Singapore Court	s have exclusive jurisdiction over any
This agreeme dispute arising We/I authoria Dated this	ent is subject to the application of Singapore law a g out of the same.	and the Singapore Court	s have exclusive jurisdiction over any
This agreeme lispute arising Ve/I authorize Pated this	ent is subject to the application of Singapore law a g out of the same. Ze you to pay the total amount of S\$ 3,860.03	and the Singapore Court	s have exclusive jurisdiction over any
This agreeme ispute arising Ve/I authorized this	ent is subject to the application of Singapore law a g out of the same. Ze you to pay the total amount of S\$ 3,860.03 day of	and the Singapore Court to MOTOR IMAGE ENT	s have exclusive jurisdiction over any ERPRISES PTE LTD. LKK
This agreeme ispute arising Ve/I authorized this	sent is subject to the application of Singapore law a g out of the same. Ze you to pay the total amount of S\$ 3,860.03 day of	and the Singapore Court to MOTOR IMAGE ENT . WITNESS:	Signed by appointed Surveyor
This agreeme ispute arising Ve/I authorized this	sent is subject to the application of Singapore law a g out of the same. Ze you to pay the total amount of S\$ 3,860.03 day of	to MOTOR IMAGE ENT WITNESS: Signature:	s have exclusive jurisdiction over any ERPRISES PTE LTD. LKK
This agreeme dispute arising Ne/I authorized this	signed by "the workshop" (with chop) Lends Leag Kee Road and of the same. 20 19 Signed by "the workshop" (with chop) Lends Leag Kee Road	to MOTOR IMAGE ENT WITNESS: Signature: Name:	Signed by appointed Surveyor LKK Auto Consultants Pte Ltd 199607198R
This agreeme dispute arising Ne/I authorized this	signed by "the workshop" (with chop) Lends Leag Kee Road S (159097)	to MOTOR IMAGE ENT WITNESS: Signature: Name:	Signed by appointed Surveyor LKK Auto Consultants Pte Ltd
This agreeme dispute arising We/l authoriz	signed by "the workshop" (with chop) Lends Leag Kee Road and of the same. 20 19 Signed by "the workshop" (with chop) Lends Leag Kee Road	to MOTOR IMAGE ENT WITNESS: Signature: Name:	Signed by appointed Surveyor LKK Auto Consultants Pte Ltd 199607198R 51 Ubi Avenue 1



Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255

Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535

25 Leng Kee Road Singapore 159097

Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137

Website: www.motorimage.net

TAX INVOICE

SUBARU

GST Reg No. M2-0076975-9

Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: M189117

For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

> DATE REC'D: 28-Feb-2019 SERVICE ADVISOR: DENNIS

JOB No.: M184200 MILEAGE: 90365

ID:

NAME: INDIA INTERNATIONAL INSURANCE PTE LTD

ADDRESS: 64 CECIL STREET

#05-00. S(049711)

TELEPHONE: 63476100

MODEL: FORESTER 2.0XT AWD CVT

ENGINE No.: FA20K944764

CHASSIS No.: JF1SJGK85FG057197

REGISTRATION No.: SKV9707P

ITE	MS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	REMARK	REPLACE REAR BUMPER, BRACKET LHS AND UNDER SPOILER	560.00
2	REMARK	RESPRAY REAR BUMPER ASSY	660.00
3	REMARK	REMOVE AND REFIX REVERSE SENSOR	80.00
4	REMARK	TO INSTALL REAR UNDER SPOILER (STI)	150.00
5	REMARK	SUNDRIES	
6	TPCLAI	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
7	REMARK	TO CONDUCT THIRD PATRTY CLAIM - INDIA INT INS	
		ACCIDENT DATE:29/12/2018 TIME:1455HRS	
8	REMARK	LOCATION: ALONG PIE AFTER KPE EXIT	
9	REMARK	TP VEHICLE :GBF9727Y	
10	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN	
		ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
11	INS02	IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO	
		STANDARD RATE CHART (REF. 0338).	
12	INS03	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM	
		THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
13	INS04	SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT	
		THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
14	INS05	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF	
		IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
15	INS06	THE OWNER IS REQUIRED.	
16	INS07	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF	
		DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
17	INS08	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO.	
		APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
18	INS09	CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE	
		WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
		TOTAL(LABOUR)	1,450.00



ADDRESS: 64 CECIL STREET

ENGINE No.: FA20K944764

MODEL: FORESTER 2.0XT AWD CVT

CHASSIS No.: JF1SJGK85FG057197

REGISTRATION No.: SKV9707P

TELEPHONE: 63476100

Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore 319255 Service Centre Tel (65) 64170100/101 Fax (65) 62535535 25 Leng Kee Road Singapore 159097

Service Centre Tel (65) 64764776 Fax (65) 64791137

Website: www.motorimage.net

NAME: INDIA INTERNATIONAL INSURANCE PTE LTD

#05-00. S(049711)



TAX INVOICE

GST Reg No. M2-0076975-9 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: M189117 For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 28-Feb-2019 SERVICE ADVISOR: DENNIS

JOB No.: M184200 **MILEAGE: 90365**

ID:

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	BUMPER FACE R	432.00
	57704SG012(Qty: 1 @ 540.00 each(Discount 20.00%))	55744134
2	BRKT SD R RH	11.52
	57707SG080(Qty: 1 @ 14.40 each(Discount 20.00%))	,
3	BRKT SD R LH	11.52
	57707SG090(Qty: 1 @ 14.40 each(Discount 20.00%))	170.71.Miles
4	LETTER MK R XT	51.84
	93079SG010(Qty: 1 @ 64.80 each(Discount 20.00%))	15014761
5	LETTER MK R SUB	51.84
	93079SG030(Qty: 1 @ 64.80 each(Discount 20.00%))	
6	STI REAR UDR SPR SJG ONLY SILVER	750.00
	ST96050SF060(Qty : 1 @ 750.00 each)	
	TOTAL(SPARE PARTS)	1.308.72

Subtotal GST(7%)

TOTAL

2,758.72 193.11

\$2,951.83

DATE: 26-Aug-2019

CUSTOMER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be

deemed correct. CUSTOMER

Not yet a DUO Member? Join us now at www.DUO.com.sq and start accumulating your points for your invoice today!



SERVICE WORKSHOP

25 LENG KEE RD



DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong & Toa Payon Singapore 319255 Tel (65) 6703 8400 Fax (65) 6336 4677 Co. Reg. No. 1984-03671/H GST Reg. No. M2-0067432-4

GST Reg No. : M2-0067432-4

Tax Invoice: S1014879 Inv. date...: 07-MAR-2019 Print date..: 07-MAR-2019

Print time..: 17:24:56

Page no....:

Agreement no: TP2019038

Salesman...: AK

S(159097)

ATTN : MR DAVID KOH

MOTOR IMAGE ENTERPRISES PTE LTD

Description

Amount

RENTAL CHARGE FROM 28-FEB-2019 TO 07-MAR-2019 NISSAN TEANA 2.5 CVT - SKU9943D (ONG ENG SENG)

770.00

TOTAL SGD(BEFORE GST) 770.00

GST(7%) 53.90 TOTAL SGD(AFTER GST) 823.90

=========

DOWNTOWN TRAVEL SERVICES PTE LTD

N.B. Cheques should be crossed and made payable to DOWNTOWN TRAVEL SERVICES PTE LTD Interest at 0.05% per day on overdue account. Terms of payment strictly 7 days.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-19-000814

Date of Request:

02/01/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd

25 Leng Kee Road Singapore 159097

Dear Sir/Madam,

Enquiry Date

02/01/2019

Enquiry By

Jeff Teh

TP Vehicle No.

GBF9727Y

Accident Date

31/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF9727Y	India International Insurance Pte Ltd	01/04/2018-31/03/2019	63476100

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-000814

Date of Request:

02/01/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd

25 Leng Kee Road Singapore 159097

Dear Sir/Madam,

Enquiry Date

02/01/2019

Enquiry By

Jeff Teh

TP Vehicle No.

GBF9727Y

Accident Date

31/12/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

DIRECT CREDIT AUTHORISATION FORM

Name of Paying Organisation	(Name of Faving)	2	
Supplier's Particulars: Name : Motor Image Enterprises Pte Ltd. Address : 25 LENH REE ROAD S(15007) Telephone Number: 6703 8/63 Fax Number: 6476 38/1 Name of Bank :: United Oversee Bank. Name of Branch: UCB PROSA I Account Number To Be Credited: 901-355-461-3 L/We hereby authorise to credit payments due to me/us to the above account (Name of Paying Organisation) This authorisation shall continue to be in force until L/we have expressly revoked it by notice in w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver my/our address last known to you. In the event of a change of bank account, L/we shall inform you in writing 2 weeks in advance befor change. 3) To: (Name of Supplier's Bank) L/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for indocument. Signatures and Company's stamp As in Bank Account Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number			
Supplier's Particulars: Name : Motor Image Enterprises Pte Ltd Address : 25 LENG KEE ROAD SCISO 0.72) Telephone Number: 6703 8163 Fax Number: 6470 3811 Name of Bank :: United Oversee Book Name of Branch: MOB PROSA I Account Number To Be Credited : 901-355-461-3 I/We hereby authorise 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 w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) 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 indocument. Signatures and Company's stamp As In Bank Account Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/ particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number		Part I (To Be Completed By S	Supplier)
Supplier's Particulars: Name : Motor Iwacque Enterprises Pte Ltd Address : 25 LENG KEE ROAD SCISSOG 2. Telephone Number: 6703 8163 Fax Number: 6476 3811 Name of Bank :: United Overseo Bank Name of Branch: UCB Plaza 1 Account Number To Be Credited: 901-355-461-3 I/We hereby authorise to be in force until I/we have expressly revoked it by notice in w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) 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 indocument. Signatures and Company's stamp As In Bank Account Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	A) To:		
Name : Meter Image Enterprises pte Ltd Address : 25 LEMA REE ROAD SCISOCOT) Telephone Number: 6703 8163 Fax Number: 6470 3811 Name of Bank :: United Oversee Bank. Name of Branch: UCB Plaza I Account Number To Be Credited : 90 - 355 - 46 - 3 I/We hereby authorise to the above account (Name of Paying Organization) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) 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 it document. Signatures and Company's stamp As In Bank Account Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organization) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	(Nan	se of Paying Organisation)	
Address : 25 LENG KRE ROAD S(159 CP 2) Telephone Number: 6703 8163 Fax Number: 6476 3811 Name of Bank :: United Overser Bank Name of Branch: UCB PRIZE I Account Number To Be Credited: 901-355-461-3 I/We hereby authorise to credit payments due to me/us to the above account Number To Bank or the above account Number To Bank or the above account Number To Bank or the signing Organisation) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in we delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) 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 indocument. Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/ particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	Supplier's Pa	rticulars:	
Address : 25 LENG KRE ROAD S(159 CP 2) Telephone Number: 6703 8163 Fax Number: 6476 3811 Name of Bank :: United Overser Bank Name of Branch: UCB PRIZE I Account Number To Be Credited: 901-355-461-3 I/We hereby authorise to credit payments due to me/us to the above account Number To Bank or the above account Number To Bank or the above account Number To Bank or the signing Organisation) This authorisation shall continue to be in force until I/we have expressly revoked it by notice in we delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) 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 indocument. Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/ particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	Name	: Motor Image Enterprises	pte Ltd
Name of Bank :: United Oversea Bank Name of Branch: UCB PRICE Account Number To Be Credited: 901-355-461-3 L/We hereby authorise to credit payments due to me/us to the above account number to grantsation and continue to be in force until l/we have expressly revoked it by notice in w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver my/our address last known to you. In the event of a change of bank account, l/we shall inform you in writing 2 weeks in advance befor change. 3) To: (Name of Supplier's Bank) L/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for indocument. Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	Address		
Account Number To Be Credited: 90-355-46-3 L/We hereby authorise 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 w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) To: (Name of Supplier's Bank) L/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for indocument. Date Part II (To Be Completed By Supplier's Bank) O: (Name of Paying Organisation) Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/particulars agree with that in our files. The account number to be presented in the Interbank Giro format follows: Bank Branch Account Number	Telephone Nu	mber: _6703 8/63Fax Numb	er: 6479 3811
This authorisation shall continue to be in force until I/we have expressly revoked it by notice in w delivered to you. You may in your absolute discretion terminate this arrangement by written notice deliver 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 befor change. 3) To: (Name of Supplier ** Bank)	Name of Bank	:: united oversea Bank Name of B	ranch: UOB Plaza I
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