

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: _____
(Name of Paying Organisation)

Supplier's Particulars:

Name : SW WERKZ PTE LTD
Address : 25 KAH BUKIT RD 4 #103-63/68 S(417800)
Telephone Number: 84842626 Fax Number: 63844944
Name of Bank : OCBC Name of Branch: _____
Account Number To Be Credited : 695534214001

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 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.

Signatures and Company's stamp As In Bank Account

2/9/2019
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
7339	695	534214001

Chai Mei Li
5173
OCBC Bank



Name & Signature of Authorised Bank Officer

26 SEP 2019

Date

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

WITHOUT PREJUDICE to:
(a) Insurance Subrogated Claim and/or
(b) Any Personal Injury Claims
(Note: This Notice supersedes any inconsistencies found in this Discharge Voucher)

India Ref: TP / MCT19030476

Claimant Ref: SLR3808E

We/I, SW WERKZ 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\$ 5,400.00 (repair cost), S\$ 1,000.00 (loss of use/rental), S\$ — (search fee), vehicle no. SLR3808E that was damaged pursuant to the accident which occurred on 18/03/2019 (date) at PIE TOWARDS CHANGI AIRPORT (location) involving vehicle no. SHA7973X (insured vehicle). This is pursuant to the inspection conducted on 21/03/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SPRAYWERKS ENGINEERING PTE LTD ("the third party claimant") of vehicle no. SLR3808E 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 SLR3808E (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\$ 6,400.00 to SW WERKZ PTE LTD.

Dated this day of 20

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

NRIC:

Address:

Nationality:

Occupation:

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)