

LONPAC INSURANCE BHD

CLAIM NO : 19/19/VP05/021614
DATE : 30 OCTOBER 2019


DISCHARGE VOUCHER

I/We, **SODEXO KIM YEW PTE LTD** confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or the owner of **SLL 4169R** the sum of Singapore Dollars One Thousand Five Hundred Forty Only (\$1,540.00) in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, **GBH 2531E** on **01 APRIL 2019** along **CTE TOWARDS BUKIT TIMAH EXIT.**

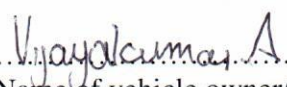
I /We hereby agree to indemnify and keep indemnify (**CHOW YENG KIT WILSON / LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **M/S TAT HENG MOTOR WORKS PTE LTD**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.


.....
Signature of vehicle owner/Date



 31/10/19
Name of vehicle owner/Date

LETTER OF AUTHORITY AND INDEMNITY

To: **Tat Heng Motor Works**
10 Ang Mo Kio Industrial Park 2A
#02-09, Singapore 568047

RE: **ACCIDENT ON 1/4/19 INVOLVING VEHICLES**

GBH 2531E 8 SL 4169R
AT **CTE Towards Bukit Timah Exit**

I/We **Sorex Kim Yew Pte Ltd** NRIC / Reg No **199606507M** of
223 Mountbatten Rd #02-18 am/are the
registered owner (s) of motor-vehicle No **GBH 2531E** which was involved in the above accident

WHEREAS

- I I/We wish to commence a third party claim for the costs of repairs to my/our abovesaid motor-vehicle and consequential losses against the insurance company(s) of the negligent party(s) who caused the above accident
- II At my/our request, you have agreed to repair my/our abovesaid motor-vehicle and have further agreed to allow me/us to withhold payment to you of the costs of repairs pending the conclusion of my/our third party claim against the insurers concerned
- III At my/our further request, you have agreed to pay the legal fees and disbursements incurred in appointing lawyers to prosecute the claim on my/our behalf

I/WE HEREBY AGREE as follows:

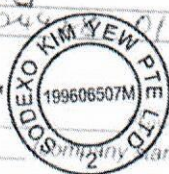
- 1 I/We authorise you to appoint a licensed independent surveyor to inspect the damage caused to my/our abovesaid motor-vehicle and to commence repairs forthwith in accordance with the recommendation of such appointed surveyor.
- 2 I/We hereby agree that the whole proceeds of the third party claim, less any amount which may have been paid by me/us personally towards the costs of renting alternative transport during the period of repairs, shall be paid to you in satisfaction of my/our indebtedness to you for the costs of repairing my abovesaid motor-vehicle and my appointed solicitors shall accept this as my/our irrevocable authority to pay the proceeds of the third party claim to you after deduction of their solicitor and client costs
- 3 I/We undertake to co-operate fully with you and/or my/our appointed solicitors to see the claim to a successful conclusion and hereby authorise you to instruct my/our solicitors to commence legal proceedings in my/our name(s) to recover my losses. I/We further agree to attend court hearings and to attend to all pre-trial preparation, if required
- 4 In the event that the insurers concerned should issue the settlement proceeds directly in my/our name(s), I/we hereby agree and undertake to pay over the settlement proceeds to you after I/we have received the settlement cheque from the insurers concerned
- 5 I/We also undertake to notify you of my change in my/our residential address and/or contact particulars forthwith.
- 6 If the third party claim fails or if you shall decide, in your absolute discretion, from evidence obtained subsequent to the date hereof that the abovesaid accident was by or substantially contributed to by my/our agent's negligence such that the third party claim has to be aborted, I/We hereby authorise and instruct you to claim direct from my/our insurance company on my/our behalf, if applicable, with the proceeds payable to you in discharge of my/our abovesaid indebtedness to you including the excess amount that is payable by me/us under my/our own insurance policy
- 7 Where the own insurers' claim is not applicable, I/we undertake to pay you for the costs of repair to my/our abovesaid motor-vehicle immediately

My insurers are **AIG**

Policy No: **1800020001**

Date: **1/4/19**

Name of Witness **Sorey Hui Kim**



TAT HENG MOTOR WORKS PTE LTD

Vic

Blk 10 ANG MO KIO IND. PARK 2A
#02-09 AMK AUTOPOINT, SINGAPORE 568047
Tel No. : 64837103 Fax No. : 64817732

LONPAC INSURANCE BHD
100 BEACH RD #19-00
SHAW TOWER, SINGAPORE 189702

Contact : 6250 7388 Fax No. : 6296 3767

Cash Bill : TH03742

Invoice Date : 30/10/2019
Vehicle Num. : GBH 2531E
Make/Model : TOYOTA DYNA EURO 6
Mileage(Km) :
PO/WO/RO# :
Ref./Remark :

S/N	Quantity	Particular	Unit Price	Amount S\$
		THIRD PARTY ACCIDENT CLAIM INVOLVING VEHICLE NO. GBH2531E & SLL4169R ON 1/04/2019 CLAIM NO : 19/19/19/VP05/021614		
	3 DAYS	COST OF REPAIR		1,300.00
		CAR RENTAL	80.00	240.00

SingDollars : One Thousand Five Hundred Forty Only

Total S\$: 1,540.00
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Terms :

Customer's Signature/Co. Stamp

TAT HENG MOTOR WORKS PTE LTD

Confirm to receive the above in order & satisfaction condition.

THM VEHICLE RENTALS

10 Ang Mo Kio Industrial Park 2A AMK AutoPoint #02-09
Singapore 568047
Tel. 6483 7103 Fax. 6481 7732
UEN No. 53388066A

No. 1012

DATE 9/4/19

RENTAL AGREEMENT

HIRER'S PARTICULARS

(GBH2531E)

Name Sodexo Kim Yew Pte Ltd
Address 134 Tagore Lane
Singapore 787557
I/C or Passport No. Reg. 199606507M Country _____
Occupation _____
Date of Birth _____ Age _____
Driving License No. _____ Date Passed _____
Tel: (HP) _____ (Residence) _____

DRIVER'S PARTICULARS

Name Annadurai Vijayakumar
Address _____
I/C or Passport No. G7797959Q Country _____
Occupation _____
Date of Birth 4/5/1982 Age _____
Driving License No. _____ Date Passed _____
Tel: (HP) 8328 5686 (Residence) _____

IMPORTANT NOTES:

1. No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving license.
2. This vehicle is licensed to carry 1 passengers only.
3. Hirer is liable to pay \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair.
4. Please notify our office should there be any accident involving this hired vehicle within 24 hrs.
5. No refund will be given for vehicle returns early.
6. No refund will be given for petrol left in vehicle.
7. Hirer is liable to pay all parking fee and traffic summonses.
8. Vehicle are to be return during office hours only.
9. No service on Public Holidays and Sunday.
10. Deposit will be forfeited if driver fails to fulfill contract terms period.

CHARGES

3 Day at \$ 80 per days

Day at \$ _____ per week

Day at \$ _____ per month

240/-

VEHICLE NUMBER PLATE MODEL

GY 58404

Nissan Urvan

TOTAL AMOUNT

AMOUNT PAID

240/-

Date

Mileage

9/4/19

2

Contract Term: Months / Years

Amount Deposit (refundable) \$

FROM

9/4/19 @ 9.30am

TO

11/4/19 @ 4.15pm

I/we have read and understood the terms and conditions above and hereby agreed to abide



Hirer's Signature

[Signature]
Driver/Gurantor's Signature



THM VEHICLE RENTALS