

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19030803
 Claimant Ref: SLQ 7273B

We/I, WORLD AUTO 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\$ 900.00 (GLOBAL SUM) (repair cost), S\$ (loss of use/rental), S\$ (search fee); vehicle no. SLQ 7273B that was damaged pursuant to the accident which occurred on 30/03/2019 (date) at HAVELOCK RD TWDS UPP PICKERING ST (location) involving vehicle no. SHC 2341S (insured vehicle). This is pursuant to the inspection conducted on 16/04/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner LCRF PTE LTD ("the third party claimant") of vehicle no. SLQ 7273B 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 SLQ 7273B (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\$ 900.00 to WORLD AUTO PTE LTD.

Dated this 2 day of September 2019

CLAIMANT:

Signature:

Signed by the workshop (with chop)

Name:

NRIC: UGW

Address:

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

NRIC:

Address:

Nationality:

Occupation:



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