

## 1-Stop Solution For All Automotive Needs

**Bill To:**  
INDIA INTERNATIONAL INSURANCE PTE LTD  
**Attn:**

DATE: 03-Oct-19  
INVOICE # MCC2019-0192  
FOR: SJR3168S  
MAZDA 3  
REMARKS:

Make all cheques payable to MY CAR CONSULTANT PTE LTD

Payment terms: Due upon receipt

**THANK YOU FOR YOUR BUSINESS!**

## DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance Pte Ltd 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  
India International Insurance Pte Ltd  
(Name of Paying Organisation)

### Part I (To Be Completed By Supplier)

(A) To: India International Insurance Pte Ltd  
(Name of Paying Organisation)

#### Supplier's Particulars:

Name : my car consultant Pte Ltd  
Address : 53 Ubi Ave 1, paya ubi industrial park #01-33 S408934  
Telephone Number: 83300060 Fax Number: 69253219  
Name of Bank : DBS Name of Branch: \_\_\_\_\_  
Account Number To Be Credited : 018-904614-2 DBS current

I/We hereby authorise India International Insurance Pte Ltd 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: DBS  
(Name of Supplier's Bank)

I/We consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.  
as requested in this document.

\_\_\_\_\_  
Signatures and Company's stamp As In Bank Account

01/10/2019  
Date

### Part II (To Be Completed By Supplier's Bank)

To: India International Insurance Pte Ltd  
(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
<u>7171</u>	<u>018</u>	<u>018904614-2</u>

Without responsibility on the part of the bank or the signing officer, we confirm that the signature/other particulars agree with that contained in our files.



-2 OCT 2019

\_\_\_\_\_  
Name & Signature of Authorised Bank Officer

Siti Noraini Jumaat  
Specimen Signature No. 9857  
\_\_\_\_\_  
For DBS BANK  
Date

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: TP / MCT19040534  
Claimant Ref: SJR3168S

All Settlement Amount Are Without  
Prejudice to our driver's Injury Claim

We/I, MY CAR CONSULTANT 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\$ 400.00 (repair cost), S\$ 120.00 (loss of use ~~vehicle~~), S\$ 7.45 (search fee), vehicle no. SJR3168S that was damaged pursuant to the accident which occurred on 18/04/2019 (date) at TAMPINES CENTRAL 5 (location) involving vehicle no. SHD6645J (insured vehicle). This is pursuant to the inspection conducted on 24/04/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner DE'CAR RENTAL PTE LTD ("the third party claimant") of vehicle no. SJR3168S 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 SJR3168S (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\$ 527.45 to MY CAR CONSULTANT PTE LTD.

Dated this 01 day of October 2019.

CLAIMANT:

Signature:




Signed by "the workshop" (with chop)

Name:

My car consultant pte ltd

NRIC:

201605878Z

Address:

53 Ubi Ave 1, Paya Ubi Ind Park  
#01-33 8408934

Nationality:

Occupation:

WITNESS:

Signature:




Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

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

Nationality:

Occupation:





Address: 53 Ubi Avenue 1, Paya Ubi Industrial Park  
#01-33 S(408934)  
Email: Admin@mycar.sg  
(Company Registration No: 201605878Z)

24<sup>th</sup> June 2019

Our reference: SJR3168S  
Your reference: SHD6645J

**India International Insurance Singapore**  
64 Cecil St  
Singapore 049711  
**Attn: Motor Claims Department**

**BY HAND**

Dear Sir/ Madam,

Claimant : DE' CAR RENTAL PTE LTD  
Address : 87 Defu lane 10 #03-13 S539219

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **18/04/2019** along involving our client's vehicle registration number **SJR3168S** and vehicle registrations number **SHD6645J** driven by you/your insured's driver at the material time.

As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Cost of Repair	:	\$400.00
Loss of Use	:	\$900.00
LTA Search	:	\$7.49
Total	:	\$1307.49

A copy of each of the following supporting documents are enclosed:-

- a) Our client's Accident Report/Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorisation;
- e) Rental Agreement & Official Receipt;
- f) LTA Search Results & Official Receipt;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Yours faithfully,



.....  
My Car Consultant



MY CAR CONSULTANT PTE LTD (Co Reg no: 201605878Z)  
53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park S408934  
Tel: +65 9888 8885 / +65 8330 0060

## LETTER OF AUTHORIZATION

In consideration of Repairer Workshop My Car Consultant Pte Ltd, 53 Ubi Avenue 1, Paya Ubi Ind Park #01-33 Singapore 408934

I/We, De Car Rental Pte Ltd of NRIC/Passport number/ROC number: \_\_\_\_\_, Owner of vehicle no. SJR31685 hereby authorize you to commence claim, settle and receive whatever amount payable by the insurance company and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.

I/We hereby instruct and authorize you to claim direct from my/our insurance company on my/our behalf for all monies due to you, I undertake to pay you for the excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf in the event that my/our claim is unsuccessful.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence.

I/We irrevocably authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

In the event the third party's insurers forward me/us the settlement monies, I undertake to pay you the sum claimed in relation to my property damage claim.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Owner's signature/Company stamp (if applicable)

Name:

NRIC/FIN/UEN No:

&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 23 Apr 2019 / 16:22:31

Receipt Date/Time : 23 Apr 2019 / 16:22:31

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190423-002604

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHD6645J As at 18 Apr 2019/14:30:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHD6645J Enquiry Fee 20190423162046251052	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	xxxxxxxxxxxx9904			
	Credit Card: Visa/MasterCard			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



To:

SATISFACTION VOUCHER/  
NO. OF DAYS OF LOSS OF USE/RENTAL  
(To be filled upon collection of vehicle)

Re: Accident on

1) I confirm that my/our vehicle was repaired by you to my/our **full satisfaction**.

2) I/we have collected my/our vehicle on 28/04/2019.

3) I/We confirm that my/our vehicle was with you for repairs for 05 days  
from 23/04/19 to 28/04/2019.

4) During the period that my/our car was with you for repairs:-

☐ A rental car was provided ☒ A rental car was **NOT** provided

(Please tick ✓ where applicable)

5) I/We wish to claim: (i) loss of use 05 days

(ii) loss of rental 0 days

Signature of  
owner

:



Name of owner

:

De' car rental Pte Ltd

Date

:

Witnessed by

:

(signature of the representative of the repairer)