

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III- Direct Settlement (PODS)

India Ref: MFL2019D0000417
Claimant Ref: SDF 59C

We/I, SPECIALISTS MOTOR 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\$ 13,626.55 (repair cost), S\$ 1,000.00 (loss of use/rental), S\$ 7.45 (search fee), vehicle no. SDF 59C that was damaged pursuant to the accident which occurred on 29/04/2019 (date) at BLK 50 UBI AVE 3 CARPARK (location) involving vehicle no. GBB 9500E (insured vehicle). This is pursuant to the inspection conducted on 30/04/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner ACE DRIVE PTE LTD ("the third party claimant") of vehicle no. SDF 59C 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 SDF 59C (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\$ 14,634.00 to SPECIALISTS MOTOR PTE LTD.

Dated this 21st day of Jan 2020

CLAIMANT:

Signature: [Signature]
Signed by "the workshop" (with chop)
Name: Karen Ong
NRIC: S1252645H
Address: BLK 3018A, UBI RD
1 #01-26
Nationality: Singaporean
Occupation: Manager



WITNESS:

Signature: [Signature]
Signed by appointed Surveyor
Name: LKK AUTO CONSULTANT PTE LTD
NRIC: 199607198R
Address: 51 UBI AVE 1 #02-25
PAYA UBI INDUSTRIAL PARK S(408933)
Nationality: _____
Occupation: _____



15/01/10

INS. CASE OWNER:

Lailtha

CG 4/III1900

7677, 11/10/09

LKK:

IDAC:

Surveyor:

marcus

ASSIGNMENT

DOI: 11/10/09

Date / Time:

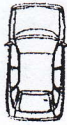
11/10/09

Registered in Merimen:

21/11/09

Pre-assign / CCU / FTE

GBB 9500E



Insured Vehicle No.:

Name of Insured:

TAK PRODUKTS & SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :\$:

D.O.A:

11/10/09

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Quek Emma Ann

Driver Tel No.:

(V/L: YES / NO)

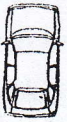
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SDF 59C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Specialist



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:	marcus
FINALIZATION		Date/Time:	Confirm with:	Email	Call
Repair Cost:	DP	\$S 12,335.09	(6 days) Reduction:	110,099.26	% 44
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email	Call
Final Liability:	(WLGST)	% 100	(Agreed / Assessed) BOLA S/N No.:	15	
Repair Cost:		\$S 17,626.55			
Loss of Rental (LOR):		\$S 1020.00	(100 x 10 days)		
Loss of Use (LOU):		\$S 1020.00	(100 x 10 days)		
Loss of Income (LOI):		\$S -	(S x days)		
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>
GIA/LTA Search		\$S 7.45			
Medical:		\$S -			
Disbursement:		\$S -	(e.g. Tow/ Independent)		
Legal Cost		\$S -			
Total:		\$S 14,634.00	Global Sum \$S:		
FINAL PAYMENT		Date/Time:	Confirm with:	Email	Call
Payee 1:		\$S 14,634.00	Name 1:	Specialists Motor Pte Ltd	
Payee 2: (Strike if N.A.)		\$S -	Name 2:		
Payee 3: (Strike if N.A.)		\$S -	Name 3:		