

EXPRESS SETTLEMENT

DISCHARGE VOUCHER

III- Direct Settlement (PODS)

India Ref: MCT19050428
Claimant Ref: SKC 7337L

We/I, Detail Lab ("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\$ 9,800.00 (Total Loss), S\$ 1,400.00 (loss of use/rental), S\$ 180.00 (Towing Fee), vehicle no. SKC 7337L that was damaged pursuant to the accident which occurred on 16/05/2019 (date) at West Coast Road & Clementi West St 2 (location) involving vehicle no. SHA 7852L (insured vehicle). This is pursuant to the inspection conducted on 23/05/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner LIM KEAT CHUN ("the third party claimant") of vehicle no. SKC 7337L 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 SKC 7337L (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\$ 11,380.00 to Detail Lab.

Dated this 11th day of July 20 19

CLAIMANT:

Signature:

Signed by "the workshop" with stamp

Name:

Yap Soon Huat

NRIC:

S 7705743 I

Address:

8 Kapi Subit Ave 4 #02-03
(S) 415875

Nationality:

Singaporean

Occupation:

BUSINESS OWNER

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:

DIRECT CREDIT AUTHORISATION FORM

India International Insurance Pte Ltd

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
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 : DETAIL LAB
Address : 8 Rati Bukit Ave 4 #02-03 (B) 415 875
Telephone Number: 9844 8533 Fax Number: 638 55510
Name of Bank : DBS BANK Name of Branch: DBS Telok Park
Account Number To Be Credited : 106-900 886-7
India International Insurance Pte Ltd

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: DBS BANK
(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.





11.07.2019

Signatures and Company's stamp As In Bank Account

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

71171

106

1069008867

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.

18 JUL 2019

Name & Signature of Authorised Bank Officer

Claire Tan Qin Hui
Specimen Signature No. 10657 Date

For DBS BANK LTD

LETTER OF AUTHORITY & INDEMNITY

In the matter of an accident involving motor vehicles SKC 7337 L
and SHA 7852 L

I/We, LIM KEAT CHUN (NRIC) S 8137478 C
of APT BUC 611 BUKIT PANGKAL RHT ROAD #20-874 (U) 670611
am/are the registered owner of vehicle no. SKC 7337 L at the material
time of accident.

I/We hereby authorize Detail Lab to proceed with the repairs to the
damages caused to my/our vehicle in the above accident in accordance with the
recommendations and advice of the licensed motor adjuster appointed by the
insurers or by us on my/our behalf.

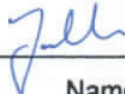
I/We further authorize you to appoint solicitors to demand, claim and if necessary,
to use my/our name to commence legal proceedings for the above purpose.

I/We further agreed to fully co-operate and to undertake without hesitation and
reservation all assistance that you or my/our solicitors may require from me/us
for the purpose of making the claim, including attending all meetings and court
hearings in connection with my/our claim.

I/We hereby declare that I/we will always remain and be liable to you for the cost
or repairs to my/our said vehicle and other incidental expenses. In the event that
my/our claims are unsuccessful or partially successful or are dismissed due to
any wilful misrepresentation or withholding of material facts as well as failure to
execute the discharge vouchers on request, I/we hereby undertake to reimburse
you the full repair costs or any portion of the same that cannot be recovered
including loss of use, surveyor fees, legal fees and disbursements if necessary.

I/We irrevocably authorize Mr Yap Soon Huat of the
repairers to sign all discharge voucher/indemnity forms and all necessary
documents in connection with and arising out of the above claim.

Dated the 21st day of May 2019



Name/Signature

LIM KEAT CHUN