

# EXCLUSIVE ENTERPRISE

8 Kaki Bukit Ave 4 #03-50 PREMIER @ KAKI BUKIT Singapore 415875

Tel: 6245 9655 / 97356016 Fax: 62459678 (co regn no: 201906614W)

Email: exclusiveenterprise50@gmail.com

Your Ref No: SH8873C  
Our Ref No: JRK6627/06/19

Date: 19-07-19

**India International Insurance**  
**64 Cecil St,**  
**Singapore 049711**

By Email / Post

Attn: Motor Claims Department

Dear Sir / Madam,

**ACCIDENT INVOLVING :** JRK6627 and SH8873C on 17-06-19 .

Please refer to the above-mentioned accident.

We are writing on behalf of Tam Shu Cheng , the owner of motor vehicle number JRK6627 which was involved in the above accident.

We are instructed that the above accident was caused solely and completely by the negligence of your insured's vehicle number SH8873C .

As a result of the said collision, our client has suffered loss and damage which are set out hereunder as follows (for Property Damage Claim only) :-

1 COST OF REPAIR	\$ 5,350.00
2 LOU (4 DAYS X \$150)	\$ 600.00
3 LTA SEARCH FEE	\$ 7.45
4 AUTOPASS ( 4 DAYS X \$35 )	\$ 140.00
<b>TOTAL AMOUNT</b>	<b>\$ 6,097.45</b>

We enclosed the following support documents for your easy reference:

- (a) Authorisation Letter
- (b) Rental Agreement
- (c) Driver's NRIC and Driving License
- (d) LTA Search
- (e) GIA Accident Report / Police Report
- (f) Certificate of Insurance
- (g) GIA Tax Invoice

Kindly Acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours Faithfully,  
EXCLUSIVE ENTERPRISE PTE LTD





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### AUTHORIZATION TO ACT

I, LIAU SU WEI ("third party claimant") of  
13A Pulsan Road S 424380  
(address), owner of JRK 6627 (vehicle no.) hereby authorize  
Exclusive Enterprise Pte Ltd ("workshop") to act  
for me with respect to my claim for repair cost and/or rental and/or loss of use  
("claim") for my vehicle no. JRK 6627 that was damaged  
pursuant to the accident to which occurred on 17/06/19 (date) along  
Airport Boulevard Towards Terminal 4 (location)  
involving vehicle no. SH 8873C ("accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheques being made in favor of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s in concerned.

Dated this 19 day of 07 20 19.

Signature: \_\_\_\_\_

(third party claimant)

Witnessed By \_\_\_\_\_

(workshop)



## EXPRESS SETTLEMENT

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

India Ref: MCT19060455  
Claimant Ref: JRK 6627

This Discharge Voucher applies only to the claimant's claim for his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. However, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

We/I, EXCLUSIVE ENTERPRISE 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\$ 3,300.00 (Global Sum) S\$ 3,300.00 (vehicle no. JRK 6627 that was damaged pursuant to the accident which occurred on 17/06/2019 (date) at AIRPORT BOULEVARD TOWARDS TERMINAL 4 (location) involving vehicle no. SH 8873C (insured vehicle). This is pursuant to the inspection conducted on 19/06/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner LIAU SU WEI ("the third party claimant") of vehicle no. JRK 6627 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 JRK 6627 (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\$ 3,300.00 to EXCLUSIVE ENTERPRISE PTE. LTD.

Dated this 21 day of Jan 20 20

#### CLAIMANT:

Signature:

  
Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

**EXCLUSIVE ENTERPRISE PTE LTD**  
8 Kaki Bukit Avenue 4

Nationality:

Occupation:

#03-50 Premier@KB  
Singapore 415875  
Tel: 6245 9655 Fax: 6245 9678  
Co. Reg No: 201906614W

#### WITNESS:

Signature:

  
Signed by appointed Surveyor

Name:

NRIC:

Address:

Nationality:

Occupation:

LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

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



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## INVOICE

India International Insurance  
64 Cecil St,  
Singapore 049711

INVOICE NO : EE000019/19  
DATE : 19-07-19  
VEHICLE NO : JRK 6627  
MAKE & MODEL : TOYOTA INNOVA 2.0A  
DATE OF ACCIDENT : 17-06-19  
TERM OF PAYMENT : CASH

ITEM	DESCRIPTION	QTY	AMOUNT
1	Being Lump Sum Repair for the Vehicle: JRK 6627		\$ 5,350.00
TOTAL AMOUNT			\$ 5,350.00

SINGAPORE DOLLARS: Five Thousand, Three hundred & Fifty Dollars Only

Issued By:  
EXCLUSIVE ENTERPRISE PTE LTD



## DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International Insurance Pte Ltd. Payment will be credited directly 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 : Exclusive Enterprise Pte Ltd  
Address : 8, Kan. Bukit Avenue 4 #03-50 Premier @ KB Singapore 415875  
Telephone Number: 6245 9655 Fax Number: 6245 9698  
Name of Bank : UOB Name of Branch: Holland Road  
Account Number To Be Credited : 3413130407

I/We hereby authorise India International Insurance 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: UOB  
(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.



21.01.2020

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

7375

020

3413130407

Name & Signature of Authorised Bank Officer

Date

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Jun 2019 / 11:58:09

Receipt Date/Time : 18 Jun 2019 / 11:57:36

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190618-001394

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 - SH8873C As at 17 Jun 2019/20:00:00 Insurance Co: INDIA INTL INS PTE LTD				
1	Insurance Enquiry - SH8873C Enquiry Fee 20190618115549436366	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
Paid By				
	xxxxxxxxxxxx7531	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.