

## EXPRESS SETTLEMENT

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

India Ref: TP / MPC2019D0001183

Claimant Ref : SLX7404D

We/I, CARZ AUTO SERVICES 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\$ 31,700.00 (Global Sum) (~~repair cost~~), ~~CF~~ (~~loss of~~ ~~accident~~), ~~CF~~ (~~search fee~~), vehicle no. SLX7404D that was damaged pursuant to the accident which occurred on 11/09/2019 (date) at T-JUNCTION OF JURONG WEST AVENUE1 (location) involving vehicle no. SHA6575T (insured vehicle). This is pursuant to the inspection conducted on 13/09/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner V VELAUTHAM S/O VALAKRISHNAN ("the third party claimant") of vehicle no. SLX7404D 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 SLX7404D (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.

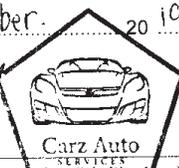
This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 31,700.00 to CARZ AUTO SERVICES PTE LTD.

Dated this 19 day of November, 2019

**CLAIMANT:**

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

**CARZ AUTO SERVICES PTE LTD**  
Reg. No: 201409457D  
61 Woodlands Industrial Park E9,  
#04-04 Singapore 757047  
Tel: 6493 1924 Fax: 6493 1928

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:

# DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of INDIA INTERNATIONAL INSURANCE, 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.  
(Name of Paying Organisation)

## Part I (To Be Completed By Supplier)

(A) To: INDIA INTERNATIONAL INSURANCE  
(Name of Paying Organisation)

### Supplier's Particulars:

Name : CARZ AUTO SERVICES PTE LTD  
Address : BLK 1 KAKI BULIT AVE 6, #02-35 S 417883  
Telephone Number: 6909 3080 Fax Number: 6909 3081  
Name of Bank : Maybank Name of Branch: Bedok Branch  
Account Number To Be Credited : 04131068423

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: Maybank  
(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.

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

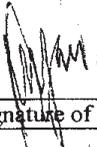
5/4/19  
\_\_\_\_\_  
Date

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

To: India International Insurance  
(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>7302</u>	<u>013</u>	<u>94131068423</u>

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

5/4/19  
\_\_\_\_\_  
Date