

CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS IND PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email:alex@carzauto.com.sg

Tel: 65 6493 1924

Fax: 65 6493 1928

24 October 2019

Our Ref: GBB 9476 S

Your Ref: CC4/III19017925/Epa3

INDIA INTERNATIONAL INSURANCE SINGAPORE

BY POST

Motor Claims Department 64 Cecil Street #04, #05 IOB Building Singapore 049711

Dear Sir/Mdm

ACCIDENT INVOLVING GBB 9476 S / SHC3542 Y ALONG 73 MEYER ROAD OUTSIDE HAWAII TOWER CONDO ON 6 OCTOBER 2019

Please refer to the above mentioned accident.

We are writing in on the behalf of

SG AUTO PTE LTD

the registered

owner of motor vehicle number GBB 9476 S 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 SHC 3542 Y

As a result of which, our client have suffered loss and and expenses.

We are instructed by our client to claim for:

1. Economical Repair (Agree with surveyor)

\$ 8,560.00 (\$8000 with 7%GST)

2. Loss of Use (10 days)

\$ 1,000.00 (\$100 per day)

3. LTA Search

\$ 7.45

4. Towing Fee

\$ 82.60

TOTAL AMOUNT

\$ 9,650.05

We enclosed hereby the following documents for your consideration:

- (A) Final Repair Bill
- (B) GIA Report Lodged by Our Client
- (C) Owner/ Driver Nric/ Driving Licence
- (D) Certicate of Insurance
- (E) LTA Search Invoice

Kindly acknowledge receipt of the above said documents and your favorable reply is greatly appreciated.

Yours Faithfully.

Ms Jeslyn Chua Motor Claim

Mobile: 65 8322 7418



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

FINAL REPAIR BILL

INDIA INTERNATIONAL INSURANCE SINGAPORE

Motor Claims Department 64 Cecil Street #04, #05

IOB Building Singapore 049711 Date: 24/10/2019

Vehicle Number:

GBB 9476 S NISSAN URVAN

Make/Model:
Date of Accident:

6/10/2019

ECONOMICAL REPAIR

\$ 8,000.00

7% GST GRAND TOTAL \$ 560.00 \$ 8,560.00

ISSUED BY

Carz Auto

Ms Jeslyn Chua Motor Claim

Mobile: 65 8322 7418

Email: jeslyn@carzauto.com.sg



TAX INVOICE

Ms Sim Chew Leng Celin (S8626864G) c/o Carz Auto Services Pte Ltd 1 Kaki Bukit Avenue 6 #02-26 AutoBay @ Kaki Bukit Singapore 417883

NO: 10-29921

DATE: 16/10/2019

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 31426	Being rental charges for One Unit Nissan NV 350 (A) No: GBG 929K for period 08/10/19 to 14/10/19	6 Days x \$130	S\$ 780.00

 SUB TOTAL SGD
 \$\$ 780.00

 ADD 7% GST
 \$\$ 54.60

 GRAND TOTAL SGD
 \$\$ 834.60

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made within 7 days to WELLCOME MOTOR AGENCIES

Thank You For Renting

Wellcome motor agencies
68 KAKI BUKIT AVENUE 6 #02-02 ARK @ KB SINGAPORE 417896

TEL: (65) 6344-4012 FAX: (65) 6345-3140

Email: wme88@singret.com.sg., Website: www.wellcome.com.sg

RA No: 31426 CO. REG. NO: 39853800W

GST REG. NO: M9-0001228-R DATE: 8/10/19

VEHICLE RENTAL	AGREEMENT				
HIRER'S PARTICULARS	VEHICLE'S PARTICULARS				
Name: Sim Chew Leng Celin	VEHICLE NO: 686 929 REPL. VEH. NO:				
Address: RIK SOIB YISTUM ST	MAKE/MODEL /// S.CO MAKE/MODEL				
51 #D9 - 4LAB (S) 782501	77 350 (41)				
Name & Address of Employer:	MILEAGE OUT 356:1 MILEAGE OUT				
	DATE OUT O //O // DATE OUT				
IC/PP No: DL No: 5 86 7 86 4 6	TIME OUT 3.30 pm TIME OUT				
Date of Birth: Date of Issue/Expiry:					
Nationality: PL of Issue:	Rental Charges Daily @\$ 13.0 per day	180 =			
Occupation: Driving Exp:	Daily & @\$ 13'O per day Weekly @\$ per week				
Tel No:(O) (R) (HP)	Monthly @\$ per month				
DRIVER'S PARTICULARS	Hours @\$ per hour				
:	Others @\$				
Address:	CDW @\$ per day/week/month				
	PAI @\$ per day/week/month				
IC/PP No: DL No:	DELIVERY SERVICE				
Date of Birth: Date of Issue/Expiry:	SUB-TOTAL S\$				
Nationality: PL of Issue:	PETROL/DIESEL LEVEL				
Occupation: Driving Exp:	OUT E 1/4 1/2 3/4 F				
Tel No:(O) (R) (HP)	IN E 1/4 1/2 3/4 F				
	Extension of Rental				
	Repairs/Damages Collection Service				
	MISC				
	GST @ 7%	54-60			
FRONT	TOTAL CHARGES S\$	83460			
	SECURITY DEPOSIT				
	ADVANCE RENTAL PAID				
	BY: CASH NETS CHEQUE BILL CARD				
	CHEQUE/CARD NO:				
A-ACCIDENTS PCACKED D-DENTS S-SCRATCHES	EXPIRY DATE				
Q Reg, NO	AMOUNT DUE REFUND				
. 1 100 20132-					
AIRER'S DRIVER'S	REFUND BY				
SIGNATURE & STAMP SIGNATURE	RECEIVED S\$ RECEIVER	⊗			
I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate. IMPORTANT 1) Only persons above 24 and below 65 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle. 2) Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES. 3) Use of the vehicle for illegal purpose (for instance: In connection with theft, drug pediating or trafficking, smuggling is strictly prohibited. 4) Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover. 5) The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable. 6) In case of accident, the hirer shall report to owner imprediately, if there is specify injuries a police report must be made within 24 hours.					
7) No retund will be given for early return of vehicle.	Pana \				
8) The hirer is responsible for the first S\$ excess to the THIRD HARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.					

RETURN OF VEHICLE — The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks		GAUTORIKI
	\ \ \	18 M. (1				((201523402C) TD
14/phag	120h2	1				
1311	1-	4t /			Signature o	HIRER / DRIVER



CARZ AUTO SERVICES PTE LTD

ROC: 201409457D

LETTER OF AUTHORITY AND INDEMNITY

ACCID	ENT	INVOL	VING V	VEHICLE	. NO	. GBB 94	176S		AND	SHC 35	DY.
AT/AL	ONG_	Neger R	road C	outside	Hawa	ij Tower	r Con	do.	-		
ON	_	DAY		MONT	H2	1019 Y	EAR				
a) L	/We, the o	owner of ve	ehicle no	GBB947	65_1	nereby instru	uct and a	authoriz	e you to	commence	repair to the
b) Y a h	ou are fu	rther authont are give	n by me/us	point solicito s with respec- ary, to comm	ct to the	conduct of	mv/our	claims a	against tl	hird narty d	river and/or
c) Y h D	ou have r is insurer ischarge	s on such	r any docu	to instruct m you deem fi ment to conf	t. Upon	settlement	of my	claim v	on are	authorized 1	to sion any
d) U	pon resol rofessiona	ving my/o	our claim, disburseme	you are autents for actinute your according	g for m	to agree ve/us and to r	with my, relieve p	our sol	icitors o	n the amou	int of their settlement
e) In	the even	t that, I/wo	am/are re	quired to att	end at n	ny/our solic	itors' of	ffice or t	to attend	court in co	nnection to
f) In w lo an	the event ith, I/we a sses recovery	m, I/we sn that my/o authorized erable und licable und	all render in all render in all render in all all all all all all all all all al	tull co-opera ainst the thir ke a claim a policy of ins cy of insura	tion. d party : against i urance. ace shal	and/or his in ny/our own In this respo	nsurers is n insurer ects, I/w	s Not suc rs for the re unders	ccessful of cost of stand and	or cannot be repairs and accept that	proceeded i any other
g) If lo: I/v	for whate ses recove we agree	ver reason rable underta	arred by your as, my/our or the polic ke to pay	u in claiming insurers reje y of insuran the full amo	g back for ect my/coce or many ount of	or the repair our claim fo ake any offe your renair	r cost by or indem er to pay bill and	your Sonity for y less that	olicitors. the cost an the an	of repairs :	and/or any
100	asonabiy i	neurred or	ı my/our be	ehalf or to pa e above state	ıv vou t	ne differenc	e in amo	ount, as	the case	may be.	•
Dated this	s_6_	day _	Octobe	r mo	onth	2019. y	/ear				
Signature		:	\prec								
Name		: 5	31m CH	EN LEN	G CK	UN		Compar	ıy Ş tanı	B	
NRIC/RO	C No.		86768			-1-1		/	69/1	(6)	
Address				Shum St	71				2 (RED 34	0,	

\$09-498 2.1FX201

DIRECT CREDIT AUTHORISATION FORM INSIA This form is to be completed by the Supplier of intradational insulance. Payment will be credited directly

Part I (To Be Completed By Supplier) Part I (To Be Completed By Supplier's Bank) Part II (To Be Completed By Supplier's Bank) Part II (To Be Completed By Supplier's Bank)	(Name of Paying Organisation)
(A) To: WALLING TO SERVICES PTE LTD Address Supplier's Particulars: Name CARZ AUTO SERVICES PTE LTD Address GLK LARLI GURT AVE E, #02-35 \$ 4/7883 Telephone Number: 6909 30 80 Fax Number: 6909 3081 Name of Bank COUNTY Number To Be Credited: 04121068423 When hereby authorise INTERNATION INSURANT To redit 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: May bank (Name of Paying Organisation) Without responsibility on the Bank's disclosure of customer information relating to me/us as requested for in this document. To: India May May 10 M	obtain his banker's certification in Part II and return the duly completed form to
Supplier's Particulars: Name : CARZ FUTO SERVICES PTE LTD Address : BLK I KAKI BULLT AVE 6, #02-35 \$4/7883 Telephone Number: 6909 30 80 Fax Number: 6707 3081 Name of Bank :: Maybook Name of Branch: Beclot Branch: Account Number To Be Credited: 0413 068423 I/We hereby authorise INTERNATIONAL NUMBER To Bredit payments due to me/us to the above account. (Name of Paying Organization) 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: Maybook (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. Part II (To Be Completed By Supplier's Bank) To: India Internation 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 Talo 2 013 This particulars and the signal of the Bank of 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	Part I (To Be Completed By Supplier)
Name : CARZ fiuto Services PTE LTD Address : GLK I KAKI BULLT AVE 6, #02-35 \$4/7883 Telephone Number: 6909 30 80 Fax Number: 6909 30 81 Name of Bank :: Maybork Name of Branch: Becke Branch Account Number To Be Credited: 04/31068423 I/We hereby authorise Intransference to Supplier Service of County Organization 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: Maybork (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. Part II (To Be Completed By Supplier's Bank) To: Maybord (Name of Paying Organization) 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 T3002 013	(A) To: iNPIA INTRINATIONAL INSURANCE (Name of Paying Organisation)
I/We hereby authorise INTERNATIONAL INJURNATION (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:	- -
I/We hereby authorise INTERNATIONAL INJURNATION (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:	Name : CARZ AUTO SERVICES PTE LTD
I/We hereby authorise INTERNATIONAL INJURNATION (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:	Address : BLK 1 KAKI BULIT AVE 6, #02-35 8417883
I/We hereby authorise INTERNATIONAL INJURNATION (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:	Telephone Number: 6909 3080 Fax Number: 6909 3081
I/We hereby authorise INTERNATIONAL INJURNATION (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:	Name of Bank :: Maybark Name of Branch: Bedok Branch
I/We hereby authorise INTERNATIONAL INJURNATION (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:	Account Number To Be Credited: 04131068423
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: May hank Name of Supplier's Bank	I/We hereby authorise INTANATIONAL INSURANTE credit payments due to me/us to the above account.
Change. (B) To: May bank (Name of Supplier's Bank) L/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 Date	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.
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 Date	In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.
Signatures and Company's stamp As In Bank Account Part II (To Be Completed By Supplier's Bank) To: 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 1302 013 04131008425	(B) To: May bank (Name of Supplier's Bank)
Part II (To Be Completed By Supplier's Bank) To:	I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.
Part II (To Be Completed By Supplier's Bank) To:	
Part II (To Be Completed By Supplier's Bank) To:	the transfer of the transfer o
Part II (To Be Completed By Supplier's Bank) To:	Signatures and Company is at any As In Bush Asset
To: 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 1302 013 04131008425	Signatures and Company's stamp As in Bank Account Date
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 1302 013 04131008425 5419	
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 13 0 2 0 3 0 1 3 0 0 0 0 2 3	To: Name of Paying Organisation)
Bank Branch Account Number 73 0 2 0 3 04 13 10 08 42 3 54 19	particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as
Name & Signature of Authorised Bank Officer Date	
Name & Signature of Authorised Bank Officers Date	7302 013 04131088423
Name & Signature of Authorised Bank Officer Date	278150 STIT FAEZLE AND STEED STITLE STATE OF STA
	Name & Signature of Authorised Bank Officer Date



India International Insurance Pte Ltd

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19100150 Claimant Ref: GBB 9476S

We/I, CARZ AUTO		1107 4 1 0 11	/e/l have reached an agreement
with the appointed Sur	veyor of India International Insurance Pte	Ltd LKK Auto Consi	ultants Pte Ltd (name
of Surveyor) with resp	ect to the amount claimed for S\$ 9, (coord fee), vehicle no. GBB 9476S	that was damaged pursuant	to the accident which occurred
06(40)2040 (4-	te) at ALONG 73 MEYER ROAD OUTSIDE HAWAII	rower condo (location) involvir	ng vehicle no. SHC 3542Y(insured
	it to the inspection conducted on10/10/20		
venicie). This is pursuan	t to the inspection conducted on	(date) at the nemana	
We/L confirm that we/l	are/am authorized by the owner	SG AUTO PTE LTD	("the third party
claimant") of vehicle n	o.GBB 9476S to make the claim as set o	ut in the above paragraph an	d we/I have full authority to settle
the matter on his/her	behalf in a manner that we/l deem fit.	We/I enclose herein the lette	er of authority given by "the third
party claimant".			
We/I further confirm the	nat we/I will indemnify India International	Insurance Pte Ltd for all da	images, loss and/or expense that
they will or have alre	eady incurred in the event that "the thir	d party claimant" after the	above said agreement lodges a
	the former for any loss and expenses s		repairs and/or rental and/or loss
of use pursuant to the	damage to GBB 9476S (vehicle no.) as	a lesuit of the accident.	
Mell confirm that the	agreement reached above is in full ar	nd final settlement of all cla	aims of "the third party claimant"
	ent and that further this settlement is rea		
basis.			
This agreement is sub	pject to the application of Singapore law a	and the Singapore Courts ha	ve exclusive jurisdiction over any
dispute arising out of th	ie same.		
	0.000.00	0.107.41/70.055///01	TO DIE LIE
We/I authorize you to	pay the total amount of S\$ 9,090.00	to CARZ AUTO SERVICE	ESPIELIU .
Datad this 13 day	of November 2019.		
Dated this day	0120		
CLAIMANT:	1,1	WITNESS:	
	Jan.	Signature:	
Signature:	Signed by "the workshop" (with chop)	Signature.	Signed by appointed Surveyor
Name:		Name:	LKK Auto Consultants Pte Ltd
NRIC:		NRIC:	199607198R
	TO SERVICES DIF LTD	Address:	51 Ubi Avenue 1
C	ARZ AUTO SERVICES PTE LTD Reg. No: 201409457D		#01-25 Paya Ubi Ind. Park S(408933)
	61 Woodlands Industrial Park		
Nationality:	Tel: 6493 1924 Fax: 6493 1928	Nationality:	
Occupation:		Occupation:	