



Date : 18 Nov 2019

Our Ref : TH/18/11/007

Your Ref : MCT19100460

India International Insurance

64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext – 248

Dear Sirs,

Accident involving PC3579Y and SHA 1914G on Bras Basah road on 19/10/19 at 1740

We are the representative for Mr Singapore Ducktours pte ltd whose vehicle registration number PC3579Y was damaged in the above accident.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration SHA1914G. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows :-

Cost of repair	S\$ 642 ( With GST)
Loss of use for 02 days @ \$350.00	S\$ 700
LTA Search for SHA1914G	S\$7.45
	-----
Total	S1349.45
	-----

BOXFRESH PTE LTD  
WORKSHOP: 154 GUL CIRCLE SINGAPORE 629611  
OFFICE: 7030 ANG MO KIO AVE 5 #06-49 NORTHSTAR SINGAPORE 569880  
T: +65 64585441 • F: +65 64553470 • E: business@boxfresh.com.sg • W: www.boxfresh.com.sg



Enclosed are the supporting documents for your perusals :-

GIA

LTA search

Repair bill

Kindly let us have your payment of \$1349.45 in our workshop's name within the next 14 days.

Please do not hesitate to contact our BDM Mr Thomas Hoo or email [thomas@boxfresh.com.sg](mailto:thomas@boxfresh.com.sg) should you have any enquiries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully

Encl



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We/I, Singapore Chicken Pte Ltd ("the third party claimant") of UEN/NRIC  
no. 2001056186, owner of vehicle reg. no. PC 3579 Y hereby  
authorize M/s Boxfresh ("the workshop") to act for me with respect to  
my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle  
no. PC 3579 Y that was damaged pursuant to the accident which occurred on  
BRAS Basah along \_\_\_\_\_ involving  
vehicle no/s SH1714 G ("the accident").

I further authorize the workshop to settle my abovementioned 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 cheque/s being made in favour of the workshop.

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

Dated this \_\_\_\_\_ of \_\_\_\_\_ 20XX

Signed by third party claimant 

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## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER

#### III- Direct Settlement (PODS)

India Ref: MCT19100460

Claimant Ref: PC 3579Y

We/I, BOXFRESH 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\$ 321.00 (repair cost), S\$ 250.00 (loss of use/rental), S\$ 7.45 (search fee), vehicle no PC 3579Y that was damaged pursuant to the accident which occurred on 19/10/2019 (date) at BRAS BASAH (location) involving vehicle no SHA 1914G (insured vehicle). This is pursuant to the inspection conducted on 06/11/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner SINGAPORE DUCKTOURS PTE LTD ("the third party claimant") of vehicle no PC 3579Y 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 PC 3579Y (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\$ 578.45 to BOXFRESH PTE LTD

Dated this 17 day of Nov 2020

CLAIMANT:  
Signature: [Signature]  
Signed by "the workshop" (with chop)  
Name: HOO SWIEH PIEW  
NRIC: S6806789H  
Address: 7030, Ang Mo Kio  
Ave 5, #06-49  
SINGAPORE CITIZEN  
Nationality: SINGAPORE CITIZEN  
Occupation: BDM

WITNESS:  
Signature: [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:



## TAX INVOICE

Company Reg. No. / GST Reg. No. / CR No. : 20070140BE

**BILL TO :**  
**INDIA INTERNATIONAL INSURANCE**  
64 Cecil Street #05 - ICB Building  
Singapore 049711

TEL: 63476100 Ext - 248 (Daniel)  
ATTN: Finance Dept

**INVOICE NO.:** 21909R  
**DATE:** 18 November 2019  
**TERMS:** COD  
**SALES:** Thomas Hoo  
**P/O NO.:** Your Ref MCT19100460  
**D/O NO.:**  
**OUR REF:** TH/18/11/007

S/N	ITEM DESCRIPTION	QUANTITY	UNIT PRICE (SGD)	AMOUNT (SGD)
<u>19/10/19 AT 1740 AT BRAS BASAH ROAD</u> <u>ACCIDENT INVOLVING :</u> <u>PC3579Y SINGAPORE DUCKTOURS PTE LTD</u> <u>SHA1914G - YOUR INSURED</u>				
Vehicle damage claim :				
1	Spray painting on effected parts and putty sand and make good surface	1 lot	300.00	300.00
2	To repair adjust and refit front bumper	1 lot	300.00	300.00

**OUR BANK DETAILS :**

Beneficiary Bank Name : DBS Bank  
Bank Address : 12 Marina Boulevard, DBS Asia Central,  
Marina Bay Financial Centre Tower 3, Singapore 018982  
Bank Swift Code : DBSSSGSG Bank Code : 7171 Branch Code : 015  
Branch Name : DBS Account  
Account Name : BOXFRESH PTE LTD  
Account Number : 015-902026-6

**SUB-TOTAL** : SGD 600.00  
**GST - 7%** : SGD 42.00  
**GRAND TOTAL** : SGD 642.00

**BOXFRESH PTE LTD**

*Lamie*

**BOXFRESH PTE LTD**

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Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Oct 2019 / 09:03:04

Receipt Date/Time : 23 Oct 2019 / 09:03:03

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-191023-000439

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 - SHA1914G As at 19 Oct 2019/17:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHA1914G Enquiry Fee 20191023090122163076	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
	<b>Paid By</b>			
	xxxxxxxxxxxx2432		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.

## DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India Int'l Insurance Pte Ltd. 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  
(Name of Paying Organisation)

### Part I (To Be Completed By Supplier)

(A) To: \_\_\_\_\_  
(Name of Paying Organisation)

#### Supplier's Particulars:

Name : BOXFRESH PTE LTD  
Address : 7030 ANG MO KIO AVE, # 06-49 S569850  
Telephone Number: 64585441 Fax Number: 6453470  
Name of Bank : DBS Bank Name of Branch: 015 DBS Account  
Account Number To Be Credited : 015-902026-6  
I/We hereby authorise India Int'l Insurance Pte Ltd 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.

[Signature]  
Signatures and Company's stamp As In Bank Account



20/01/2020  
Date

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

\_\_\_\_\_  
Date