

# Hup Hin

Blk 1006 Bukit Merah Lane 2 #01-02 Singapore 159762  
Tel: 6270 9810 Fax: 6272 4225  
Co. Reg. 05631700W  
Email: hhmotor@singnet.com.sg

16 April 2020

**M/S INDIA INTERNATIONAL INSURANCE PTE LTD**

64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711  
Email: motorclaim@iii.com.sg  
Attention: Motor Claims Department

Dear Sir/Mdm

**CLAIMANT: MR. MOHAMED NAZAR BIN BAHARUDDIN  
ACCIDENT INVOLVING VEHICLE NOS. FBQ 4148 T AND SHD 3165 Y  
ALONG SIGLAP ROAD, ON 10 DECEMBER 2019 AT ABOUT 22:30 HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **10 December 2019, Along Suglap Road**, involving our client's vehicle registration **FBQ 4148 T and Motor Vehicle Registration Number SHD 3165 Y** driven by your insured.

We are instructed that the accident was caused by your insured's negligent. As a result of the accident, our client's motorcycle was damaged and therefore we are seeking compensation from you as itemized below:-

Cost of Repairs	\$1,082.00
Loss of Use (\$50.00 X 3)	\$ 150.00
	-----
	\$1,232.00
	=====

Enclosed copies of the relevant documents to support my claim.

Your prompt settlement of my claim would be much appreciated.

Yours faithfully

-----  
Mandy Chee



## AUTHORISATION TO ACT

I, MOHAMED NAZAR BIN BAHARUDDIN of APT BLK 64 TELOK BLANGAH DRIVE #08-184 SINGAPROE 100064, Owner of FBQ 4148 T hereby authorize M/S HUP HIN 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 FBQ 4148 T that was damaged pursuant to the accident which occurred on 10 DECEMBER 2019 Along SIGLAP ROAD involving vehicle no SHD 3165 Y.

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 cheque/s 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 basic insofar as the driver/owner/insurers of the other Vehicle/s is concerned.

Dated this 13<sup>th</sup> of APRIL 2020



Mr. MOHAMED NAZAR BIN BAHARUDDIN  
S1231054D



M/s Hup Hin

## EXPRESS SETTLEMENT

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

India Ref: MCT19120247  
Claimant Ref: FBQ4148T

We/I, Hup Hin ("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\$ 1,082.00 (repair cost), S\$ 75.00 (loss of use/rental), S\$ — (search fee), vehicle no. FBQ4148T that was damaged pursuant to the accident which occurred on 10/12/2019 (date) at Siglap Road (location) involving vehicle no. SHD3165Y (insured vehicle). This is pursuant to the inspection conducted on 18/02/2020 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner MOHD NAZAR B BAHARUDDIN ("the third party claimant") of vehicle no. FBQ4148T 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 FBQ4148T (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\$ 1,157.00 to Hup Hin.

Dated this 01 day of Oct 2020

CLAIMANT:

Signature:

  
Signed by "the workshop" (with chop)

Name:

Jeffrey Tan

NRIC:

S7021934-D

Address:

Blk 1006 Bukit Merah  
Lane 2 #01-02 S(159762)

Nationality:

Singaporean

Occupation:

Partnership



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:

# 合興 HUP HIN

Block 1006, Bukit Merah Lane 2 #01-02,  
Alexandra Village Ind. Estate Singapore 159762  
TEL: (65) 6270 9810 FAX: (65) 6272 4225  
Biz. Reg. No. 05631700-W

發貨單  
**TAX INVOICE**

NO: **10041**

SOLD TO MESSRS: M/S India International Insurance Pte Ltd

DATE: 16.04.2020

VEHICLE NO: FBA 4148T MAKE & MODEL Yamaha NMAX

項目 ITEM	數量 QTY	貨品名稱 DESCRIPTION	單價 UNIT PRICE	銀 AMOUNT 額 \$ cts	
1	1	Being part of Parts Claim		1082	00
2					
3		for FBA 4148T			
4					
5	2	Loss of use (1450 x 3 Days)		150	00
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

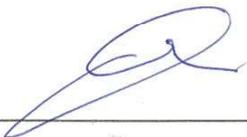
GOODS SOLD CANNOT BE RETURNED OR EXCHANGED.  
CHEQUES SHOULD BE CROSSED AND MADE PAYABLE TO "HUP HIN".

總共 TOTAL

**1232.00**

For **HUP HIN**

Customer's Chop & Sign



# DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of India International 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 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 : HUP HIN  
Address : APT BLK 1006 BUKIT MERAH LANE 2 #01-02 S(159762)  
Telephone Number: 6270 9810 Fax Number: 6272 4225  
Name of Bank : OCBC Name of Branch: NORTH BRANCH  
Account Number To Be Credited : 591 - 314083 - 001

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: OCBC  
(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] [Signature]   
Signatures and Company's stamp As In Bank Account Date 30 SEP 2020

## 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
7339	591	314083001

[Signature]   
Name & Signature of Authorised Bank Officer Date 30 SEP 2020