



BLUWEL AUTOMOTIVE SERVICE PTE LTD

1 Kaki Bukit Ave 6 Blk C #01-28/53/55/56 Singapore 417883

Tel: 67452088 Fax: 68412088

E-mail: bluwel2088@yahoo.com.sg

GST Reg No.: 200704951N

Co Reg No.: 200704951N

Date: 15/11/2021

India International Insurance Pte Ltd

Policy No.: D19MPC0002723-02

64 Cecil Street

Vehicle No.: SMA5637X

#04/06 IOB Building

Model: HYUNDAI ELANTRA

Singapore 049711

D.O.A 26/09/2021

Final Repair Cost For SMA5637X

NO.	DESCRIPTIONS	AMOUNT
	Lump Sum Repair	\$ 15,000.00

Total:	\$	15,000.00
Less Excess:	\$	(600.00)
	\$	14,400.00
7% GST:	\$	1,008.00
Grand Total:	\$	15,408.00



INTERNATIONAL INSURANCE PTE LTD

SATISFACTION & DISCHARGE VOUCHER

Policy No. : D19MPC0002123-02
Vehicle No. : SMA 5637X
Insured : Loh Kieng Yung
Repairers : Bluel Automotive Service P/L
Gross cost of repairs : S\$ 15,000.00
Policy excess : S\$ 600.00
Cost of repairs net of policy excess : S\$ 14,400.00
GST, if applicable : S\$ 1,008.00
Total amount payable : S\$ 15,408.00

Claim No. :
Date of Loss : 26/09/2021

I/We hereby declare and confirm that I/we have received from the aforesaid Repairers my/our aforesaid vehicle which is repaired to my/our entire satisfaction and is now in good running order and in consideration of **INDIA INTERNATIONAL INSURANCE PTE LTD** (hereinafter referred to as Insurers) settling the repair costs stated above with the said Repairers, I/we hereby release and discharge the Insurers from all further obligations and liabilities under the terms of the aforesaid policy in respect of an accident involving my/our aforesaid motor vehicle on the abovementioned date.

I/We confirm that there is no other insurance covering this loss or damage and no other person has any interest in the subject matter of this claim. In consideration of the above payment, I/we have no further claims whatsoever on the Insurers and I/we hereby undertake to indemnify and hold harmless the Insurers against any claim which may be made against them under the aforesaid policy.

I/We hereby agree that by virtue of the aforesaid payment the Insurers are subrogated to all my/our rights and remedies in accordance with the laws governing the contract of insurance.

I/We hereby authorize the Insurers to use my/our name to the extent necessary to exercise all or any of such rights and remedies. I/We further agree to co-operate with and render all assistance to the Insurers which they may reasonably require when exercising such rights and remedies.

I/We agree that if at any time subsequent to the settlement of the claim, the Insurers become aware of any materially different facts which if known earlier would have prejudiced my / our claim wholly or in part, I/we will refund the entire claim amount incurred by the Insurers within 7 (seven) days from the date on which Insurers make a demand in writing for such a refund.

Date:

X Signature of Insured

Signature of Witness

Name

Loh Kieng Yung

Name

Sally

NRIC

S7174305E

NRIC

SXXX21972

Designation
& Company Stamp:

SDV (III)-Apr10

INDIA INTERNATIONAL INSURANCE PTE LTD

CO. REG NO.: 198703792K

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